



# The Bridge Securities Limited

Member of The Nigerian Stock Exchange

## NEW ACCOUNT INFORMATION INDIVIDUAL

### DETAILS OF HOLDER

#### SIGNATORY ONE:

Surname \_\_\_\_\_ Other Names: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Birth Date/day: \_\_\_\_\_

International Passport or Driver's License or National ID Card No: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Occupation/Source of income: \_\_\_\_\_ Annual Income ₦ \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address of Next of Kin (if different from Applicant's): \_\_\_\_\_

Signature: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_

### SIGNATURE

I HEREBY REQUEST THE OPENING OF A STOCKBROKING ACCOUNT WITH THE BRIDGE SECURITIES LIMITED AND AUTHORISE YOU TO EXECUTE TRANSACTIONS AS PER THE INSTRUCTION OF THE PERSON WHOSE NAME AND SIGNATURE APPEAR BELOW.

I UNDERSTAND THAT THE INFORMATION GIVEN HEREIN IS THE BASIS FOR OPENING AN ACCOUNT AND THEREFORE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS GOVERNING THE OPERATION OF THIS ACCOUNT.

#### TERMS AND CONDITIONS

- i. I/We understand that all payment by me/us for your must be in cheques or bank credit and Bank teller. Advise in case payment i.e our company will not accept liability for direct cash payment through any staff since its against our company policy.
- ii. Whenever I/We forward stocks for verification you should feel free to provide any required indemnity cover for same to the relevant registrar and charge my account accordingly.
- iii. In case of debit in my/our account, the company is authorized to sell my/our stocks to liquidate the debit without recourse to me/us.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Remarks: \_\_\_\_\_

Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_