



ESTATE ACCOUNT OPENING FORM

Account Name: Estate of	
BANK ACCOUNT INFORMATION	
Name of Bank:	Branch/Sort code:
Account Name:	
Account Number:	
Number of Years With Current Bank:	

Authorized Signatory 1

Surname:		Middle Name:		First Name:	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:		Affix Passport	
Place /Country of Birth:		State of Origin:			
Marital Status: Single <input type="checkbox"/>		Married <input type="checkbox"/>			
Bank Verification Number:					
Mother's Maiden Name:					
Relationship With Deceased:					
Residential Address:					
Mobile Phone Number:		Alternative Phone Number:			
Personal Email Address:					
EMPLOYMENT INFORMATION					
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: <input type="checkbox"/>					
Occupation/Employment Industry:					
Name of Company:					
Address of Company:					
Period With Current Employer:					
Official Website/Telephone Number: /					

Authorized Signatory 2

Surname:		Middle Name:		First Name:	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:		Affix Passport	
Place /Country of Birth:		State of Origin:			
Marital Status: Single <input type="checkbox"/>		Married <input type="checkbox"/>			
Bank Verification Number:					
Mother's Maiden Name:					
Relationship With Deceased:					
Residential Address:					
Mobile Phone Number:		Alternative Phone Number:			
Personal Email Address:					
EMPLOYMENT INFORMATION					
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: <input type="checkbox"/>					
Occupation/Employment Industry:					
Name of Company:					
Address of Company:					
Period With Current Employer:					
Official Website/Telephone Number: /					

Authorized Signatory 3

Surname:		Middle Name:		First Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:		Affix Passport	
Place /Country of Birth:		State of Origin:			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others:					
Bank Verification Number:					
Mother's Maiden Name:					
Relationship With Deceased:					
Residential Address:					
Mobile Phone Number:		Alternative Phone Number:			
Personal Email Address:					
EMPLOYMENT INFORMATION					
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others:					
Occupation/Employment Industry:					
Name of Company:					
Address of Company:					
Period With Current Employer:					
Official Website/Telephone Number: /					

Authorized Signatory 4

Surname:		Middle Name:		First Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth:		Affix Passport	
Place /Country of Birth:		State of Origin:			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Others:					
Bank Verification Number:					
Mother's Maiden Name:					
Relationship With Deceased:					
Residential Address:					
Mobile Phone Number:		Alternative Phone Number:			
Personal Email Address:					
EMPLOYMENT INFORMATION					
Employment Status: Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others:					
Occupation/Employment Industry:					
Name of Company:					
Address of Company:					
Official Website/Telephone Number: /					
Residential Address: /					

Signature Mandate

Name of Signatory

Signature

Name of Signatory

Signature

Name of Signatory

Signature

Name of Signatory

Signature

Signing Instruction

For Official Use

S/N	Checklist of Requirements	YES	NO
1	Duly Completed Account Opening Form		
2	Copy of Deceased Death Certificate		
3	Copy of Letter of Administration/Probate		
4	Copy of Means of Identification of Each Signatory		
5	Copy of utility bill of each signatory(within the last 3 months)		
6	Two (2) Recent Clear Passport-Size Photographs of Each Signatory To The Account With Their Names And Signature Written on The Reverse Side		
7	Power of attorney (If needed)		
8	Newspaper Publication/Gazette		
9	Letter of Administration/Probate		
10	Letter of Authority by the Administrators to Open the account		

DECLARATION

- (I) That, We,on behalf of the Administrators of the Estate ofhereby authorize OCML to open an Investment Account in the name of the Estate
- (II) That OCML is hereby requested and authorized to act on our instructions with regard to any transactions on the Investment Account.
- (III) That all transactions between OCML and the Estate shall be subject to the articles, rules and regulations of the Nigerian Exchange Limited (NGX), the Securities & Exchange Commission (SEC), the Investments and Securities Act (ISA) of 1999, and all further regulations, directives passed and as amended from time to time to regulate trades between the parties and to regulate broker/dealer activities.
- (IV) That our mandates shall be sent through written instruction(s) to OCML, and/or via a secured e-mail to info@ocmlng.com
- (V) That our mandates will only be executed if delivered to OCML through any of the aforementioned channels by/or before 8:00am on the intended business day of execution.
- (VI) That we can only make amendments/cancellations of mandates in writing delivered to OCML via a secured e-mail to info@ocmlng.com. This is also subject to the deadline stated in the above clause.
- (VII) That in the event that we submit mandates/amendments/cancellations after the deadline stated above, they may not be executed until the next business day.
- (VIII) That OCML executes mandates on a best-effort basis only. Thus, OCML does not guarantee that our mandate(s) will be executed on a particular day even where such mandate indicates that the relevant transaction is to be effected at “market price” or on a particular day.
- (IX) That our buy and sell mandates will only be executed based on the prevailing market prices of stocks on the Nigerian Exchange Limited (NGX) at the time of execution and not a price range.
- (X) That our purchase mandates shall not be executed if sufficient funds are not available in our stockbroking account to meet the value of such transaction(s).
- (XI) That in the event that purchase mandate was erroneously executed in excess of my account balance, OCML has a duty to notify us with a view to regularizing our account
- (XII) That where our purchase mandate is dependent on proceeds of sale mandate(s), our purchase mandate will not be executed until the sale has been executed and proceeds settled into our account. Also, the sale mandate will be executed even if the stocks to be purchased are not available.
- (XIII) That all sales proceeds of stocks shall be retained in our investment account except if we advise otherwise in writing, provided that such express instruction(s) is/are not in favor of third parties.
- (XIV) That funds deposited in our investment account with OCML, including retained sales proceeds, are not interest bearing. The funds will remain in our investment account until we give an express instruction/mandate authorizing its utilization.

1. Name of AdministratorSignature Date

2. Name of AdministratorSignature Date



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