

Estate Account Opening/Update Form



8. Alhaji Kanike Close, Off 100 Awolowo Road, Ikoyi, Lagos

Estate's Name: _____

Residential Address: _____

Mailing Address for this account: _____
(If different from residential address above)

Telephone

Phone 1: _____ Phone 2: _____ Mobile: _____

Facsimile: _____ Email: _____

State of Origin: _____ Local Govt of Origin: _____

Date of Death: / /
Day Month Year

Place of Death: _____

Type of Account: Stock broking Investment (i.e. T-bills etc)
(Please tick type of Account (s) you want to open)

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

Referee's Name: _____

Email: _____

Phone No.: _____

EXECUTOR / ADMINISTRATOR 1

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Mobile Phone: _____ Office: _____ Home: _____

Email: _____

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

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

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

ID No.: _____

Date Issued / / Place of Issue _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

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

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

Passport
Photograph for 1st
authorised person

Date: ___ / ___ / _____

EXECUTOR / ADMINISTRATOR 2

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Mobile Phone: _____ Office: _____ Home: _____

Email: _____

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

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

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

ID No.: _____

Date Issued / /
Day Month Year Place of Issue _____

Foreigners' Resident Permit No: _____ Permit Validity: _____

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

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

Passport
Photograph for 2nd
authorised person

Date: ___ / ___ / _____

SIGNATURE MANDATE

S/n	Authorized Signatories	Class	Signature Specimen
1		<input type="checkbox"/>	
2		<input type="checkbox"/>	
3		<input type="checkbox"/>	

Signing Mandate (Please indicate your mandate instruction i.e. Sole signatory, two to sign etc)

BANK ACCOUNT INFORMATION

Name of Bank: _____

Address of Bank: _____

Account Type: _____

Account Number: _____

NIN No: _____

Sort Code: _____

Date Bank Account was opened: _____

PLEASE STATE ACCOUNT HOLDER'S SOURCE OF FUNDS

DECLARATION

I/We confirm that all the information provided in this form are correct and accurate. By signing this application form, I/we apply to open 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/we am signing under a Power of Attorney, I/we declare that the Power of Attorney has not been amended or revoked.

Signature of authorised person(s) _____

FOR OFFICE USE ONLY

Checklist of attached documents

	YES	NO	WAIVED	DEFER	UNTIL
Copy of Identification (i.e. Driver's license or Int'l Passport or National ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One passport size photograph each of Executors / Administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Certificate of Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Probate / Letter of Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Newspaper Publication or Gazette or Obituary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of Authority to open and operate the account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

I recommend that aAccount be opened as requested.

Account Officer's Name:Signature: Date:

Head of Operations:Signature: Date:

Compliance Officer:SignatureDate:

Executive Management Remarks:

.....

Internal Audit: Date: