



# INTERSTATE SECURITIES LTD

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

[www.interstat securities.com](http://www.interstat securities.com)

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RC: 69487

## ACCOUNT OPENING FORM

Category of Account (tick as appropriate): Individual  Joint  Minor

### Individual / Guardian Personal Details

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

Kindly provide a copy of a recent utility bill (Not More Than 3 Months old confirming the address above)

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

### Joint Account Holder

Name of Account
Relationship with Joint Account Holder
Name of Joint Account Partner
Date of Birth (dd/mm/yy) Place / Country of Birth Nationality
Residential Address
Landline Phone City Code Country Code
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others (Specify) <input type="checkbox"/>
Mobile Phone Land Line
Personal Email Address
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 <input type="checkbox"/>
ID Number Issue Date Expiry Date Place of Issue
Tax Identification Number

### For Minors Only

First Name	Last Name
Middle Name	Place / Country of Birth
Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>

Employment Details		Employment Details (Joint Account Holder)	
Level of Qualification <input type="checkbox"/> SSCE <input type="checkbox"/> OND/HND <input type="checkbox"/> BSC <input type="checkbox"/> MSC/MBA <input type="checkbox"/> OTHERS	Level of Qualification <input type="checkbox"/> SSCE <input type="checkbox"/> OND/HND <input type="checkbox"/> BSC <input type="checkbox"/> MSC/MBA <input type="checkbox"/> OTHERS		
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others (specify)	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others (specify)		
Occupation/Employment Segment	Occupation/Employment Segment		
Company Name	Company Name		
Company/Office Address	Company/Office Address		
Official Telephone Number	Official Telephone Number		
Official Email Address	Official Email Address		
Annual Average Income <input type="checkbox"/> Less than N10m <input type="checkbox"/> N10m-N50m <input type="checkbox"/> N50m and Above	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)	Source(s) of Investment Fund <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Others (specify)		
Purpose of Investment	Purpose of Investment		

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

Next of Kin Details			
Title	First Name		
Middle Name	Last Name		
Date of Birth	Nationality	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship	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.			

Questionnaire	
(1) Have you occupied any political position? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please state your relationship below. Date: From.....To..... Date: From.....To.....	
(3) How did you know about us? Staff <input type="checkbox"/> Relative <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> 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:	<input type="checkbox"/> Broker Trained / Skilled Client (for direct trade without any input from our in-house broker) <input type="checkbox"/> Indirect / non -Broker Trained/Skilled Client
<i>For the Broker Trained / Skilled Client, please provide CIS and NSEATSCertification</i>	
Overall Investment Objectives:	Capital Preservation <input type="checkbox"/> Retirement Income <input type="checkbox"/> Growth <input type="checkbox"/> Other (please specify)
Risk Tolerance:	Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderately <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/>
Mode of Payment:	

Declaration and Rights to Set Off	
I/We wish to open a stockbroking account and confirm that the above information is true, I/We agree to be bound by the terms and conditions governing the operation of the account in particular. I/We hereby unreservedly confirm that if my/our account should become overdrawn and I/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 my/our accounts or dispose off my/our shares to liquidate the outstanding balance. I/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 (For Joint Account Holder)

# For Official Purpose Only

Delivered by  Email  Company Representative  Others (specify)

Document Received By (Staff 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 & SMS 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"/>
9. CSCS Particulars of Shareholder's Form <input type="checkbox"/>	10. NSE/CSCS Trade Alert Form <input type="checkbox"/>
11. Signature Mandate (Joint / Custody Account) <input type="checkbox"/>	12. Signed Risk Disclosure Document <input type="checkbox"/>
13. Birth Certificate (For Minors) <input type="checkbox"/>	14. CSCS Direct Cash Settlement Form <input type="checkbox"/>
15. Resident Permit (For Non-Nigerians) <input type="checkbox"/>	16. Completed CRS Self-Certification Form <input type="checkbox"/>
17. Complaint Management Policy & Process <input type="checkbox"/>	18. BVN Validation Printout <input type="checkbox"/>

Documentation Status  Complete  Incomplete Risk Rating  Low  High

Referred By: (Name/Signature/Mobile No.) \_\_\_\_\_

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

Compliance Officer's Name \_\_\_\_\_ Signature & Date \_\_\_\_\_

CSCS Number	CHN	InterTrade Account Number
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