

ESTATE ACCOUNT OPENING FORM

ESTATE ACCOUNT OPENING FORM				
Details of Estate				
Name of Estate		Affix Current Passport Photograph		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Demise:			
Date of Birth:	Nationality:			
Address:				
Estate Bank Account Details <small>(Bank account Name & Details should correspond with the CSCS Account Name)</small>				
Bank Name:		Account Name:		
Account Number:		Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>		
BVN:		Account Opening Date:		
Administrator Details (1)				
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others <i>(specify)</i> <input type="checkbox"/>				
Surname:		First Name:		
Middle Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth <i>(dd/mm/yy)</i> :		Nationality:		
Place/Country of Birth:		State of Origin:		
Residential Address:				
Kindly provide a copy of a recent utility bill (Not More Than 3 Months old confirming the address above)				
Email Address:		Phone Number:		
ID Type <i>(tick as applicable)</i> : Driver's License <input type="checkbox"/> Int'l Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> NIN <input type="checkbox"/>				
ID Number:		Expiry Date:		
Bank Details				
Bank Name:		Account Name:		
Account Number:		Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>		
BVN:		Account Opening Date:		
Administrator Details (2)				
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others <i>(specify)</i> <input type="checkbox"/>				
Surname:		First Name:		
Middle Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of Birth <i>(dd/mm/yy)</i> :		Nationality:		
Place/Country of Birth:		State of Origin:		
Residential Address:				
Kindly provide a copy of a recent utility bill (Not More Than 3 Months old confirming the address above)				
Email Address:		Phone Number:		
ID Type <i>(tick as applicable)</i> : Driver's License <input type="checkbox"/> Int'l Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> NIN <input type="checkbox"/>				
ID Number:		Expiry Date:		
Bank Details				
Bank Name:		Account Name:		
Account Number:		Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>		
BVN:		Account Opening Date:		
Bank Name:		Account Name:		
Account Number:		Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>		
BVN:		Account Opening Date:		

Affix Current
Passport
Photograph

Affix Current
Passport
Photograph

Administrator Details (3)

Title: Mr. Mrs. Miss Others (specify)

Surname:	First Name:
Middle Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (dd/mm/yy):	Nationality:
Place/Country of Birth:	State of Origin:

Residential Address:

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

Email Address:	Phone Number:
ID Type(tick as applicable): Driver's License <input type="checkbox"/> Int'l Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> NIN <input type="checkbox"/>	

ID Number:	Expiry Date:
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Bank Details

Bank Name:	Account Name:
Account Number:	Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>
BVN:	Account Opening Date:

Affix Current
Passport
Photograph

Administrator Details (4)

Title: Mr. Mrs. Miss Others (specify)

Surname:	First Name:
Middle Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (dd/mm/yy):	Nationality:
Place/Country of Birth:	State of Origin:

Residential Address:

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

Email Address:	Phone Number:
ID Type(tick as applicable): Driver's License <input type="checkbox"/> Int'l Passport <input type="checkbox"/> Voter's Card <input type="checkbox"/> NIN <input type="checkbox"/>	

ID Number:	Expiry Date:
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Bank Details

Bank Name:	Account Name:
Account Number:	Account Type: Savings <input type="checkbox"/> Current <input type="checkbox"/>
BVN:	Account Opening Date:

Affix Current
Passport
Photograph

3. _____ 4. _____

Questionnaire

1. Have you occupied any political position? Yes No Date: From _____ To _____

If 'Yes' please state the recent political position occupied: _____

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 hear about us: Staff Relatives Website Social Media Others (specify)

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 of 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 USE ONLY**Documentation Checklist**

1. Completed Account Opening Form <input type="checkbox"/>	2. Current Passport Photographs of Admors/Executors <input type="checkbox"/>
3. Means of Identification of Admors/Executors <input type="checkbox"/>	4. Copy of Letter of Administration/ Copy of Probate <input type="checkbox"/>
5. ISL 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 <input type="checkbox"/>	10. CSCS Direct Cash Settlement Form <input type="checkbox"/>
11. Copy of Newspaper Publication <input type="checkbox"/>	12. Letter of Introduction of all Administrators/Executors <input type="checkbox"/>
13. Banker's Confirmation of Admors/Executor's Signatures <input type="checkbox"/>	<input type="checkbox"/>

Documentation Status: Complete Incomplete Risk Rating : High Low Delivered By: Email Company Representative Self Others (Specify)**Documents Received By: (Name/Signature/Phone Number)**

Documents Received By (Staff Name):

Sign & Date:

Location/Branch:

Initial Deposit:

Head of Department:

Sign & Date:

Compliance Officer:

Sign & Date: