ACCOUNT OPENING FORM ESTATE - MAGNARTIS FIN. & INV. LTD

Passport

PERSONAL INFORMATION (ADMOR) A.

				Photograph
ESTA	ATE OF SURNAME:	OTHER NA	MES:	<u> </u>
MAII	DEN NAME/ MOTHER'S MAIDEN NAMI	3 :		
CON	TACT ADDRESS:			
SEX:	DATE OF BIRTH:		MARITAL STATUS:	
EXIS	TING S/BROKING FIRM	C	LEARING HOUSE NO	(CHN)
NIN: _	STATE OF O	RIGIN LGA	NATIONA	LITY:
OCC	UPATION/PROFESSION:			
BANK	X NAME, BRANCH & ACCOUNT NO:			BVN
DAT	E A/C WAS OPEN (dd/mm/yy):	РНС	ONE:	
E-MA	AIL:	SIGNATURE/D/	атЕ:	
CON	IE: TACT ADDRESS: ATIONSHIP:			
	REFEREES		SIGNATURE	
	NAME: CONTACT ADDRESS:			
	RELATIONSHIP:			
	HOW LONG HAVE YOU KNOWN THE			
2.	NAME:			
	CONTACT ADDRESS:			
	RELATIONSHIP:	PHONE:	SIGNATUR	E:
	HOW LONG HAVE YOU KNOWN THE	ABOVE NAMED PERSO	N?	
	I HEREBY CONFIRM THAT THE ABOV	E INFORMATION IS TR	UE:INVEST	OR'S SIGNATURE

ACCOUNT OFFICER	SIGNATURE

REFERENCE FORM

MAGNARTIS FINANCE AND INVESTMENT LTD

"CAUTION" IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT KNOWN TO YOU

THE MANAGING DIRECTOR MAGNARTIS FINANCE & INVESTMENT LTD

.....

Dear Sir,

RE:....
Prospective Account Name

I/We understand that the above – named person(s) has/have applied to open a CSCS Stock Account with your organization.

I/We have known the above – named person(s) for(Period) and I/We comment on his/their means and reputation as follows:-

.....

.....

The above information is provided in confidence.

Yours faithfully,	
REFEREE'S NAME:	

REFEREE'S ADDRESS:.....

REFEREE'S OCCUPATION:.....

REFEREE'S GSM NUMBER:....

Signature/Date

FOR OFFICE'S USE ONLY					
DOCUMENTS OBTAINED					
Completed Signature Card Yes Deferred	A Passport Photograph Yes Deferred				
Reference Forms (2) Yes Deferred	Others Yes Deferred				
Identification Document Yes Deferred					
Account Opened By:	Signature & Date:				
Compliance Officer's Comment:	Signature & Date:				
Deferral/Waiver Authorized By:	Signature & Date:				
Account Sourced By:	Signature & Date:				
Account Authorized By:	Signature & Date:				

REFERENCE FORM

MAGNARTIS FINANCE AND INVESTMENT LTD

"CAUTION" IT IS DANGEROUS TO INTRODUCE A PERSON WHO IS NOT KNOWN TO YOU

THE MANAGING DIRECTOR MAGNARTIS FINANCE & INVESTMENT LTD

.....

Dear Sir,

RE:....
Prospective Account Name

I/We understand that the above – named person(s) has/have applied to open a CSCS Stock Account with your organization.

I/We have known the above – named person(s) for(Period) and I/We comment on his/their means and reputation as follows:-

.....

.....

The above information is provided in confidence.

Yours faithfully,	
REFEREE'S NAME:	

REFEREE'S ADDRESS:.....

REFEREE'S OCCUPATION:....

REFEREE'S GSM NUMBER:....

Signature/Date

FOR OFFICE'S USE ONLY					
DOCUMENTS OBTAINED					
Completed Signature Card Yes Deferred	A Passport Photograph Yes Deferred				
Reference Forms (2) Yes Deferred	Others Yes Deferred				
Identification Document Yes Deferred					
Account Opened By:	Signature & Date:				
Compliance Officer's Comment:	Signature & Date:				
Deferral/Waiver Authorized By:	Signature & Date:				
Account Sourced By:	Signature & Date:				
Account Authorized By:	Signature & Date:				

• AUTHORIZATION TO DEBIT ACCOUNT FOR SEARCH FEE

I/We hereby authorize you to debit our account with the applicable charges for the legal search conducted on our account at the Corporate Affairs Commission/Probate Registry or relevant agency/ authority.

Thank you.

Yours faithfully

Authorized Signatory/Representative Date

Authorized Signatory/Representative Date

LETTER OF INDEMNITY

I/We hereby agree to indemnify Magnartis Finance and Investment Ltd in full against any action, claim, proceeding loss, expense or damages from this account or, representatives made by me/us in respect of this account or for whatsoever in connection with this account. I/We further confirm that all my dealings in respect of this account shall not be contrary to any subsisting law or regulation in force whether in Nigeria or any other Country

In consideration of you, Magnartis Finance & Investment, agreeing to honor and act upon any instruction, communications and documents sent by facsimile (fax), telephone, e-mail , letters issued according to my/our mandate as I/We may from time to time advise you in writing via email n a m ewhile the following shall be my/our e-mail address

It is not my/our intention that the instruction referred to above should be confirmed in writing or by telephone and I/we hereby ratify and confirm all that you shall do on my/our behalf by virtue of such instructions provided only that you acted in good faith.

Authorized Signatory/Representative Date

Authorized Signatory/Representative Date

ADDITIONAL REQUIREMENTS

- Bankers Confirmation of the Estate stating- type of account, account number, date a/c opened: dd/mm/yy, with passport photograph
- Enclose valid means of Identification e.g Driver's License, International Passport, Voters Card, National ID
- Death Certificate
- Letter of administration/Will,
- 2 Passport Photograph of Each Signatory
- Signature Mandate
- Enclose copy of utility bill e.g PHCN/ Water
- Copy of Newspaper Publication

NO