Securities Dunbell
Member of The Nigerian Stock Exchange
Securing Reward

Please staple your recent passport photograph here

Individual Form

BAUCHI OFFICE:
3rd Floor NACRDB Building, 2 Kaduna Road, GRA, Bauchi, Bauchi State.
Tel:07039617237

LAGOS OFFICE:
3, Dele Onabule Street,
Magodo Brooks Estate North Gate,
Off CMD Road, Magodo Shangisha, Lagos.
Tel: 01-4548946, 01-4542179, 08028278305, 08034023276

1. Personal Data ☐ Minor ☐

(Account Owner must be at least 18 years of age. This section can be used for joint investors, where applicable)

Surname		First Name(s)		
Middle Name(s)(if any)	Mother's Maiden Name(if any)	Title ☐ Dr. ☐ Mr. ☐ Ms. ☐ Miss. ☐ Mrs. Other _____	Gender ☐ Female ☐ Male	
Resident Address		Nearest bus/stop	City	State
Mailing Address	City	State	Nationality	
Your Email Address		Date of Birth(dd/mm/yyyy)		
Mobile No:		Place of Birth:		
Bank Verification Number (BVN):		LGA		
State of Origin:		Date (dd/mm/yyyy)		

ID TYPE ☐ **International Passport** ☐ **Driver's License** ☐ **National ID Card**

☐ **Voters Card**

ID Number _____ Issue Date: _____ ExpiryDate _____ Place of Issue _____

Next of Kin

Surname: First Name:

Mobile No:

Gender : Female Male

Relationship:

Address:

Mailing Address:

Title Dr. Mr. Ms. Miss. Mrs. Other _____

2. Employment Details

Employment Status: **Employed** **Self Employed** **Unemployed**

Business/ Occupation: **Employer's Phone No:**

Business / Employer's Name :

Business / Employer's Address:

3. Bank Details

Bank Name:

Bank Account Number:

Bank Account Name:

Date Opened :

4. Additional Details

Have you occupied any Political Position yes No

If yes please state the most recent political position occupied _____

Date From _____ To _____

Have any of your close relative/ associate occupied a political position yes No

If yes please state the names and your relationship with such person below:

1. Name: _____

   Relationship : _____

   Position Held: _____

2. Name : _____

   Relationship : _____

   Position Held: _____

8. Declaration

Please be informed that in compliance with the anti- money laundry legislation, transaction above N1,000,000.00 and N5,000,000.00 for individual and corporate organization respectively, will be reported to Nigerian Financial Intelligent Units or Securities and Exchange Commission (SEC).

- I confirm that the information given on this account opening form is true;
- That accounts are to be adequately funded and debited balances, if any, must be cleared within 3 days of its occurrence;

I/We _____ hereby declare that I understand the conditions stated above

and that I agree to abide with the said conditions.

Signature (s) Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

DSL A/C No: _____

CSCS A/C No: _____

Clearing House No: _____

Risk Rating ☐ Low ☐ Medium ☐ High

CSO Name : _____

Signature & Date: _____

Account Officer Name: _____

Signature & Date : _____

Verified By : _____

Signature & Date : _____

Authorized by : _____

Signature & Date : _____

Checklist

- ☐ Forms Completed
- ☐ Proof of Identity
- ☐ Proof Address
- ☐ Recent Photograph
- ☐ Signed
- ☐ BVN
- ☐ Bank Information