



ECL ASSET MANAGEMENT LIMITED

(A Trading License Holder of the Nigerian Exchange Limited)

999C Danmole Street (5th Floor), off Adeola
Odeku/Idejo Street, Victoria Island, Lagos.
Tel: +234 814 686 4707
E-mail: info@eclassetmgt.com
Website: www.eclassetmgt.com

ESTATE ACCOUNT OPENING FORM

| | | |
|-----------------------------|------------------------|---------|
| Account Name (Estate): | Passport Photograph | |
| DOB (DD:MM:YYYY): | | Gender: |
| Last known Address: | | |
| BANK ACCOUNT DETAILS | | |
| Bank Name: | Bank Account Number: | |
| Account Name: | Branch: | BVN: |

ADMINISTRATOR/EXECUTOR 1

| | | |
|---|----------------------------|--|
| Title: | First name: | |
| Lastname (Surname): | | mother's maiden name: |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others (Please specify): | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Residential Address (Not P.O. Box): | | |
| Nearest Bus stop Landmark: | | Occupation: |
| E-mail: | | Mobile Number: |
| Date of Birth (DD/MM/YYYY): | Nationality/Nationalities: | Place of Birth: |
| State of Origin (Nigerians only): | | L.G. A: |
| Resident Permit Number: | | Tax Identification Number (TIN): |
| Mailing Address: | | |
| ID Type: <input type="checkbox"/> Intl. Passport: <input type="checkbox"/> Driver's License | National ID Card | INEC Voter Card. ID//NIN: |
| Issue Date: | Expiry Date: | Place of Issue: |
| Approx. Annual Income: Others (Please specify): | Indicate Currency: | Source of Investment Fund: Salary <input type="checkbox"/> Business <input type="checkbox"/> |

BANK ACCOUNT DETAILS

| | |
|----------------------|---------------------------------|
| Bank Name: | Bank Account Name: |
| Bank Account Number: | Bank Verification Number (BVN): |
| Bank Sort Code: | Branch: |

ATTESTATION

We attest that all information provided herein is accurate and would notify you to update my/our records where any change occurred

.....
Name Signature Date

ADMINISTRATOR/EXECUTOR 2

| | | | |
|---|----------------------------|--|---------------------|
| Title: | First Name: | | Passport Photograph |
| Last Name (Surname): | | Mothers Maiden Name: | |
| Marital Status: Single: <input type="checkbox"/> Married <input type="checkbox"/> Others (Please specify): | | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | | |
| Residential Address (Not P.O box): | | | |
| Nearest Bus stop Landmark: | | Occupation: | |
| E-mail: | | Mobile Number: | |
| Date of Birth (DD/MM/YYYY): | Nationality/Nationalities: | Place of Birth: | |
| State of Origin (Nigerians only): | | L.G. A: | |
| Mother's Maiden Name: | | | |
| Resident Permit Number: | | Tax Identification Number (TIN): | |
| ID Type: <input type="checkbox"/> Intl. Passport: <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card. ID/NIN: | | | |
| Issue Date: | Expiry Date: | Place of Issue: | |
| Mailing Address: | | | |
| Approx. Annual Income: Others: Specify | Indicate Currency: | Source of Investment Fund: Salary <input type="checkbox"/> Business <input type="checkbox"/> | |

BANK ACCOUNT DETAILS

| | |
|----------------------|---------------------------------|
| Bank Name: | Bank Account Name: |
| Bank Sort Code: | Branch: |
| Bank Account Number: | Bank Verification Number (BVN): |

ATTESTATION

We attest that all information provided herein is accurate and would notify you to update my/our records where any change occurs

.....
Name

.....
Signature

.....
Date

**Note: The Last Will and Testament or Letter of Administration provided must be verified by ECL Asset management at a court of competent jurisdiction and the cost will be borne by client.*

*** This is required where there is more than one signatory*

ADMINISTRATOR/EXECUTOR 3

| | | |
|---|----------------------------------|--|
| Title: | First Name: | Passport Photograph |
| Last Name (Surname): | Mother's Maiden Name: | |
| Marital Status: Single: <input type="checkbox"/> Married <input type="checkbox"/> Others (Please specify) | | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Residential Address (Not P.O box): | | |
| | | |
| Nearest Bus stop Landmark: | Occupation: | |
| E-mail: | Mobile Number: | |
| Date of Birth (DD/MM/YYYY): | Nationality/Nationalities: | Place of Birth: |
| State of Origin (Nigerians only): | L.G. A: | |
| Mother's Maiden Name: | | |
| Resident Permit Number: | Tax Identification Number (TIN): | |
| ID Type: <input type="checkbox"/> Intl. Passport: <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID Card <input type="checkbox"/> INEC Voter Card. ID/NIN: | | |
| Issue Date: | Expiry Date: | Place of Issue: |
| Mailing Address: | | |
| Approx. Annual Income: Others: Specify | Indicate Currency: | Source of Investment Fund: Salary <input type="checkbox"/> Business <input type="checkbox"/> |

BANK ACCOUNT DETAILS

| | |
|----------------------|---------------------------------|
| Bank Name: | Bank Account Name: |
| Bank Account Number: | Bank Verification Number (BVN): |
| Bank Sort Code: | Branch: |

ATTESTATION

We attest that all information provided herein is accurate and would notify you to update my/our records where any change occurs

.....
Name Signature Date

**Note: The Last Will and Testament or Letter of Administration provided must be verified by ECL Asset management at a court of competent jurisdiction and the cost will be borne by client.*

