



# EQUITY CAPITAL SOLUTIONS LIMITED

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

Head Office: 4<sup>th</sup> Floor, ED Building, 47, Marina Street, Lagos.

P.O Box 1396, Marina, Lagos.

Tel: +234-9096447097, 08134803750

Email: [info@equitycapitalsolution-ng.com](mailto:info@equitycapitalsolution-ng.com)

Website: [www.equitycapitalsolution-ng.com](http://www.equitycapitalsolution-ng.com)



## UPDATE 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.....

