Securities Dunbell
Member of The Nigerian Stock Exchange
Securing Reward

Joint/Estate 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. Joint Account ☐ Estate Account ☐

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

Account Name:

1. Investor's Details

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 _____

Others _____

2. Investor's Details

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 _____

Others _____

3. Investor's Details

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 _____

Others _____

4. Bank Details

Bank Name:

Bank Account Number:

Bank Account Name:

Date Opened :

5. 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: _____

6. Mandate Instruction

Passport				
Name				
Signature				
Mandate				

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 (NFIU) 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
- ☐ Signature
- ☐ BVN
- ☐ Bank Information