Please affix a photograph

CLIENT'SINFORMATION



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CLIENT'S REGISTRATION/UPDATE FORM

NAME:GENDER:
RESIDENTIAL ADDRESS:
OFFICE ADD. / P. O. BOX:
DATE OF BIRTH: MOTHER'S MAIDEN NAME:
PHONE NO:CLEARING HOUSE NO:
E-MAIL ADDRESS:NATIONALITY:
STATE OF ORIGIN:LGA:
OCCUPATION/SOURCE OF INCOME: MARITAL STATUS MARITAL STATUS
NEXT OF KIN:PHONE NO:
ADDRESS OF NEXT OF KIN:
RELATIONSHIP WITH NEXT OF KIN:
SIGNATURE: AND DATE
AND DATE
BANK DETAIL
BANK NAME: ACCOUNT NO:
BANK VERIFICATION NUMBER:BRANCH:
DATE OF ACCOUNT CREATION: DAY MONTH YEAR ACCOUNT TYPE
DOCUMENTS ENCLOSED (TICK AS APPROPRIATE) COMPLIANCE OFFICER
EXP/DATE
1. PHOTOCOPY OF INT'L PASSPORT OR NATIONAL I.D CARD OR DRIVING LICIENCE SIGNATURE:
2. PROOF OF ADDRESS: COPY OF RECENT UTILITY BILL/ PHCN OR WATER BILL (Not later than 6 months old)
3. PROOF OF PURCHASE: APPLICATION FORM/ CONTRACT NOTES/ PURCHASE RECEIPTS/ DATE:
BANK STATEMENT SHOWING DIVIDEND WARRANT RECEIPT.
4. BANK CONFIRMATION LETTER OF THE CLIENT ADDRESSED TO THE MD EUROCOMINI SECULIAR SEC