

Y o u n g I n v e s t o r s
A c c o u n t O p e n i n g P a c k a g e



YOUNG INVESTORS ACCOUNT OPENING FORM

CHILD PERSONAL DATA

SURNAME

OTHER NAMES

RESIDENTIAL ADDRESS

ATTACH PASSPORT
PHOTOGRAPH HERE

DATE OF BIRTH

PLACE OF BIRTH

GENDER

MALE

FEMALE

NATIONALITY

NAME OF SCHOOL

SCHOOL ADDRESS

NAME OF PARENT/GUARDIAN/ SPONSOR

NATURE OF RELATIONSHIP

TELEPHONE NUMBER

EMAIL

DOCUMENTS REQUIRED

1. Completed Application form
2. Copy of Childs Birth Certificate

bgl

Set Off

- I/We agree that BGL may, at any time without notice, notwithstanding any settlement of account of other matter whatsoever combine or consolidate all or any of my then 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 present or future, actual or contingent, primary or collateral and several or joint.

- 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 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 e.t.c. we shall inform you promptly.
- We note that BGL shall not bear any responsibility or liability whatsoever for funds handed to members of staff outside official hours or for any cash payment made to any account person for the purpose of account opening.

- If for any reason BGL authorizes the execution of our validly executed mandate when at the material time the account does not have sufficient funds to accommodate the value of the transaction, (and our said account is thereby thrown into debit) we agree that an overdraft position is thereby created. Any sum or sums standing to the debit of our account as a result of this overdraft position shall automatically be liable to interest charges at a prevailing market

Client's Name

Signature

INDIVIDUALS

Date

Attached
Passport
Photograph

Personal Data - INFORMATION

Please complete in block letters

Title : Mr. Mrs. Ms. Other Please tick as appropriate

Surname:

Other Name:

Residential Address (Street Number):

ORIGINAL COPIES OF THE LAST THREE MONTHS NITEL OR PHCN BILLS TO BE SIGHTED

Mailing Address:

Tel. Home: Bus: Fax:

Mobile: e-mail:

International Passport Number: (Original to be Sighted)

Driver's License Number: (Original to be Sighted)

Occupation and Nature of Business:

Initial Deposit:

Source(s) of Funds:

Next of Kin:

Relationship with next of kin

Next of Kin Contact:

Tel.

Country of Citizenship:

■ INDIVIDUALS ■

Account Opening Form Pg - 2

Country of Residence:

Date and Place of Birth:

Religion:

Mother Maiden Name :

Name and Address of Bankers:

S/N	Name of Bank	Address	Account Type

Section B : SERVICE REQUIRED

- BGL Wealth Management Programme
- BGL Proprietary Trading Programme
- BGL Consolidated Fund
- BGL Fund Management Service
- BGL Equity Trading Service

Section C : CLIENT PROFILE

Stated Investors Profile

- Income & Growth Growth
- Capital Appreciation

KEY

Income & Growth

I want my investment to grow over time, but I would also like to generate some current income within the short to medium term. It is important the value of my investments keep pace with inflation

Growth

I have a need to build up Wealth and have my returns re-invested in my portfolio rather than current income over a long time horizon

Capital Appreciation

My investment should achieve above average capital growth over the long term. It is very important my return on investment grows faster than inflation. Wide variance in returns from one year to the next is acceptable.

0 - 12 months 1 - 3 years 3 Years & Above

Client Risk Sensitivity (Choose one)

High-risk Moderate Low risk

How much volatility are you willing to accept?

Key

Depending on what objective you select, the value of the assets can remain quite stable (increasing slowly but steady) or rise and fall in response to market events. The degree to which an investment moves upwards or downwards is referred to as **Volatility**. Generally more volatile investments are more risky but grow faster than most investments.

Low

I do not want any erosion in my capital, even if it means my returns are relatively small and may not keep pace with inflation.

Moderate

I am willing to accept a slight volatility in my capital long as my money is in sound, high quality investments that will grow over time and can match inflation.

High

I am willing to take volatility on my portfolio in pursuit of significant higher returns over time.

Clients Signature & Date

Other Tradable account with BGL

Important Information

All Transactions to be done by cheques/bank drafts crossed and payable to BGL LIMITED

Group Head Office
Millennium House
12A, Catholic Mission Street,
Lagos Island, P. O. Box 74122,
Victoria Island, Lagos.
Tel: 234 - 1 - 4622601-9
Fax: 234 - 1 - 4622628
Email: info@bglplc.com
http://www.bglplc.com

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Off Aguiyi Ironsi Street,
Maitama, Abuja,
Te: 234-(0)9-7817729
234-(0)9-7817731
Fax: 234-(0)9-2348539

Port Harcourt Office
59B King Perekule Street,
GRA Phase 2,
Port-Harcourt, Rivers State.
Tel: 234-(0)-84-462359
234-(0)84-576552
234-(0)84-240009
Fax: 234-(0)84 462359

Official Use Only

Client's Account Number

CSCS Number

Introduced By

Waiver(s) Request & Justification

Sign of Account Officer

New Account/Waiver Approved By

Risk Management & Compliance comments

Sign

CHECK LIST

S/N	DETAILS	YES	NO
A	FOR INDIVIDUAL ACCOUNTS:	<input type="checkbox"/>	<input type="checkbox"/>
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Copies of NITEL or PHCN Bills for the last 3 months (Original copies to be sighted)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of International passport & Driver's Licence, National ID Card (Originals to be sighted)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Duly completed signature mandate with two passport photographs	<input type="checkbox"/>	<input type="checkbox"/>



Client's Signature Mandate

CLIENT'S NAMES:

SIGNATURE (S):

TWO PASSPORTS:

Attach
Passport
Photograph
Here

Attach
Passport
Photograph
Here