



(A Trading License Holder of the Nigerian Exchange Limited)

Office Address

230A, Eti-Osa Way, Dolphin Estate, Ikoyi, Lagos

Tel: +234 916 159 7332

E-mail / info@cdlcapitalmkts.com.ng

Website / www.cdlcapitalmkts.com.ng

CLIENT INFORMATION REQUIREMENTS ON ESTATE ACCOUNT

1. Last Will and Testament or Letter of Administration.*
2. Valid Means of Identification
 - National ID Card ☐
 - International Passport ☐
 - Driver's License ☐
 - INEC VoterCard ☐
3. Proof of Address i.e Utility Bill, Bank Account Statement and Rental Agreement.
4. Current Passport Photograph.
5. Death Certificate of the deceased.
6. Newspaper Publication of the deceased.
7. Authorised Signatories and Signature Mandate (if more than one claimant)**
8. Power of Attorney (if applicable)
9. Residence Permit (if applicable)

**Note: The Last Will and Testament or Letter of Administration provided must be verified by CDL Capital at a court of competent jurisdiction and the cost will be borne by client.*

*** This is required where there is more than one signatory*

CDL CAPITAL MARKETS LIMITED



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ESTATE ACCOUNT OPENING FORM

Beneficiary ☐ Administrator/Executor ☐ Guardian ☐ Date:.....

Name of Client (Estate):

Name of Administrator/Executors

.....

.....

.....

Passport Photograph

ADMINISTRATOR/EXECUTOR 1

Title: Surname:

Others Names:

Marital Status: Single ☐ Married ☐ Others (Please specify)..... Gender: Male ☐ Female ☐

Residential Address (Not P.O box):

.....

Mailing Address:

Telephone: Home: Office: Mobile:.....

Email:

Date of Birth (DD/MM/YYYY): Nationality/Nationalities:

Place of Birth:

State of Origin (Nigerians only): L.G.A:

Mother's Maiden Name:

Spouse's Name (if Applicable):

Resident Permit Number: Tax Identification Number (TIN):

ID Type: ☐ International Passport ☐ Driver's License ☐ National ID Card ☐ INEC Voter Card

ID Number: Issue Date: Expiry Date: Place of Issue:

EMPLOYMENT DETAILS

Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Others please specify

Business/Occupation: Appointment Date:

Business/Employer's Name:

Business/Employer's Address:

Approx. Annual Income: Indicate Currency:

Source of Investment Fund: ☐ Employment ☐ Business ☐ Others Please specify:

BANK ACCOUNT DETAILS

Bank Name: Branch:

Bank Account Number: Confirm Bank Account Number:

Bank Account Name:

Bank Verification Number (BVN): Bank Sort Code:

ADDITIONAL DETAILS

Have you occupied any Political Position ? Yes ☐ No ☐

If yes, please state the most recent political position occupied:

Date: From To.....

Have any of your close relatives/associates occupied a Political Position ? Yes ☐ No ☐

If yes, please state the names and your relationship with such persons below

1. Name:
 Relationship:
 Position Held: Date: From..... To:

2. Name:
 Relationship:
 Position Held: Date: From..... To:

ATTESTATION

I/We attest that all information provided herein is accurate and would notify you to update my/our records where any change occurs

.....
Name, Signature and Date

.....
Name, Signature and Date

ADMINISTRATOR/EXECUTOR 2

Title: Surname:

Others Names:

Marital Status: Single ☐ Married ☐ Others (Please specify)..... Gender: Male ☐ Female ☐

Residential Address (Not P.O box):
.....

Mailing Address:

Telephone: Home: Office: Mobile:.....

Email:

Date of Birth (DD/MM/YYYY): Nationality/Nationalities:

Place of Birth:

State of Origin (Nigerians only): L.G.A.....

Mother's Maiden Name:

Spouse's Name (if Applicable):

Passport Photograph

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*** This is required where there is more than one signatory*

Resident Permit Number: Tax Identification Number (TIN):

ID Type: ☐ International Passport ☐ Driver's License ☐ National ID Card ☐ INEC Voter Card

ID Number: Issue Date: Expiry Date: Place of Issue:

EMPLOYMENT DETAILS

Employment Status: Employed ☐ Self Employed ☐ Unemployed ☐ Others please specify

Business/Occupation: Appointment Date:

Business/Employer's Name:

Business/Employer's Address:

Approx. Annual Income: Indicate Currency:

Source of Investment Fund: ☐ Employment ☐ Business ☐ Others Please specify:

BANK ACCOUNT DETAILS

Bank Name: Branch:

Bank Account Number: Confirm Bank Account Number:

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Bank Verification Number (BVN): Bank Sort Code:

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If yes, please state the names and your relationship with such persons below

1. Name:

Relationship:

Position Held: Date: From To:

2. Name:

Relationship:

Position Held: Date: From To:

ATTESTATION

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.....

Name, Signature and Date

.....

Name, Signature and Date

*Note: The Last Will and Testament or Letter of Administration provided must be verified by CDL Capital at a court of competent jurisdiction and the cost will be borne by client.