*** This is required where there is more than one signatory*

TERMS AND CONDITIONS

- a. We.....
hereby request and authorize you to open an account in my name and subsequently open further accounts as I may direct.
I understand and agree that:
- b. It is our standard procedure to submit/procure credit information to/from relevant agencies and credit bureau in compliance with the CBN financial systems credit your financial relationships information may be reported/reviewed at any time in the normal course of the relationship
- c. ECL offices are open for business between the hours of 8 a.m. and 5 p.m. on each day that is designated a Business Day in Nigeria ("Business Day").
- d. All payments are to be made into ECL's Corporate Account. That is, in no circumstance should any client pay through company representatives otherwise
- e. Daily transaction deadline for the receipt of stock mandates and amendments request from clients is between 9:20a.m and 2:15p.m. (Nigerian Time) of the Business.
- f. ECL executes transactions based on the ruling market prices of stocks on the Nigerian Exchange Ltd, NASD OTC Securities Exchange and FMDQ OTC Securities Exchange. Valid mandates have an execution period of 24hours unless specified by the client.
- g. Where a mandate consists of a purchase instruction, it will only be processed if sufficient cleared funds are available in the client's account.
- h. Valid mandates have an execution period of 24hours unless specified by the client.
- i. ECL executes transactions based on the ruling market prices of stocks on the Nigerian Exchange Ltd, NASD OTC Securities Exchange and FMDQ OTC Securities specified by the client.

It is my absolute responsibility to keep private my online trading login detail, my username and password. ECL is not liable for any unauthorized access to my online trading portal

E-INDEMNITY

Wehereby declare that; I am fully aware that Buy / Sell Mandate for the trade of shares/stocks/bonds through my CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account domiciled with the company shall be by Buy / Sell Mandate instruction in accordance with the service offering I subscribed to and such instructions must emanate from email address or phone numbers filled in this account opening form or by a hard copy of my written and signed request from me.

We understand that the Company is not required to verify the identity of the person giving instructions on my name provided the instructions are in line with my records with the Company.

We hereby irrevocably undertake to indemnify the Company and hold it harmless against all costs (including without limitation to legal fees and expenses, claims, losses, liabilities, damages and proceedings) whatsoever that the company may suffer or incur or that may arise as a result of the Company accepting or acting upon such instructions, communication or documents.

The company shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile, e-mail, letters or instructions received by telephone.

Client mandates could be hard or soft copy and should be forwarded to ECL office, in Lagos or via our various mandates' channels: e-mail/SMS info@eclasetmgt.com, and WhatsApp
+234 814 686 4707

This Indemnity shall be governed by and construed in accordance with the Laws of the Federal Republic of Nigeria.

NOW THEREFORE, we instruct that the Company should accept and execute instructions and/or give effect to requests to buy or sell stocks on my behalf, any other instruction relating to my account on any of the services usually rendered by the company to her clients, where such instructions and/or requests are given by any of the aforementioned means.

IN CONSIDERATION of the company agreeing to accept and act upon any such instructions, communications and documents by WhatsApp, SMS, e-mail or letter issued and signed by me for the trade of shares/stocks/bonds.

ANTI-MONEY LAUNDERING ACT

As part of the Federal Government of Nigeria fight against funding of terrorism and money laundering activities, the Money Laundering (Prohibition) Act 2013 requires a statutory filing of report to NFIU of deposits from #5,000,000 and above from individual and #10,000,000 and above from corporate body. we are fully in compliance of this requirement.

We the undersigned, have read and are in agreement with the Terms & Conditions and the Risk Disclosures above:

N.B. All deletions and/or alterations must be initialed by the Client. The Mandate must be initiated by all signatories thereto.

NIGERIA DATA PROTECTION REGULATION DATA CONSENT FORM

We hereby grant ECL Asset MGT Limited and all its third-party processors authority to process my personal data, for the purpose of but not limited to:

- Opening a brokerage account
- Accessing the company's online trading portal
- Receiving email, promotions, and marketing materials
- Processing e-dividends and dematerialization of stocks
- Execution of sales and purchase instructions
- Receiving investment updates and newsletters
- Rectification of my personal data
- Research and statistical purpose
- Receiving trade alert

We are aware this is necessary for ECL Asset MGT Limited legitimate interest to process personal information for the purpose of processing my request. I consent to ECL Asset MGT Limited using my personal data for the purposes described in this notice. I understand that I can withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

| | | |
|-------------------------|------------|-------|
| Authorised Signatory 1: | Signature: | Date: |
| Authorised Signatory 2: | Signature: | Date: |
| Authorised Signatory 3: | Signature: | Date: |

Name of Individual Providing concern:

FOR OFFICIAL USE ONLY

| Document Checklist | Yes | No |
|---|--------------------------|--------------------------|
| Completed KYC form | <input type="checkbox"/> | <input type="checkbox"/> |
| Means of Identification (e.g. International Passport, Driver's License, National ID Card) | <input type="checkbox"/> | <input type="checkbox"/> |
| Passport photograph | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of address (e.g. Copy of recent utility bill) | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Will and Testament or Letter of Administration. * | <input type="checkbox"/> | <input type="checkbox"/> |
| Death Certificate, Newspaper Publication/Gazette/Obituary. | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorised Signatories and Signature Mandate) ** | <input type="checkbox"/> | <input type="checkbox"/> |
| Power of Attorney (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Residence Permit (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |

Account Officer's Name: _____ **Signature and Date:** _____

Head, Operations: _____ **Signature and Date:** _____

Compliance: _____ **Signature and Date:** _____

Approved by: _____ **Signature and Date:** _____