

**Calyx Securities Limited**  
*(Member of Nigerian Stock Exchange)*



**ACCOUNT OPENING FORM**

**INDIVIDUAL CLIENT**

Surname:.....  
Other Names:.....  
Title:..... Date of Birth:.....  
Marital Status:.....  
Wedding Anniversary:.....  
(if applicable)  
Identity/Passport Number:.....  
Resident /Non-resident:  
Citizenship/Nationality:.....  
Residential Address:.....  
Occupation:  
Name of Employer:.....  
Length of service at current employer:.....  
Postal Address:.....  
Tel. (Business): .....:.....:  
Tel. (Home): .....:.....:  
Cell Phone:.....  
E-mail Address:.....  
Net Worth:.....  
Name of Bank:.....  
Branch:.....  
Account Number:.....  
Next of Kin:.....  
Signature:.....

**FOR OFFICE USE**

**CHECKLIST**

	COLLECTED	
	YES	NO.
<b>A.    <u>INDIVIDUAL</u></b>		
1. DULY COMPLETED ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>
2. TWO (2) PASSPORT PHOTOGRAPHS	<input type="checkbox"/>	<input type="checkbox"/>
1. COPY OF CURRENT INTERNATIONAL PASSPORT, DRIVER'S LICENCE OR ANY OTHER FORM OF IDENTIFICATION WITH THE PHRASE "ORIGINAL SIGHTED BY ME" AND THE SIGNATURE OF THE ACCOUNT OFFICER	<input type="checkbox"/>	<input type="checkbox"/>
4. CSCS ACCOUNT OPENING FORM COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>
5. COPY OF UTILITY BILL ISSUED WITHIN THE PREVIOUS THREE MONTH(S). (ORIGINAL COPY FOR SIGHTING)	<input type="checkbox"/>	<input type="checkbox"/>

*I certify that the above checked documents are in place for opening of account.*

Checked by:..... Date:.....

# Calyx Securities Limited

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## ACCOUNT OPENING FORM

### **CORPORATE CLIENT**

Full Name of Entity:.....

Registration Number: .....

Country of Registration:.....

Founding Documents:-

Certificate of Incorporation  Trust Deed  Others

Please specify

E-mail Address:.....

Full Name of Contact Person:.....

Tel. No. ....

Cell Phone:.....

Postal Address:.....

Tel. (Business): .....:.....:.....

Tel. (Home): .....:.....:.....

E-mail Address:.....

Net Asset Value: (Corporate).....

Full Name of Contact Person:.....

Tel. No. ....

Cell Phone:.....

Name of Bank:.....

Branch:.....

Account Number:.....

Signatories/Seal.....

.....  
Authorized Signature

.....  
Signatories/Seal

**FOR OFFICE USE**

**CHECKLIST**

	COLLECTED	
	YES	NO.
1. DULY COMPLETED ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>
2. CERTIFICATE OF INCORPORATION	<input type="checkbox"/>	<input type="checkbox"/>
1. BOARD RESOLUTION TO OPEN AN ACCOUNT AND INTRODUCING THE SIGNATORIES TO CALYX	<input type="checkbox"/>	<input type="checkbox"/>
4. CSCS ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>
1. TRANSFER FORMS (MINIMUM-10 COPIES)	<input type="checkbox"/>	<input type="checkbox"/>
2. IDENTIFICATION OF THE SIGNATORY	<input type="checkbox"/>	<input type="checkbox"/>
7. TWO PASSPORT PHOTOGRAPH OF SIGNATORY	<input type="checkbox"/>	<input type="checkbox"/>

*I certify that the above checked documents are in place for opening of account.*

Checked by:..... Date:.....