** This is required where there is more than one signatory

TERMS AND CONDITIONS

I/ We hereby request and authorize you to open an account in my /our name and at any time subsequently to open such further accounts as I/We may direct and in consideration, I/We understand and agree that:

- CDL Capital offices are open for business between the hours of 8 a.m. and 5 p.m. on each day that is designated a Business Day in Nigeria ("Business Day").
- If for any reason CDL Capital authorizes the execution of the client's validly executed mandate when at the material time the client's account does not have sufficient funds to accommodate the value of the transaction, (and the said client's account is thereby thrown into debit) the client agree that an overdraft position is thereby created and interest will be charged as appropriate.
- All payments are to be made into CDL Capital Corporate Account. That is, in no circumstance should any client pay cash to the company's Staff/People. Any client that pays cash to any of the aforementioned, does that at his/her own risk.
- Client mandates should be sent physically to CDL Capital office, in Lagos or other offices as CDL Capital may from time to time maintain elsewhere in Nigeria or via e-mail and SMS. The dedicated e-mail address for mandates is **mandate@cdlcapitalmkts.com.ng**.
- The daily transaction deadline for the receipt of stock mandates and/or amendments from clients is 10 a.m. (Nigerian Time) of the Business Day on which such Mandate is to be executed.
- Where a mandate consists of a purchase instruction, it can only be processed if sufficient cleared funds are available to execute such an instruction and at the prevailing market conditions.
- CDL Capital executes transactions based on the ruling market prices of stocks on the floor of the Nigerian Exchange Ltd or NASD OTC Securites Exchange and FMDQ/OTC Securites Exchange as the case maybe.
- Valid mandates have an execution period of three (3) Business Days unless otherwise specified by the client after which they will be deemed to have expired.
- The Client is liable to pay all applicable statutory charges on every executed trade.

E-INDEMNITY

Whereas: I/We.....

Email:.....Telep hone... of the above email and telephone number hereby declare that; I/We are fully aware that Buy and/or Sell Mandate for the trade of shares/stocks/bonds through our CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account domiciled with the company shall be by Buy and/or Sell Mandate Form executed in accordance with the service offering subscribe to and such instructions must emanate from email address and phone numbers filled in the account opening form or by a hard copy of a duly executed mandate form by authorized signatories.

I/we understand that the Company is not required to verify the identity of the person giving instructions in my/our name provided the instructions are in line with my/our records with the Company.

I/we understand that it is my/our responsibility to keep my/our communication details (Username, Password) and phone device as private and confidential to prevent unauthorized access and we will immediately notify the Company should we detect a breach of these medium.

The company has requested and I/we have agreed to provide the Indemnity under the conditions herein contained:

NOW THEREFORE, I/We instruct that the Company should accept and execute instructions and/or give effect to requests to buy or sell stocks on my behalf, any other instruction relating to my account on any of the services usually rendered by the company to her clients, where such instructions and/or requests are given by any of the aforementioned means.

IN CONSIDERATION of the company agreeing to accept and act upon any such instructions, communications and documents by telephone, SMS, e-mail, letters issued by me for the trade of shares/stocks/bonds and other forms of unsecured means of communication and unaccompanied by a duly executed Buy and/or Sell Mandate Form, I/We hereby irrevocably undertake to indemnify the Company and hold it harmless from and against all costs (including without limitation to legal fees and

transactions executed on the floors of various Stock Exchanges as may be advised from time to time by the regulatory authorities. Please confirm the ruling charges from the Customer Service Officers or through the Customer Service lines listed elsewhere on this form.

Risk Tolerance Level: Conservative Aggressive
Moderately Conservative Moderately Aggressive

I/we, the undersigned, have read and are in agreement with the Terms & Conditions and the Risk Disclosures above:

Name.....

Signature.....Date.....

N.B. All deletions and/or alterations must be initiated by the client. The Mandate must be initiated by all signatories thereto..

ANTI-MONEY LAUNDERING ACT

The Money Laundering (Prohibition) Act 2013 requires all financial and nonfinancial institutions to obtain, verify and record information that identifies person who opens an account. In this regard, when you open an account with us at CDLCapital, we will ask for your name, address, means of identification, occupation and other information that will enable us to identify you and verify your identity on ongoing basis.

Further to the money laundering (Prohibition) Act 2013, any single transaction, lodgment or transfer of funds in excess of N5,000,000.00 or its equivalent in the case of individual or N10,000,000.00 or its equivalent in the case of corporate body shall be reported in written within seven (7) days to the Nigerian Financial Intelligence Unit (NFIU) and the Securitties & Exchange Commission (as applicable).

Name.....

Signature.....Date.....

Expenses, claims, losses, liabilities, damages and proceedings whatsoever that the company may suffer or incur or that may arise as a result of the Company accepting or acting upon such instructions, communication or documents and including risks due to errors in transaction, misunderstanding or error on the part of the company regarding my identity.

I/We hereby irrevocably release the Company from all liabilities in the event that any telephone, text messages, e-mail or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized, or delayed for any reason.

CDL Capital shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail or letters or instructions received by telephone unaccompanied by my executed Buy and/or Sell Mandate Form and/or to request verification of documents and instructions received by such means.

This Indemnity shall be governed by and construed in accordance with the Laws of the Federal Republic of Nigeria.

Dated this.....day of.....20..... Signature.....

Signed, Sealed and Delivered By the within named:

In the presence of:

Name.....

Signature.....Date.....

For Official Use Only

Account Officer's Name.....Signature.....

Head of Operations.....

Compliance Officer.....



FOR OFFICE USE

VISITATION REPORT

Client's Name:

Client's Address:

Account Officer:

DESCRIPTION OF RESIDENTIAL BUILDING

Relationship Officer	Date
Signature	