



(TLH- Trading License Holder)



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Here

Investment House
8th Floor 21/25 Broad Street
Lagos
Tel: 01-6322979, 08023125989

STOCKBROKING ACCOUNT OPENING (INDIVIDUALACCOUNT)

Kindly note the following important point for the opening of stock broking Account with **MOLTEN TRUST LIMITED**

The account opening form shall be submitted along with the following documents.

- a. A Copy of this Application form
- b. A passport Photograph of the account holder.
- c. A valid driver's license, international Passport or National I.D of the signatory
- d. A copy of any utility bill
- e. Employers Identity Card

PERSONAL DETAILS OF APPLICANT (To Be Completed In Block Letters)

Full Name: _____
SURNAME OTHER NAMES

Maiden Name _____

Nationality _____ State Of Origin _____ L.G.A _____

Residential Address: _____

Mailing Address _____ E-Mail Address _____

Phone No. _____ Occupation _____

Date of Birth: _____ Marital Status: Single Married

Next Of Kin _____ Relationship _____ Phone _____

Next Of Kin Address: _____

Name & Address of Employer/Business _____

Source of Fund _____ Bank Account No _____

Banker's Name _____ Banker's Address _____

_____ BVN _____

Date of Bank Account Creation _____

PERSONAL IDENTIFICATION PROVIDED (tick appropriate one)

Driver's License National I.D International Passport

ADDRESS CONFIRMATION

A copy of utility Bill Bank statement

REFERENCE (Kindly include address and contact details of two referee)

1. NAME _____ Tel: _____
Address _____

2. NAME _____ Tel: _____
Address _____

DECLARATION

1/We hereby certify that all the information provided by me/us are true and correct

2 If for any reason arising from my/our Mandate, Molten Trust enters into any transaction on my/our behalf resulting in my/our account being thrown into debit, I/we hereby authorizes Molten trust Limited to sell any share(s) in my/our portfolio to offset such debit balance including accrued interest arising thereof

3 Molten trust Limited, reserves the right to sell shares in any account that is not funded within seven days to normalize the account.

4 that all deposit payment shall be by cheque, bank draft or credit advice: it is the company's policy not to enter into cash transaction with the clients and shall not be held responsible for any liability arising from such transaction.

5 Payment for proceeds of sales shall be by in crossed cheque written in the name of the beneficial/owner whose name appeared on the share certificate or deposit instrument or account holder.

6 Any change in my/our address or any material information shall be communicated immediately to

MOLTEN TRUST LIMITED

7 I/We have read all the condition/terms and have agreed to be bound by them

Signature of client

signature of client (if joint)

For Official use Only

Account Officer _____

Account Opened by _____

Date: _____

Signature: _____

Documentation Complete Not complete

Approved by: _____

Comment _____