

ACCOUNT OPENING FORM (INDIVIDUAL)

CONFIDENTIAL

KINDLY SELECT FUND(S) YOU WOULD LIKE TO INVEST IN

<input type="checkbox"/> MUTUAL FUND	₦/\$	WORDS
<input type="checkbox"/> TREASURY BILLS / BONDS	₦/\$	WORDS
<input type="checkbox"/> FIXED NOTE/PLACEMENT	₦/\$	WORDS

FILLING THIS FORM

*PLEASE FILL ALL RELEVANT SECTIONS IN CAPITAL LETTERS, SIGN AND DATE THE FORM. *DO NOT USE CORRECTION FLUID ON ANY ERRORS. IF YOU NEED TO CORRECT A MISTAKE, PLEASE CROSS-OUT AND INITIAL ANY CHANGE *

PERSONAL DETAILS OF APPLICANT(S)/SPONSOR

TITLE			GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
FIRST NAME			OTHER NAME		
SURNAME					
RESIDENTIAL ADDRESS					
MAILING ADDRESS OUTSIDE NIGERIA					
DATE OF BIRTH	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		<div> <div>PLACE AND COUNTRY OF BIRTH</div> </div>		
EMAIL ADDRESS					
MOBILE PHONE NUMBER 1	<div> <div>COUNTRY CODE</div> <div>NUMBER</div> </div>	<div> <div>MOBILE PHONE NUMBER 2</div> </div>		<div> <div>COUNTRY CODE</div> <div>NUMBER</div> </div>	
STATE OF ORIGIN			LGA OF STATE OF ORIGIN		
NATIONALITY					
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		RESIDENT PERMIT NO. (IF APPLICABLE) <div></div>		
PERMIT ISSUE DATE	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		PERMIT EXPIRY DATE <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		
ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> OTHERS				
IF OTHERS PLEASE SPECIFY					
ID NUMBER					
ID ISSUE DATE	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				
ID EXPIRY DATE	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>				
PLACE OF ISSUE					
PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/> POST <input type="checkbox"/> E-MAIL <input type="checkbox"/> IN PERSON				

AFFIX
 INDIVIDUAL
 APPLICANT
 PASSPORT
 PHOTOGRAPH
 HERE

SIGNATURE SPECIMEN OF APPLICANT & DATE

EMPLOYMENT DETAILS

EMPLOYMENT STATUS

☐

SALARIED EMPLOYMENT

☐

SELF-EMPLOYED

☐

RETIRED

☐

UNEMPLOYED

OCCUPATION

EMPLOYER'S ADDRESS

NEXT OF KIN

TITLE

GENDER

☐

MALE

☐

FEMALE

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SURNAME

OTHER NAME

FIRST NAME

RELATIONSHIP

MOBILE PHONE NUMBER

EMAIL ADDRESS

CONTACT ADDRESS

INVESTMENT RETURNS

DIVIDENDS/INTEREST

☐

RE-INVEST IN FUND

☐

PAYOUT

PLEASE SPECIFY MODE OF PAYMENT

☐

TRANSFER

☐

CHEQUE

CASH IS NOT AN ACCEPTABLE MEANS OF PAYMENT

I/We hereby instruct Radix Asset Management Limited to make direct transfer(s) into my account details as shown below

BANK DETAILS 1

ACCOUNT NAME

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

SORT CODE

BANK VERIFICATION
NUMBER (BVN)

HOW DID YOU HEAR ABOUT US?

☐

NEWSPAPER ADVERT

☐

INTERNET

☐

FRIEND

☐

RADIO CAMPAIGN

☐

TV

☐

OTHER(S)

Account Mandate

ACCOUNT NAME

NAME OF SIGNATORIES

SIGNATURE SPECIMEN

CLASS

AFFIX
INDIVIDUAL
APPLICANT
PASSPORT
PHOTOGRAPH
HERE

Please Indicate Your Signature Mandate

DOCUMENTATION CHECK LIST (For Individual Account)

Duly Completed Form

☐
☐

Recent Utility Bill (not more than 3 months)

☐
☐

Means of ID (International Passport, Drivers License,
PVC, National ID Card)

☐
☐

Two Passport Photograph

☐
☐

FOR OFFICIAL USE ONLY

Staff Name:

Staff ID Number:

Signature: