



GRESHAM

ASSET
MANAGEMENT
LIMITED

RC 608406

INDIVIDUAL ACCOUNT OPENING FORM

PERSONAL INFORMATION

Title	<input type="text"/>	First Name	<input type="text"/>	<p>Affix your recent passport here.</p>		
Middle Name	<input type="text"/>	Surname	<input type="text"/>			
Date of Birth	<input type="text"/>	Sex	M <input type="checkbox"/> F <input type="checkbox"/>		Marital Status	M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>
Nationality	<input type="text"/>	State of Origin	<input type="text"/>		Local Govt.	<input type="text"/>
Religion	<input type="text"/>	Mother's Maiden Name	<input type="text"/>			
Residential Address	<input type="text"/>					
Phone	<input type="text"/>	Email	<input type="text"/>			
ID Type	<input type="text"/>	ID Number	<input type="text"/>			

INVESTMENT INFORMATION

Occupation	<input type="text"/>	Employer	<input type="text"/>		
Office Address	<input type="text"/>				
Source of Income	<input type="text"/>	Risk Tolerance	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>
Investment Objective	<input type="text"/>				

BANK INFORMATION

Account Number	<input type="text"/>	Account Name	<input type="text"/>		
Name of Bank	<input type="text"/>	BVN Number	<input type="text"/>		

NEXT OF KIN

Name	<input type="text"/>	Sex	M <input type="checkbox"/> F <input type="checkbox"/>	Relationship	<input type="text"/>
Nationality	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>
Residential Address	<input type="text"/>				



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INDEMNITY

In consideration of Gresham Asset Management Limited (the "Company") agreeing to accept and honour electronic mail instructions from me (or from such other third parties as I may from time to time direct to operate my account) to operate my account with the Company, I hereby unconditionally and irrevocably indemnify the Company against all claims which may be made against it in consequence thereof and to pay to it on demand, all payments, losses, costs and expenses made, suffered or incurred by the Company in consequence thereof or arising therefrom. I also agree to pay the Company on demand, any further charges and interest which may arise in the event of any claim being made against it under this arrangement. Furthermore, I UNCONDITIONALLY undertake to bear all responsibilities which may arise as a result of any payment made to or by the Company in furtherance of the above and to be directly answerable to any investigation by any statutory body or agency bordering on this request or any other charge that may be made in respect thereof.

I agree to the above indemnity provisions

Your Signature / Thumbprint & Date

Note:

By signing this form, you confirm that all the information provided here are correct. You also commit to providing the following documents:

1. A valid means of identification.
2. A recent copy of your Utility Bill (not earlier than 3 months).

OFFICIAL USE ONLY

Name of Client

Customer Service Officer

Authorized By

Compliance Officer