



# KAPITAL CARE TRUST & SEC LTD

www.kapitalcaretrust.com

MEMBER OF THE NIGERIAN STOCK EXCHANGE

MANDILAS HOUSE, 7<sup>TH</sup> FLOOR  
96/102, BROAD STREET  
LAGOS

Tel: 09082906638, 08184004264

Email: [lagos@kapitalcaretrust.com](mailto:lagos@kapitalcaretrust.com)



## ESTATE ACCOUNT OPENING/UPDATE FORM (KYC)

CURRENT DATE: \_\_\_\_\_

NAME OF ESTATE \_\_\_\_\_

NAMES OF EXECUTORS/ADMINISTRATORS:(1).....(2).....

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

GENDER (MALE / FEMALE): \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

MAIDEN NAME/MOTHER'S MAIDEN NAME: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CLEARING HOUSE NO: \_\_\_\_\_

ADDRESS OF CUSTOMER: \_\_\_\_\_

NEAREST BUS-STOP/LAND MARK: \_\_\_\_\_

STATE OF ORIGIN: \_\_\_\_\_ LOCAL GOVT.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYERS NAME: \_\_\_\_\_

Source of Fund: Salary [ ] Savings [ ] Retirement Plan [ ] Business Income [ ] Inheritance [ ] Others specify \_\_\_\_\_

Estimated Annual Income. (a) Less than N5M (b) N5M-10M (c) Above N10M

AUTHORISED SIGNATURE(S): \_\_\_\_\_

### NEXT OF KIN INFORMATION

NEXT OF KIN: \_\_\_\_\_

ADDRESS OF NEXT OF KIN: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NEXT OF KIN PHONE NUMBER: \_\_\_\_\_

NEAREST BUS-STOP/LAND MARK OF NEXT OF KIN: \_\_\_\_\_

All deposit for shares should be made in cheque in favour of KAPITAL CARE TRUST AND SECURITIES LIMITED  
Cash deposit should be made directly to the company bank Account.

On no account should cash be giving to any staff of the company.

**BANK ACCOUNT DETAILS (YOUR BANK ACCOUNT NAME DETAILS SHOULD CORRESPOND WITH YOUR CSCS ACCOUNT)**

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

BANK ACCOUNT NAME: \_\_\_\_\_ BANK ACCOUNT NUMBER: \_\_\_\_\_

DATE OF BANK ACCOUNT CREATION(DD/MM/YY): \_\_\_\_\_ BANK SORT CODE: \_\_\_\_\_

BANK VERIFICATION NUMBER (BVN): \_\_\_\_\_

**N. B:**

PLEASE ATTACH PHOTOCOPY OF THE FOLLOWING:

1. UTILITY BILL.
2. VALID MEANS OF IDENTIFICATION E.G NATIONAL ID, DRIVERS LICENSE, INTERNATIONAL PASSPORT

**Important Information:**

Please note that we are obliged to comply with the provisions of the Anti-Money Laundering/Combating Finance of Terrorism Act 2011 as amended which include making disclosures regarding your account to relevant regulatory agencies.

I hereby declare, under this sworn statement, that all the information provided is accurate and true and that I will inform KAPITAL CARE TRUST & SECURITIES LIMITED of any changes.

I also declare, under this sworn statement, that the funds I shall operate with are of legal origin and that these funds are not the proceeds of illegal activities conducted by me or third parties.

Client's signature(s) and date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

ACCOUNT OFFICER: \_\_\_\_\_

SIGNATURE/DATE: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_

RISK STATUS:-----

APPROVAL: \_\_\_\_\_

SIGNATURE/DATE:-----

PEP Y/N:-----