



TFS Securities & Investment Company Limited

RC 508926

INVESTMENT ACCOUNT APPLICATION

The Securities & Exchange Commission (SEC), Nigerian Stock Exchange (NSE) and Central Securities Clearing Systems (CSCS) require all Stockbroking firms to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, bank details, sources of income and other information that will allow us to identify you. We may also ask to see your photo identification documents. By completing this form, you indemnify TFS Securities & Investment Company Limited from any liability that may arise in the event of SEC, NSE, CSCS sanctions related to incorrect information contained in this form.

1. ACCOUNT TYPE (please tick appropriate box)

Individual Account Only one person owns the account. Established for self or for the benefit of a minor (custodial acct)	Joint Accounts		Corporate Account Board of Directors nominate at least two persons to act on behalf of the entity.
	Rights Survivorship If one owner dies, his/her rights passes to surviving owners	Tenancy in Common (Executorship/Admor) If one owner dies, his/her interest passes to his/her estate.	

2. ACCOUNT OWNER INFORMATION

Stock Market Regulations require that we collect all of the following information

Primary Account Owner (or minor if custodial account)			Co-Account Owner (for Joint and Corporate Account)		
Mr.	Mrs.	Ms.	Mr.	Mrs.	Ms.
Name (Surname first)			Name (Surname first)		
Residence Street Address (cannot be a P.O. box)			Residence Street Address (cannot be a P.O. box)		
City, State, LGA			City, State, LGA		
Home Phone	Business Phone		Home Phone	Business Phone	
E-mail Address			E-mail Address		
Date of Birth			Date of Birth		
Mailing Address			Mailing Address		
Mother's Maiden Name:			Mother's Maiden Name:		
Next of Kin:			Next of Kin:		

Employment Status				Employment Status			
Employed	Self Employed	Retired	Not Employed	Employed	Self Employed	Retired	Not Employed
Employer				Employer			
Specific Occupation				Specific Occupation			
Line of Business (required for self-employed)				Line of Business (required for self-employed)			
Business Street Address				Business Street Address			
City, State, LGA				City, State, LGA			
Do you have account at other brokerage firms?				Do you have account at other brokerage firms?			
Yes		No		Yes		No	
CSCS Clearing House No.				CSCS Clearing House No.			
Bank Account Bank Name: Street Address: Account Number: Date Opened: Sort code:				Bank Account Bank Name: Street Address: Account Number: Date Opened: Sort code:			

3. YOUR INVESTMENT PROFILE

Overall Investment Objective for this account (choose only one)	Investment Experience	Annual Income
Capital Appreciation minimize the potential for any loss	Excellent	Above N10,000,000
Income provide current income rather than growth of principal	Good	N5,000,000 - N10,000,000
Growth Increase investment value over time while accepting price fluctuations	Limited	N1,000,000 - N5,000,000
	None	Below N1,000,000

How often do you want to trade	What is the purpose and expectation of the account
0 - 3 trades per month	Investment Account with transfers for expenses
4 - 9 trades per month	Professional portfolio management (0.5% quarterly fee)
10+ trades per month	Long term investment - occasional withdrawals
	Savings for retirement

4. AUTHORIZATION, ATTACHMENTS, SPECIMEN SIGNATURE

Does anyone other than the account holder(s) have trading authorization over the account?
 Yes No If yes please complete the power of attorney letter indicating the individual having trading authority.

Photo Identification
 Driver's License Int. Passport Nat ID

Passport photographs (2)
 Yes No

Utility Bill
 Yes No

Certificate of Incorporation (corporate)
 Yes No

Memo & Articles of Association (")
 Yes No

Form C.O.2
 (") Yes No

Form C.O. 7
 (") Yes No

Board Resolution
 (") Yes No

Other supporting documents
 (") Yes No

Specimen Signature

Signing Instructions

5. APPROVAL

Contact Person:
 Name:
 Signature:
 Date:

Authorized by:
 Name:
 Signature:
 Date: