



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 6 86 4707

Email: info@eclassetmgt.com

Website: www.eclassetmgt.com

Individual Account Opening Form

Personal Data

Title: Mr. ☐ Mrs. ☐ Ms. ☐ Others ☐		Affix Current Passport Photograph
<i>Please complete in block letters</i>		
Surname	First Name:	
Middle Name:		
Mother's Maiden name:	Date of Birth:	
Occupation/Nature of Business:	Designation:	
Residential Address:		
Nearest Bus stop/Landmark:		Email:
Mailing Address:		
Existing CHN No.:		
State Of Origin:	Local Govt. Area:	Telephone:
National ID ☐	Driver's License ☐	Int'l Passport ☐
Voter's ID ☐	NIN No.:	
Monthly income: N100,000 -N1m ☐	N2m – N5m ☐	N6m – N10m ☐
N11m above ☐		

Bank Account Details

Account Name:	Branch:
Bank Account Number:	Date of Account Creation
Bank Name:	BVN:
Do you opt for CSCS Direct Settlement into your Bank Account? ☐ Yes ☐ No	

Next of Kin

Name:	Relationship:
Tel:	Email:

Declaration:

Iof.....declare that the information given in the account opening forms is true and correct. I agree that any information found to be false may cause ECL to decline the application or close the account if it has been opened. I shall notify ECL Asset of any changes as they arise.

TERMS AND CONDITIONS

Iherby request and authorized to open an account in my name and subsequently open further accounts as I may direct, I understand and agree that:

- 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
- ECL offices are open for business between the hours of 8a.m and 5p.m on each day that is designated a business Day in Nigeria ("Business Day")
- All payments are to be made into ECL's Corporate Account. That is, in no circumstance should any client pay through company representatives otherwise.

- 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@eclassetmgt.com**, and WhatsApp **+234 814 686 4707**
- Daily transaction deadline for the receipt of stock mandates and amendments request from clients is between 9:20a.m and 2:15p.m. (Nigeria Time) of the Business.
- Where a mandate consists of a purchase instruction, it will only be processed if sufficient cleared funds are available in the client's account.
- 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.

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

- 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.

E-INDEMNITY

Ihereby 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.

I 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.

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

NOW THEREFORE, I 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.

NIGERIA DATA PROTECTION REGULATION DATA CONSENT FORM

I 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

I am 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.

Name of Individual providing Consent: _____ Signature: _____ Date: _____

DATA PROTECTION OFFICER:

Name: _____ Signature: _____ Date: _____

OTHER DISCLOSURES

Have you occupied any Political Position? Yes ☐ No ☐

If yes, please state the most recent political position held: _____ Date: from _____ to _____

Have any of your close relatives/associates occupied a Political Yes ☐ No ☐

If yes, please state the most recent political position held: _____ Date: from _____ to _____

FOR OFFICIAL USE ONLY

Document Checklist	Yes	No
Completed KYC form	☐	☐
Means of Identification (e.g. International Passport, Driver's License, National ID Card)	☐	☐
Passport photograph	☐	☐
Proof of address (e.g. Copy of recent utility bill)	☐	☐

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

Head, Operations: _____ Signature and Date: _____

Compliance Officer: _____ Signature and Date: _____

MD'S Approval: _____ Signature and Date: _____