



Equity Capital Solutions Limited

RC:659959

Member of The Nigerian Stock Exchange

Kingsway Building 51/52 Marina, P. O. Box 1396, Marina Lagos.

Tel: 01-2717368, 8744842, Fax: 2717369 www.equitycapitalsolutions-ng.com

ACCOUNT OPENING FORM

Name of Individual/ (Organisation).....

(If individual, state surname first, and title)

Postal Address.....

Office / Home Address.....

Phone No: Office/Fax..... Home..... Mobile.....

Business/Profession:..... E-mail..... Nationality.....

Int'l Passport/DL No./RC No..... Date of Birth/Inc./Reg.....

Initial Deposit.....

* Next of kin: (1) Name:..... Relationship.....

(2) Name:..... Relationship.....

Authorised Signatories

1..... Name..... Designation:..... Sign:.....

2..... Name..... Designation:..... Sign:.....

3..... Name..... Designation:..... Sign:.....

For office use only

Introduced by.....

Application received by..... Date:.....

Relationship Officer..... Date:.....

Approved by..... Date:.....

*(Please be specific)

Undertaking

I/We hereby authorise the company to open the stockbroking account on my/our behalf. I/We undertake to settle all outstanding due as a result of my/our sell or buy mandate. Failing which the company is authorised to sell/hold such stocks/monies as may be adequate to offset any outstandings.