

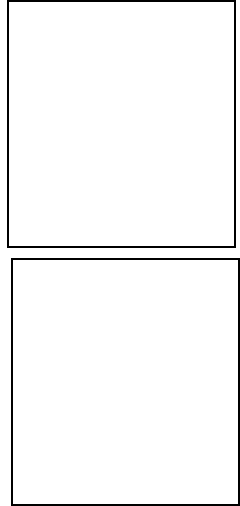


TRINITY FINANCIAL SERVICES LIMITED

INDIVIDUAL ACCOUNT OPENING FORM

CATEGORY OF ACCOUNT (TICK AS APPROPRIATE) INDIVIDUAL JOINT

TITLE:	FIRST NAME:
MIDDLE NAME:	LAST NAME:
RELIGION:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH: (dd/mm/yy)	PLACE/COUNTRY OF BIRTH:
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHERS	
STATE OF ORIGIN (Nigerian only):	LGA:
MOTHER'S MAIDEN NAME:	
RESIDENTIAL ADDRESS:	
MAILING ADDRESS:	
DATE OF ENTRY INTO PRESENT RESIDENCE:	
COUNTRY OF RESIDENCE:	NATIONALITY:
RESIDENT INDICATOR: <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
DO YOU CARRY OTHER COUNTRY'S PASSPORT OTHER THAN NIGERIA: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, state the country	



RESIDENT PERMIT NUMBER:				
PERMIT ISSUE DATE: (dd/mm/yy)	PERMIT EXPIRY DATE: (dd/mm/yy)			
MOBILE NUMBER:	CITY CODE:	COUNTRY CODE:		
LANDLINE:	CITY CODE:	COUNTRY CODE:		
PERSONAL EMAIL ADDRESS:				
ID TYPE: <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> INEC VOTER'S CARD <input type="checkbox"/> OTHERS				
ID NUMBER:	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	TAX ID NUMBER

JOINT ACCOUNT HOLDER

NAME OF ACCOUNT				
RELATIONSHIP WITH JOINT ACCOUNT HOLDER				
NAME OF JOINT ACCOUNT HOLDER				
DATE OF BIRTH (dd/mm/yy)	PLACE /COUNTRY OF BIRTH			
RESIDENTIAL ADDRESS				
MARITAL STATUS : <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
COUNTRY OF RESIDENCE	NATIONALITY			
MOBILE PHONE	CITY CODE	COUNTRY CODE		
LANDLINE PHONE	CITY CODE	COUNTRY CODE		
PERSONAL EMAIL ADDRESS				
ID TYPE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> INEC VOTERS CARD <input type="checkbox"/> OTHERS				
ID NUMBER	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE	TAX ID NUMBER

EMPLOYMENT DETAILS

LEVEL OF QUALIFICATION	
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS	
OCCUPATION/EMPLOYMENT SEGMENT	APPOINTMENT DATE
COMPANY NAME	
COMPANY/OFFICE ADDRESS	
OFFICIAL TELEPHONE NUMBER	FAX NUMBER
OFFICE EMAIL ADDRESS	OFFICIAL WEBSITE ADDRESS
ANNUAL AVERAGE INCOME <input type="checkbox"/> LESS THAN N10M <input type="checkbox"/> N10-50M <input type="checkbox"/> 50M AND ABOVE	
SOURCE OF INVESTMENT FUND <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHERS	
PURPOSE OF INVESTMENT	

BANK ACCOUNT DETAILS

BANK NAME	BRANCH
ACCOUNT NAME	ACCOUNT NUMBER
BANK VERIFICATION NUMBER	

NEXT OF KIN DETAILS

TITLE	FIRST NAME	
MIDDLE NAME	LAST NAME	
DATE OF BIRTH	NATIONALITY	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RELATIONSHIP	<input type="checkbox"/> PARENT	<input type="checkbox"/> CHILD	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> OTHERS
EMAIL	TELEPHONE CONTACT			
CONTACT ADDRESS OF NEXT OF KIN				

QUESTIONNAIRE

HAVE YOU OCCUPIED ANY POLITICAL POSITION? YES NO

IF YES, PLEASE STATE THE MOST RECENT POLITICAL POSITION OCCUPIED _____

DATE: FROM _____ TO _____

HAS 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 ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND WOULD NOTIFY YOU TO UPDATE MY/OUR RECORDS WHERE ANY CHANGES OCCURS

 NAME, SIGNATURE AND DATE

 NAME, SIGNATURE AND DATE

FOR OFFICIAL PURPOSE ONLY

DOCUMENTATION CHECKLIST

- | | |
|---|--|
| 1 COMPLETED ACCOUNT OPENING FORM <input type="checkbox"/> | 5 PROOF OF ADDRESS (e.g. COPY OF RECENT UTILITY BILL) <input type="checkbox"/> |
| 2 STANDARD TERMS AND CONDITIONS <input type="checkbox"/> | 6 RESIDENT PERMIT (FRO NON-NIGERIANS) <input type="checkbox"/> |
| 3 PASSPORT PHOTOGRAPHS <input type="checkbox"/> | 7 BIRTH CERTIFICATION (for minors only) <input type="checkbox"/> |
| 4 MEANS OF IDENTIFICATION <input type="checkbox"/> | 8 SAFE WATCH LIST REPORT <input type="checkbox"/> |
| | 9 KYC <input type="checkbox"/> |

DOCUMENTS STATUS	<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE
RISK RATING	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
ACCOUNT OPENING AUTHORISED BY		
DATE		
CSCS NUMBER	ACCOUNT NUMBER	

Official Use Only

Verified By (Full Name) _____

Signature _____

Date:

Reviewed By (Full Name) _____

Signature _____

Date:

Approved By (Full Name) _____

Signature _____

Date: