



ACCOUNT OPENING FORM – INDIVIDUAL

1. Personal

Name (Title) (Surname) (First Name) (Middle Name)

Sex M F Date of Birth DD MM YY Place of Birth

Country of Birth Mother's Maiden Name

Residential Address

City State Country

Mailing Address

City State Country

E-mail Phone

Nationality Do you have Dual Citizenship? Yes No Please state the second Country here

Identity Type Driver's License National Identity Card Int. Passport Others → Please specify

ID Number Expiry Date DD MM YY

2. Career/Employment

Occupation Employer

Employer's Address Phone No.

Employment Status Salaried Employment Self-Employed Retired Unemployed Student

Expected Annual Turnover Less than N5m N5m to N20m N20m to N100m N100m & above

Source of Fund Salary Business Income Investment/Sale of Property Personal Savings Others

4. Next of Kin Information

Name

Sex M F Date of Birth DD MM YY Relationship

Nationality

Contact Address

Phone Email

5. Account Type

Kindly select your preferred account type

Collective Investment Schemes Fixed Income Foreign Currency Investments Investment Plans

Separately Managed Accounts Stockbroking → Existing CHN? Fill your CHN here where applicable

Others → Please specify

6. Portfolio Management (For Asset Management Clients Only)

Separately Managed Accounts

Discretionary Portfolio Management Account Non-Discretionary Portfolio Management

Investment Plans

Balanced Conservative Ethical Growth Guaranteed Others →

7. Bank Account Details

1. Bank Name (Naira)	<input type="text"/>	Account No.	<input type="text"/>	Ten Digits
Account Name	<input type="text"/>			
2. Bank Name (Naira)	<input type="text"/>	Account No.	<input type="text"/>	Ten Digits
Account Name	<input type="text"/>			
Bank Verification Number (BVN)	<input type="text"/>			
3. Bank Account (Foreign Bank) Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> Others	Swift Code <input type="text"/>
Account Name	<input type="text"/>			
Correspondent Bank:				
Swift Code	<input type="text"/>	Routing No/Sort Code	<input type="text"/>	
Account Number	<input type="text"/>	IBAN (where applicable)	<input type="text"/>	
For Further Credit:				
Beneficiary Account Name	<input type="text"/>			
Beneficiary Account No	<input type="text"/>			
Beneficiary Address	<input type="text"/>			

8. Questionnaire

a. Investment Objective	Investment Protection <input type="checkbox"/>	Wealth Accumulation <input type="checkbox"/>	Retirement <input type="checkbox"/>	Future commitment <input type="checkbox"/>
b. Investment Experience	Limited <input type="checkbox"/>	Good <input type="checkbox"/>	Extensive <input type="checkbox"/>	None <input type="checkbox"/>
c. Investing experience	None <input type="checkbox"/>	1-2 years <input type="checkbox"/>	2- 5 years <input type="checkbox"/>	Over 5 years <input type="checkbox"/>
d. Investment Time frame	< 1 year <input type="checkbox"/>	1-2 years <input type="checkbox"/>	2- 5 years <input type="checkbox"/>	Over 5 years <input type="checkbox"/>
e. Are you a permanent resident of any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, kindly ensure to fill the FATCA Form attached.				
f. Have you occupied any political office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, kindly state the last two (2) political office occupied.				
1.	<input type="text"/>	Date: from	<input type="text"/>	to <input type="text"/>
2.	<input type="text"/>	Date: from	<input type="text"/>	to <input type="text"/>
g. Have any of your close relatives/associates occupied a political office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, kindly state the names and your relationship with such persons:				
1. Name	<input type="text"/>	Relationship:	<input type="text"/>	
Position Held:	<input type="text"/>	Date: from	<input type="text"/>	to <input type="text"/>
2. Name:	<input type="text"/>	Relationship:	<input type="text"/>	
Position held:	<input type="text"/>	Date: from	<input type="text"/>	to <input type="text"/>

9. Client Attestation and Signature

I/We _____ attest that all information provided herein is accurate and would notify CardinalStone to update my/our records where any change occurs.

<input type="text"/>
SIGNATURE
<input type="text"/>
DATE

<input type="text"/>
PASSPORT PHOTOGRAPH

<input type="text"/>
THUMB PRINT

FOR OFFICE USE ONLY- INVESTMENT ADVISOR

Branch Head Office Abuja

Client Category Mass Affluent HNI Foreign Institution Local Institution

 Employee

Secondary Relationship

Secondary Relationship Category Client Storming Employee Cold Calling Others

Client Relationship Type Execution Only Custodian Relationship

Risk Assessment Profile Low Risk Medium Risk High Risk

Politically Exposed Persons Yes No

Investment Advisor's Name

Investment Advisor's Sign

Date

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Account Opening Requirement Checklist	Provided	Waived	Account Opening Requirement Checklist	Provided	Waived
1. Completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>	6. Completed Share Transfer Form	<input type="checkbox"/>	<input type="checkbox"/>
2. Passport Photograph	<input type="checkbox"/>	<input type="checkbox"/>	7. Signed Stockbroking/Online Agreement	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	8. Completed Investor Profile Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
4. Utility bill/Proof of Address	<input type="checkbox"/>	<input type="checkbox"/>	9. Signed Portfolio Management Agreement	<input type="checkbox"/>	<input type="checkbox"/>
5. Bank Verification Number	<input type="checkbox"/>	<input type="checkbox"/>			

Comments/Additional Information

Operations Unit

Signature/Date

Compliance Unit

Signature/Date