



RC: 69487

INTERSTATE SECURITIES LTD

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

INDIVIDUAL ACCOUNT OPENING FORM

Individual Personal Details

Title	First Name
Middle Name	Last Name
Religion	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Place/Country of Birth
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others (specify)	
State of Origin (Nigerians Only)	
Mother's Maiden Name	
Residential/Permanent Address	
Nationality	

Affix Current
Passport
Photograph

Kindly provide a copy of a recent utility bill

Contact/Postal Address			
Mobile Phone	City Code	Country Code	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> Permanent Voter's Card			
Personal Email Address			
ID Number	Issue Date	Expiry Date	Place of Issue
Landline Phone	City Code	Country Code	

Employment Details

Level of Qualification			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others (specify)			
Occupation/Employment Segment	Appointment Date		
Company Name			
Company/Office Address			
Official Telephone Number	Fax Number		
Official Email Address	Official Website Address		
Annual Average Income <input type="checkbox"/> Less than N10m <input type="checkbox"/> N10m-N50m <input type="checkbox"/> N50m and Above			
Source(s) of Investment Fund <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Others (specify)			
Purpose of Investment			

Next of Kin Details

Title	First Name	
Middle Name	Last Name	
Date of Birth	Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Others (specify)		
Email	Telephone No	
Contact Address of Guardian/Next of Kin.		

Bank Account Details (Your Bank Account Name Details Should Correspond with CSCS Account Name)

Bank Name		Branch/Address	
Account Name		Account Number	
Account Type	Sort Code	BVN	Date of Opening Bank Account

Questionnaire

(1) Have you occupied any political position? Yes No
If yes, please state the most recent political position occupied. Date: From.....To.....

(2) Have any of your close relatives/associates occupied a political position? Yes No
If yes, please state your relationship below.
i. Name and Position Date: From.....To.....
ii. Name and Position Date: From.....To.....

(3) How did you know about us? Staff Relative Website Social Media Others(specify)

Order Management Service (OMS) Details

Intertrade OMS is an online stockbroking service powered by Interstate Securities Limited, that allows investors to buy and sell Equities / Bonds from the comfort of their Home, Office or anywhere in the world, provided there is access to internet service.

Category of Users: Broker Trained / Skilled Client (for direct trade without any input from our in-house broker)
 Indirect non Broker Trained/Skilled Client

For the Broker Trained / Skilled Client, please provide CIS and NSE ATS Certification

Overall Investment Objectives: Capital Preservation Retirement Income Growth Other (please specify)

Risk Tolerance: Conservative Moderately Conservative Moderately Aggressive Moderately Aggressive

Mode of Payment:

Declaration and Rights to Set Off

I wish to open a stockbroking account and confirm that the above information is true, I agree to be bound by the terms and conditions governing the operation of the account in particular. I hereby unreservedly confirm that if my account should become overdrawn and I fail to make good the overdrawn account within one week of a willing demand to do so, Interstate Securities may set the amount off against any other of my accounts or dispose off my shares to liquidate the outstanding balance. I hereby certify that the funds and sources of such funds and/or asset are legitimate and not directly or indirectly of any unlawful activity.

Signature and Date

Compliant Management Policy

We value our clients and endeavor to execute all instructions and mandates to the letter. We recognize however, that we are not infallible and operate in a market comprising of other operators, whose input is often required to give satisfactory effect to our clients' requests.

Our Policy provides that any complaint should be sent to our mailbox info@interstatesecurities.com or be letter delivered to our Head Office at, 14B Keffi Street, South-West Ikoyi, Lagos or Ibadan Branch, Ile - Itesiwaju, Oba Adebimpe Road, Ibadan.

Complaints sent by E-mail will be acknowledged within 2 (Two) working days and letters, within 5 (five) working days. Complaints will be resolved within 10 (Ten) working days.

However, where complaints remain unsolved and clients are not satisfied with our efforts or that of another Capital Market Operator, including Registrars and others, the matter can be escalated by the Client or us to the relevant competent authority, together with supporting documentation.

For Official Purpose Only

Delivered by Email Company Representative Others (specify)

Document Received By (Account Officer's Name)

Sign & Date

Location/Branch

Initial Amount Deposited (N)

Documentation Checklist

1. Completed Account Opening Form	<input type="checkbox"/>	2. Proof of Address (e.g copy of utility bill)	<input type="checkbox"/>
3. Means of Identification	<input type="checkbox"/>	4. Email Indemnity	<input type="checkbox"/>
5. 2 Passport Photographs signed and dated at the back	<input type="checkbox"/>	6. Standard terms and conditions	<input type="checkbox"/>
7. Proof of Employment and Source of Fund	<input type="checkbox"/>	8. CIS and NSE ATS Certification documents	<input type="checkbox"/>
Documentation Status			
	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
Risk Rating			
	<input type="checkbox"/> Low	<input type="checkbox"/> High	
Account Opening Authorized By (Officer's Name)		Signature & Date	
Compliance Officer's Name		Signature & Date	
CSCS Number		CHN	