EQUITY CAPITAL SOLUTIONS LIMITED

(Registered and regulated by the Securities and Exchange Commission, 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

AFFIX PASSPORT PHOTOGRAPH

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

……

DATE OF BIRTH/CAC NO:……

MOTHER'S MAIDEN NAME (whereapplicable)……

ADDRESS……

……

CSCS ACCOUNT NUMBER										CLEARING HOUSE NUMBER												

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).

SEAL

CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:……

BANK BRANCH……

BANK ACCOUNT NUMBER:										BANK VERIFICATION NUMBER (BVN)												

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	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 _____ Date

Signature

Name & Address

Transferor's Signature

Seal

STOCKBROKING FIRM

Transferor's Signature

SELLER

In the presence of _____

Signature

Name & Address

Transferee's Signature

Seal

STOCKBROKING FIRM

Transferee's Signature

BUYER

REGISTRAR'S A/C NO VERIFICATION

A _____

Name & Address

Signature & Date

Seal

B _____

OFFICIAL STAMP

Signature & Date

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.*
Tel: *08134803750, 0909 644 7097*

Kano Office: *African Alliance Building, 1, Sanni Abacha Way, 7th Floor, Front Wing, Kano.*
E-mail: *info@equitycapitalsolution-ng.com, www.equitycapitalsolution-ng.com*

Lodged By