



INTERSTATE SECURITIES LTD

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

www.interstatesecurities.com

RC: 69487

14B, Keffi Street, Off Awolowo Road, S.W. Ikoyi, Lagos. +234-8143815548.
Ile-itesiwaju, oba Adebimpe Road, Ibadan.

ESTATE ACCOUNT OPENING FORM

Details of Estate

Name of Estate

Address

Gender Male Female

Religion

Date of Birth (dd/mm/yyyy)

Place/Country of Birth

Marital Status Married Single Others (specify)

Nationality

State of Origin (Nigerians Only)

LGA

Mother's Maiden Name

Date of Demise

Location of Demise

CSCS No. in other houses (If Any)

**Affix
Current
Passport
Photograph**

Estate Bank Account Details (Bank account Name & Details should correspond with the CSCS Account Name)

Account Name Bank

Account Number BVN Sort Code

Date Account was Opened Bank Branch/Address

Administrator's Details (1)

Title First Name

Middle Name Last Name

Gender Male Female Religion

Date of Birth (dd/mm/yyyy) Place/Country of Birth

Phone Number Email

Residential Address

ID Type International Passport Driver's License National ID Voters' Card Others

ID Number Issue Date

Expiry Date Place of Issue

BVN Tax ID Number

Specimen Signature & Date

**Affix
Current
Passport
Photograph**

Kindly provide a copy of recent utility bill confirming address above (Not more than 3months old)

Administrator's Details (2)

Title First Name

Middle Name Last Name

Gender Male Female Religion

Date of Birth (dd/mm/yyyy) Place/Country of Birth

Phone Number Email

Residential Address

ID Type International Passport Driver's License National ID Voters' Card Others

ID Number Issue Date

Expiry Date Place of Issue

BVN Tax ID Number

Specimen Signature & Date

**Affix
Current
Passport
Photograph**

Kindly provide a copy of recent utility bill confirming address above (Not more than 3months old)

Administrator's Details (3)

Title	First Name
Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Phone Number	Email
Residential Address	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	
ID Number	Issue Date
Expiry Date	Place of Issue
BVN	Tax ID Number
Specimen Signature & Date	

**Affix
Current
Passport
Photograph**

Kindly provide a copy of recent utility bill confirming address above (Not more than 3months old)

Administrator's Details (4)

Title	First Name
Middle Name	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion
Date of Birth (dd/mm/yyyy)	Place/Country of Birth
Phone Number	Email
Residential Address	
ID Type <input type="checkbox"/> International Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voters' Card <input type="checkbox"/> Others	
ID Number	Issue Date
Expiry Date	Place of Issue
BVN	Tax ID Number
Specimen Signature & Date	

**Affix
Current
Passport
Photograph**

Kindly provide a copy of recent utility bill confirming address above (Not more than 3months old)

Names & Signatures of Administrators (With Mandate/Signing Instruction)

1.	2.
3.	4.

Questionnaire

(1). Please state if any of your Administrators holds/ have held any Political Position

1. Name:	Date: From	To
2. Name:	Date: From	To
3. Name:	Date: From	To
4. Name:	Date: From	To

(2) Have any of your Administrators/Executors close relatives/associates occupied a political position? Yes No

i. Name and Position If yes, please state your relationship below.

ii. Name and Position Date: From.....To.....

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/SkilledClient

For the Broker Trained / Skilled Client, please provide CIS and NSEATSCertification

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

We wish to open an Estate account and confirm that the above information is true, We agree to be bound by the terms and conditions governing the operation of the account in particular. We hereby unreservedly confirm that if our account should become overdrawn and We 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 our accounts or dispose off our shares to liquidate the outstanding balance. We hereby certify that the funds and sources of such funds and/or asset are legitimate and not directly or indirectly of any unlawful activity.

Name, signature and Date Name, signature and Date Name, signature and Date Name, signature and Date

For Official Purpose Only

Delivered By	<input type="checkbox"/> Email	<input type="checkbox"/> Estate Representative	<input type="checkbox"/> Others(Specify)
Document Received By (Staff Name)			
Location/Branch			
Initial Amount Deposited / Value of Shares			

Documentation Checklist

1. Completed Account Opening Form	<input type="checkbox"/>	2. Current Passport Photographs of Admors/Executors (Signed at the Back)	<input type="checkbox"/>
3. Means of Identification of Admors/Executors (With Original for Sighting)	<input type="checkbox"/>	4. Copy of Letter of Administration/ Copy of Probate (With Original for Sighting)	<input type="checkbox"/>
5. Complaints Management Policy & Process	<input type="checkbox"/>	6. Signature Mandate of Admors/Executors	<input type="checkbox"/>
7. BVN Validation Printouts (For Admors/Executors)	<input type="checkbox"/>	8. Copy of Utility Bill of Admors/Executors (Not older than 3months)	<input type="checkbox"/>
9. Copy of Death Certificate (With Original for Sighting)	<input type="checkbox"/>	10. NSE/CSCS Trade Alert Form	<input type="checkbox"/>
11. Email & SMS Indemnity	<input type="checkbox"/>	12. CSCS Particulars of Shareholder's Form	<input type="checkbox"/>
13. Copy of Newspaper Publication (With Original for Sighting)	<input type="checkbox"/>	14. Copy of Gazette /Notice of Death (With Original for Sighting)	<input type="checkbox"/>
15. Letter of Introduction of all Administrators/Executors	<input type="checkbox"/>	16. CSCS Direct Cash Settlement Form	<input type="checkbox"/>
17. Standard Terms & Conditions	<input type="checkbox"/>	18. Signed Risk Disclosure Document	<input type="checkbox"/>
19. Banker's Confirmation of Admors/Executor's Signatures	<input type="checkbox"/>	20. Completed CRS Self-Certification Form	<input type="checkbox"/>
21. Other Supporting Documents / Information			
(a) _____			
(b) _____			
(c) _____			

Documentation Status	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	
----------------------	-----------------------------------	-------------------------------------	--

Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> High	
-------------	------------------------------	-------------------------------	--

Referred By: (Name/Signature/Mobile No.)
--

I hereby confirm that the Administrators/Executors of the above-named Estate of completed the account opening form, signed in my presence and I have sighted original supporting documents.

Relationship Officer's Name	Signature & Date
-----------------------------	------------------

Compliance Officer's Name	Signature & Date
---------------------------	------------------

CSCS Number	CHN	InterTrade Account Number
-------------	-----	---------------------------