



Attach Passport  
photograph

## 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.

### 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

☐

**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 \_\_\_\_\_

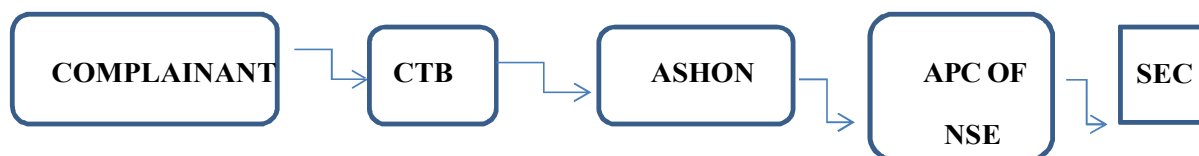
**(Manager)**

## 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 (6<sup>TH</sup> FLOOR)**  
**Telephone & Whatsapp : 09137471782**  
**Email address : info@ctb-ng.com**



RC 5599



## **CAPITAL TRUST BROKERS LIMITED**

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

(PARTICIPATING INSTITUTION OF THE NASD SECURITIES EXCHANGE)

6<sup>th</sup> Floor, St Peter's House, 3, Ajele Street, Lagos.

Email : [info@ctb-ng.com](mailto:info@ctb-ng.com)

Website : [www.ctb-ng.com](http://www.ctb-ng.com)

## **ACCOUNT OPENING REQUIREMENTS**

1. Duly completed Account Opening Form
2. One (1) clear recent passport -size photograph of each signatory to the account  
with their names and signature written on the reverse side.
3. Identification of Signatories: International Passport, Driver's License, National ID  
Card or Voter's Card ( Originals to be sighted)
4. Public Utility Receipt: Tax Clearance Certificate ( TCC), Electricity Bills, Water &  
Waste Bills. (Originals to be sighted)
5. Mandatory Initial Deposit

This form is to be completed typewritten in block capitals

### STOCK/SKARE TRANSFER FORM

FOR THE CONSIDERATION stated below the "Transferors" named do hereby transfer to the "Transferee(s)" named the shares or stock specified below subject to the several conditions on which the said shares or stock are or is now held by the Transferors) and the Transferee(s) do hereby agree to accept and hold the said shares or stock subject to the condition aforesaid.

Full Name of Company or Undertaking		
Amount or Number & Full Details of Stock or Shares	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Words	Figures
TRANSFER FROM TRANSFEROR(S) name(s) and address(es) in full including P. O. BOX if applicable	Surname	Others
	Clearing House Number	
Consideration		
TRANSFER FROM TRANSFEROR(S) name(s) and address(es) in full including P. O. BOX if applicable	Surname	Others
	Clearing House Number	

SIGNED, SEALED AND DELIVERED by the parties to this transfer on \_\_\_\_\_ Date

In the presence of \_\_\_\_\_  
Signature

Name & Address \_\_\_\_\_  
\_\_\_\_\_

STOCKBROKING FIRM

\_\_\_\_\_  
Transfer's Signature



In the presence of \_\_\_\_\_  
Signature

Name & Address \_\_\_\_\_  
\_\_\_\_\_

STOCKBROKING FIRM

\_\_\_\_\_  
Transfer's Signature



### REGISTRAR'S SHAREHOLDER'S ACCOUNT NUMBER VERIFICATION

Name & Address \_\_\_\_\_  
\_\_\_\_\_

A \_\_\_\_\_  
Signature & Date



B \_\_\_\_\_  
Signature & Date

OFFICIAL STAMP

