



Securities

(Member of The Nigerian Stock Exchange)

Individual Account Opening Form / Page 1

Set Off

I/We agree that BGL Securities Limited (hereinafter called BGL Securities) may, at any time and without notice, notwithstanding any settlement of account or other matter whatsoever combine or consolidate all or any of my existing account(s) opened in my name, relations, children, spouse or company(ies) names and set off, appropriate or transfer any sum(s) standing to the credit of any of such accounts towards satisfaction of any liabilities be it present or future, actual or contingent, primary or collateral and several or joint.

Declaration

I/We declare that the information given in the account opening forms is true and correct. We agree that any information found to be false may cause BGL Securities to decline the application or close the account if it has been opened. Should any details change in the future, e.g. address, name of Company etc. I/We shall inform you promptly. I/We note that BGL Securities shall not bear any responsibility or liability whatsoever for any cash payment made to any BGL Securities staff or account person for the purpose of account opening. All payments to BGL Securities shall be made by cheque or bank draft crossed and payable to BGL Securities Ltd.

Personal Data

Date:

Title : Mr. Mrs. Ms. Other (Please tick as appropriate)
Please complete in block letters

Surname:

Other Name:

Residential Address (Street Number):

Mailing Address:

Tel. Home: Bus: Fax:

Mobile: e-mail:

International Passport Number / Driver's Licence Number :

Occupation and Nature of Business:

Initial Deposit: (Certificate Value):

Source(s) of Funds:

Next of Kin: Tel:

Relationship with next of kin: Email:

Next of Kin Contact:

Country of Citizenship:

Country of Residence:

Date and Place of Birth:

Religion:

Mother's Maiden Name :

Attached
Passport
Photographs



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Individual Account Opening Form / Page 2

Client's Signature Mandate

please tick as appropriate signatory(ies) for transactions on account

Sole Signatory All Signatories Either Signatory

Client's Name(s):

Signature (s):

Service Required

- BGL Aspire Guaranteed Notes BGL Guaranteed Consolidated Notes
- BGL Equity Trading Service BGL Apprenticeship Freedom Notes
- BGL Build-Up Account BGL Young Investors Account
- Wealth Management Programme Proprietary Trading Management Programme

Checklist

S/N	Details for Individual Accounts	Yes	No
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Copies of Utility Bills for the last 3 months <i>(Original copies to be sighted)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of International passport or Driver's License or National ID Card <i>(Originals to be sighted)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Duly completed signature mandate with two passport photographs	<input type="checkbox"/>	<input type="checkbox"/>

Important Information

All transactions to be done by cheques/bank drafts crossed and payable to BGL Securities Limited / Client's Name

Head Office	20 Catholic Mission Street, Lagos Island, Lagos.	T +234 1 280 5544 F +234 1 280 5554	E info@bglplc.com W www.bglplc.com
Northern Regional Office	Plot 417, Tigris Crescent, Maitama, Abuja-FCT.	T +234 9 781 7729 F +234 9 234 8539	
South-West Regional Office	15, Aare Street, New Bodija Ibadan, Oyo State.	T +234 708 2073 395 F +234 803 3193 379	
Mid-West Regional Office	Effurun Sapele Road, Near Water Board, Warri, Delta State.	T +234 802 3043 679 F +234 808 7183 947	
South-East Regional Office	Plot 44, Independence Layout, Rangers Avenue, Enugu, Enugu State.	T +234 802 3513 799 F +234 703 7427 145	
South-South Regional Office	59B King Perekule Street, G.R.A. Phase II, Port Harcourt, Rivers State.	T +234 84 462 359 F +234 84 462 359	

For enquiries or information, call our customer care line on +234 1 2805544, Fax +234 1 2805554 or send email to customercare@bglgroupng.com



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Official Use Only

Client's Account Number:

CSCS Number:

Introduced By:

Waiver(s) Request & Justification

Account Officer's Name:

Account Officer's Phone Number: Email:

Signature of Account Officer/Branch:

New Account/Waiver Approved By:

Head, Customer Care:

Signature:

The Clearing House

The Clearing House

Particulars of Shareholders

Current Date: \ \20 Branch:

Member Code: BGL

Members Name: BGL Securities Limited

Shareholder's Type:

Clearing House Number (CHN):

Birth Date:

Shareholder's Name (Surname):

Other Name (s):

Mother's Maiden Name:

Contact (If Corporate):

Shareholder's Address:

City: Country: Postal Code:

Other names as written in other Certificates (If different from above):

Name:

Address:

Name:

Address:

Name:

Address:

 Phone:  Fax:

Reference No:

Country of Origin (For Statistical Purpose):

Waiver

I/We of

a National of am (are) a prospective shareholder(s) in companies listed on The Nigeria Stock Exchange and I (We) hereby FREELY state that being aware of my (our) right to be issued with a Share Certificate(s) under sections 146 and 147 of the Companies and Allied Matter Act 1990 and the Memoranda and Articles of Association of the listed Companies for my (our) sole benefit and private purpose do hereby waive the said right and also DECLARE that I (We) shall accept as sufficient certificate of my (our) shareholding, any Memorandum to that effect delivered to me (us) by the said listed company / companies or the CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of the same as satisfaction of my (our) said right Under the sections of Memoranda and Articles of Association aforementioned.

Dated this day of 20

Signed Sealed (Coy)