(Member of the Nigerian Stock Exchange) 4<sup>th</sup> floor, New Africa house.31, Marina, Lagos. P.O Box 2283 Marina, Lagos Tel: 08033035868, 08033035790, 08053568704

E-mail: <u>euro@eurocommsecurities.com</u>
Website: <u>www.eurocommsecurities.com</u>

## **CLIENT'S REGISTRATION/UPDATE FORM FOR ESTATE**

ADDRESS OF THE EST.		_	
DATE OF DEATH	STATE C	OF ORIGIN/L.G.A	
ADMINISTRATOI	R/TRUSTEES		
NAME:		NAME:	
ADDRESS:		ADDRESS:	
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AFIX PASSPORT	SIGN:	AFIX PASSPORT	SIGN:
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RELATIONSHIP WITH THE EST.:		RELATIONSHIP WITH THE EST.:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
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