

Passport
Photograph

Title (Mr, Mrs, Sir, Dr, Others): _____

Surname: _____ Other Names: _____

Marital Status: Single Married Others: _____ Tel. no. (Mobile): _____
(Please specify)

Residential Address (not P.O. Box) _____
_____ Email: _____

Postal/Mailing Address: _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____ Work Address: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No. : _____ Date of Issue: / / Place of Issue: _____
Day Month Year

Mother's Maiden Name: _____ Spouse's Name: _____

Type of Account: Stock broking Portfolio Mgt

Preferred Means of Communication: Email Telephone Others _____
(Please specify)

Signature (for mandate purposes). **Please sign within the box**

Date: ___ / ___ / _____

NEXT OF KIN

Names: _____

Relationship: _____ Mobile No.: _____

Contact Address: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____

Branch/Sort Code: _____

Account Type: _____ Account Number: _____

Date Opened: _____ BVN: _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

POLITICALLY EXPOSED PERSONS (PEP)

The Anti Money Laundering and Combating Financing of Terrorism Acts require that all our clients declare if they are politically exposed. Politically exposed persons (PEP) are those holding political office in Nigeria or elsewhere or their immediate family members. If applicable, please state below:

Full Name of person holding the post: _____

Political Position Held: : _____ Relationship with PEP: _____

Relationship with PEP _____

DECLARATION

I confirm that all the information provided in this form are correct and accurate. By signing this application form, I apply for an account with Lambeth Capital Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If I am signing under a Power of Attorney, I declare that the Power of Attorney has not been amended or revoked.

Signature: _____ Date: ___ / ___ / _____

REFERENCE DETAILS

Name: _____

FOR OFFICE USE ONLY					
Checklist of attached documents					
	YES	NO	WAIVED	DEFER	UNTIL
Copy of Means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
One passport size photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The applicant(s) was/were interviewed by me by telephone/in person (delete as appropriate).

I recommend that a(n).....Account be opened as requested.

Account Officer's Name:Signature: Date:

Head of Operations' Signature:Date:

Compliance Officer's Signature:Date:

Executive Management Remarks:

Internal Auditor's Signature..... Date: