



# Investment & Financial Services Limited

(Member of the Nigerian Stock Exchange) RC 337120  
\*STOCKBROKERS\*ISSUING HOUSE\*PORTFOLIO MANAGERS\*INVESTMENT ADVISORS

## INDIVIDUAL CLIENT'S DATA FORM

Please affix most recent colour photograph

Sign across the photograph

Dear customer,

Kindly fill his form in CAPITAL LETTERS (ALL INFORMATION AS APPLICABLE IN SECTIONS A, B, C & D BELOW IS MANDATORY.) THE INFORMATION IS SOUGHT UNDER PREVENTION OF MONEY LAUNDERING ACT. ALL DATA IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO ANY THIRD PARTY.

Branch  (for official use only) Account No.  (For official use only)

### A. Identity Details

Name of Applicant (As appearing in supporting identification document) Title  Mr.  Mrs.  others (specify) \_\_\_\_\_ Gender  M  F  
Surname \_\_\_\_\_ Other Names \_\_\_\_\_

Marital Status {Please tick (✓)} Single \_\_\_ Married \_\_\_ Maiden name (if female and married) \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality  Nigerian  Others (specify) \_\_\_\_\_

State \_\_\_\_\_ LGA \_\_\_\_\_ Status Please tick (✓)  Resident Individual  Non-Resident

Residence/work permit number (For Foreigners) \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

### B. Contact Details

Address \_\_\_\_\_

Tel: (Res) \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Proof of Address; please submit one of each of the following valid documents & tick (✓) against the document attached;

S/N	Identification	Utility Bill
1.	International Passport	Latest Telephone Bill
2.	Drivers Licence	Latest Electricity Bill
3.	National Identity Card	Water Bill
4.		Bank Statement (Recent)

I.D. Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Place Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**C. Employment Details**

Are you employed? {Please tick (✓)} {Please tick (✓)} Yes \_\_\_ No \_\_\_. (If yes, please fill in the following details):

Name of Employer: \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Date of Employment (DD/MM/YYYY) \_\_\_\_\_ Job Title \_\_\_\_\_

Office phone number \_\_\_\_\_ Office Email \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Phone/Email \_\_\_\_\_

(Please provide a copy of your recent work I.D.)

If self employed please state what you do for a living?

(Please give details below including phone numbers, emails, physical address and postal address and provide physical evidence).

When did this business/company start? (DD/MM/YYYY) \_\_\_\_\_.

**D. Security Details**

Do you have any children? {Please tick (✓)} s

How many are they? \_\_\_\_\_

Please give full details of all your children and their birthday below (please note that all names should be in full):

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No \_\_\_\_\_ Physical Address (Not P. O. Box) \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Is it a single or a joint account? \_\_\_\_\_ How many people will operate this account? \_\_\_\_\_

**E. Bank Account Details**

1. Banker/Branch \_\_\_\_\_
2. Account Name & Number \_\_\_\_\_
3. Sort Code \_\_\_\_\_
4. MM/DD/YEAR Account was opened \_\_\_\_\_ BVN \_\_\_\_\_

**F. Signature Mandate**

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

Name \_\_\_\_\_ Signature \_\_\_\_\_

Instruction (If Any): \_\_\_\_\_

**G. References** (Please note, reference from those related to you will not be accepted)

Reference 1

Surname \_\_\_\_\_ other names \_\_\_\_\_

Occupation \_\_\_\_\_ A/c Details \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Address \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Work Email/Phone \_\_\_\_\_

Comment on Referrer \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please attach Identification Card).

Reference 2

Surname \_\_\_\_\_ other names \_\_\_\_\_

Occupation \_\_\_\_\_ A/c Details \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Address \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Work Email/Phone \_\_\_\_\_

Comment on Referrer \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please attach Identification Card).

*I hereby confirm that I have read and understood the Instructions and hereby apply to Shalom Investment & Financial Services Limited (SIFSL) for compliance of Know Your Client (KYC) procedure for transactions and I agree to abide by the terms, conditions, rules, regulations and other statutory requirements applicable. I hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief; the documents submitted along with this application are genuine. I hereby undertake to promptly inform SIFSL of any changes to the information provided hereinabove and agree and accept that SIFSL, their authorised agents and representatives ('the Authorised Parties') are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of the information provided by me as also due to my not intimating/delay in intimating such changes. I hereby agree to provide any additional information or documentation that may be required by the Authorised Parties in connection with this application.*

Authorised Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorised Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY:**

**CHECKLIST OF COMPLIANCE**

- IDENTIFICATION (please specify) \_\_\_\_\_
- PASSPORT PHOTOGRAPH
- SIGNATURE MANDATE
- VERIFICATION OF ADDRESS

NAME OF STAFF \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE SIGNED OF BY A MANAGEMENT STAFF BEFORE OPERATION OF ACCOUNT**

NAME OF STAFF \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_