



ACCOUNT OPENING FORM

This form must be read with and forms part of the stockbroking terms and condition

SECTION A: PERSONAL KYC DETAILS

TITLE: _____

SURNAME: _____

OTHER NAMES _____

GENDER _____

DATE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

RESIDENTIAL ADDRESS _____

CONTACT/POSTAL ADDRESS: _____

MARITAL STATUS: _____

STATE OF ORIGIN _____

L.G.A _____

PROFESSION/OCCUPATION: _____

NAME OF EMPLOYER _____

EMPLOYER'S ADDRESS _____

MOBILE NUMBER _____

E-MAIL ADDRESS _____

BANK NAME _____

ACCOUNT NAME _____

ACCOUNT NUMBER _____

BVN NUMBER _____

ACCOUNT OPENING DATE _____

NATIONAL IDENTIFICATION NUMBER (NIN) _____

DIRECT CASH SETTLEMENT ☐ Please complete the required form.

ARE YOU A PEP? (POLITICAL EXPOSED PERSON) YES ☐ NO ☐

GUARDIAN/NEXT OF KIN

SURNAME _____

OTHER NAMES _____

PHONE NUMBER _____

RELATIONSHIP _____

EMAIL ADDRESS _____

Attach Passport
photograph

Evidence of Identification:

National Identity Card ☐ BVN Validation Print-Out ☐
Driver's License ☐ International Passport ☐

DECLARATION

I /We hereby request and authorize Capital Trust Brokers Ltd to open a Stockbroking account in my name/our name(s) and certify that all the information provided by me/us are true and correct for any reason arising from my/our mandate, Capital Trust Brokers to Sell any shares in my /our portfolio to offset such debit balance,

Errors arising from my online Mandate are solely my responsibility

All deposits payment shall be by cheque, Bank draft, or Bank Transfer

It is the company policy not to enter into cash transaction with the clients and shall not be held responsible for any liability arising from such transactions

Payment for proceeds of Sales shall be by crossed cheque or Bank Transfer written in the name of the owner whose name appeared on the share certificate or deposit.

By Signing this application form, I/we agree to be bound by the terms and conditions of operating an account as may be spelt out from time to time if this application is accepted.

Client Signature

Client Signature (If Joint)

FOR OFFICIAL USE

APPROVED BY: _____

DATE _____

(Compliance Officer)

APPROVED BY: _____

DATE _____

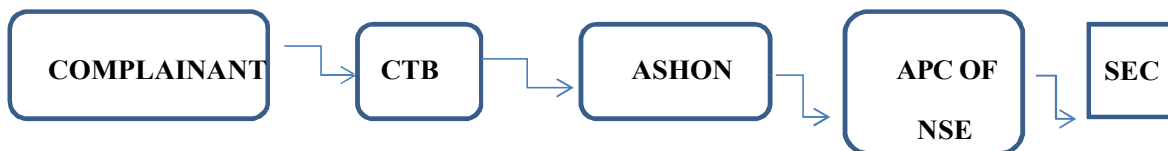
(Manager)

COMPLAINT PROCEDURE

Where a Client ,in the course of his/her dealings with our firm is dissatisfied with our service and wishes to make a complain ,the following steps should be taken :

1. A letter of Complaint addressed to the Managing director of our firm
- 2.The Managing Director shall forward the Complaint letter to the Complaint Management Committee (CMC) within 24 hours of receipt of this letter .
- 3.The Complaint Management Committee (CMC) shall seat within 24 hours of receipt of the Client Complaint letter to examine the issues raised in the letter .
- 4.The Complaint Management Committee (CMC) shall investigate the issue raised by the Clients and is expected to resolve the Complaint within 10 working days of receipt of such Complaint
- 5.The outcome of the investigation or resolution of the complaint shall be communicated to the client within 24hours after resolution.
- 6.Where the complainant is not satisfied with the outcome of the resolution, he/she shall be advised to escalate the matter to Association of Stockbroker of Nigeria (ASHON)

COMPLAINT MANAGEMENT CHAIN



ALL COMPLAINTS SHOULD BE ADDRESSED TO:

**THE MANAGING DIRECTOR
CAPITAL TRUST BROKERS LTD
3 AJELE STREET LAGOS ISLAND,LAGOS
ST PETER'S HOUSE (6TH FLOOR)**

Telephone & Whatsapp : 09137471782

Email address : info@ctb-ng.com

Website : www.ctb-ng.com