

Passport

EQUATORCAPITAL

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CLIENT DATA FORM

Name

Address

Telephone (Mobile) (Home)

Date of Birth

Residential Address

Tel/Fax E-mail

Occupation

Office/business Address

Mailing Address: *(If different from the one above)*

Next of Kin

Relationship

Address of Next of Kin *(If different from Applicants)*

FOR JOINT ACCOUNT HOLDERS

Name(s) of Joint Account Holders

Address

Business/Occupation

I/We certify that the above information is correct and hereby authorize and request you to open an account in my/our name as indicated below.

Account Type *(Please tick as appropriate:)*

EQUATOR HIGH YIELD A/C EQUATOR GENERAL A/C EQUATOR CAPITAL A/C

EQUATOR PURPOSE A/C Others *(Please Specify)*

Signature /Date

I/WE AGREE

1. To abide by the terms and conditions governing the operations of the account.
2. To guard against access to my/our withdrawal slips and passbook by unauthorized persons.
3. That interest will be allowed on account only on ruling rates subject to prevailing conditions
4. That all sums for the credit of an account should be accompanied by a Deposit Slip showing the name and number of the account to be credited. The entry of the transaction will be verified by the initials of an officer of Equator Capital Limited on the Deposit Slip.
5. That withdrawal can only be made by the customer on the basis of withdrawal slips allocated by the Company.

Dated the day of Year

Signature(s)

DOCUMENTATION

1. Two (2) Clear Passport Photographs of Signatories.
2. Identification (e.g. International Passport, Driver's License, I.D Card)
3. Certificate of Incorporation (for corporate accounts only).
4. Such other documents as may be required from time to time.

FOR OFFICIAL USE ONLY

Account Opened Account Number

Initial Deposit

ID Information

Signature(s) Verified By

Approving Officer

Relationship Officer

EQUATOR CAPITAL LIMITED

HEAD OFFICE:

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