



EQUITY CAPITAL SOLUTIONS LIMITED

(Trading License Holder of the Nigerian Exchange and Participating Institution of the NASD OTC Securities Exchange)

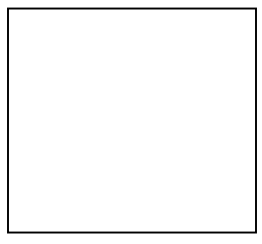
Head Office: 4th Floor, ED Building, 47, Marina Street, Lagos.

P.O Box 1396, Marina, Lagos.

Tel: +234-9096447097, 08134803750

Email: info@equitycapitalsolution-ng.com

Website: www.equitycapitalsolution-ng.com



ACCOUNT OPENING FORM

Name of **Individual** (Surname first)

Home Address.....

..... Nearest B/Stop.....

P.O Box Address:..... Gender: Male Female

Phone number: 1..... 2.....

Mother's Maiden Name:..... Business/Profession.....,

Office/Bus. Address:.....

Nationality:..... State of Origin/LGA.....

Date of Birth:..... Email Add.....

Next of Kin:..... Relationship.....

Phone number..... Address.....

Average Annual Income: Less than N2M N2M-N9.9M N10M & ABOVE

Source of fund..... Purpose of Investment.....

Bank Account Details:

Bank Name:..... Name on the Bank Acct.....

Account Number..... BVN..... Branch.....

Type of ID: Passport Driver's License National Id Voter's Card

ID number..... Issued Date..... Expiry Date.....

Are you currently or previously occupied any political position? Yes No

Has any of your close Relative/Associate occupied any political position before/presently? Yes No

If yes,

Name of the Relative/Associate..... Title of Political Office Held.....

From which year..... To.....

ATTESTATION:

I attest that all information provided herein is accurate and would notify you to update my record where any changes occur

.....
Customer's Name

.....
Signature & Date

For official use only:

Relationship Officer Name Date.....

Documentation checklist: Complete Incomplete

Risk Rating: High Medium Low

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

NECESSARY DOCUMENTS TO BE ATTACHED TO THE FORM:

- 1. Valid Means of Identification (Passport (Data page) or Driver's License or NIN Card or Voter's Card)**
- 2. Recent Utility Bill (Not more than 3 months old)**
- 3. Recent passport photograph must be affixed on the form**
- 4. Birth certificate (for Minor)**



INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: contact@cscs.ng Website: www.cscs.ng

Telephone Number: + 234 070022552727

(FORM 001)

ACCOUNT TYPE: PERSONAL CORPORATE
(Please Tick appropriately)

CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX
PASSPORT
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

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CLEARING HOUSE NUMBER

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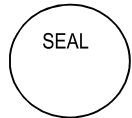
TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS :(1)..... (2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH:.....

BANK ACCOUNT NUMBER:

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BANK VERIFICATION NUMBER (BVN)

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TYPE OF ACCOUNT

(Please tick the type of account) Current Savings

STOCKBROKING FIRM DETAILS.

MEMBER CODE:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

STOCKBROKING FIRM NAME:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....

This form is to complete typewritten or handwritten in block capitals

STOCK/SHARE TRANSFER FORM

FOR THE CONSIDERATION stated below the "Transferor(s) name do hereby transfer to the "Transferee(s) name the shares of stock specified below subject to the several conditions on which the said shares or stock are or is now held by the Transferor(s) and the Transferee (s) do hereby agree to accept and hold the said shares or stock subject to conditions aforesaid.

| | |
|---|---|
| Full Name of Company or Undertaking | |
| Amount or Number & Full Details of stock or shares | <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Words Figure |
| TRANSFER FROM TRANSFEROR(S) NAMES(S) AND address(es) in full including P.O. Box if applicable | |
| | Clearing House Number |
| Consideration | |
| TRANSFER TO TRANSFEROR(S) NAMES(S) AND address(es) in full including P.O. Box if applicable | |
| | Clearing House Number |

SIGNED, SEALED AND DELIVERED by the parties to this transfer on

In the presence of _____
Signature

_____ Date

Name & Address

Transferor's Signature



STOCKBROKING FIRM

Transferor's Signature

In the presence of _____
Signature



Name & Address

Transferee's Signature



STOCKBROKING FIRM

Transferee's Signature

REGISTRAR'S A/C NO VERIFICATION

Name & Address

A _____
Signature & Date



B _____
Signature & Date

OFFICIAL STAMP

CERTIFICATE NO.....



Equity Capital Solutions Limited RC 659959
Member of the Nigerian Stock Exchange

Head Office: Kingsway Building 2, Davies Street, Marina, P.O. Box 1396, Marina Lagos.
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Lodged By