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**NEW ACCOUNT INFORMATION  
JOINT ACCOUNT**

**DETAILS OF HOLDER**

**SIGNATORY ONE:**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Catch question/test question: \_\_\_\_\_ Birth Date/day: \_\_\_\_\_  
Religion: \_\_\_\_\_ International Passport or Driver's License no: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Occupation/Position: \_\_\_\_\_ Annual Income ₦ \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_

**SIGNATORY TWO:**

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Catch question/test question: \_\_\_\_\_ Birth Date/day: \_\_\_\_\_  
Religion: \_\_\_\_\_ International Passport or Driver's License no: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Occupation/Position: \_\_\_\_\_ Annual Income ₦ \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Address of Next of Kin (if different from Applicant's): \_\_\_\_\_

Signature: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_

**ARE YOU CURRENTLY INVESTING IN THE NIGERIAN STOCK MARKET?** Yes  No   
**IF YES, PLEASE SPECIFY APPROXIMATE SIZE OF PORTFOLIO**

**SIGNATURE**

WE HEREBY REQUEST THE OPENING OF A STOCKBROKING ACCOUNT WITH SPRINGBOARD TRUST AND INVESTMENT LIMITED AND AUTHORISE YOU TO EXECUTE TRANSACTIONS AS PER THE INSTRUCTION OF THE PERSON WHOSE NAME AND SIGNATURE APPEAR BELOW.

WE UNDERSTAND THAT THE INFORMATION GIVEN HEREIN IS THE BASIS FOR OPENING ACCOUNT AND THEREFORE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS GOVERNING THE OPERATION OF THIS ACCOUNT.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_  
Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_