



OSBORNE CAPITAL MARKETS LIMITED

(Member of The Nigerian Stock Exchange)

RC 1458060

2A Idanre Close, Osborne Foreshore Estate, Ikoyi, Lagos

Tel: 01-2914775 E-mail: info@ocmlng.com www.ocmlng.com

INDIVIDUAL ACCOUNT UPDATE FORM

Section A: Personal Details

Name (Surname First):		CHN (If any):
Residential Address:		Date of Birth:
Office Address:		
Place/Country of Birth:	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Others
Email Address:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Wedding Anniversary:	Phone No:	Mother's Maiden Name:
Nationality:	State of Origin (Nigerians Only):	L.G.A.:

Kindly provide a copy of a recent utility bill in your name confirming the address above and attach a photocopy
(This could be PHCN, Water Bill, Waste Bill or Tenancy Agreement)

Section B: Bank Account Details

Bank Name:	Bank's Branch:
Bank Account Name:	Bank Account No:
Bank Verification No:	Date Account was opened:

Section C: Means of Identification (Please attach photocopy)

ID Type (Tick One Please):	<input type="checkbox"/> International Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> National ID Card
ID No:	Issue Date:	Expiry Date:	Place of Issue:

Section D: Next-of-Kin Details

Name:	Relationship:	
Contact Address:	Email Address:	Phone No:

Section E: For Minors Only

Parents / Guardians should please attach their valid means of identification and utility bill as well as their passport photograph

Name:	Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Section F: Questionnaire

- (1) Have you ever had any political appointment at one time or the other? Yes No
If yes, please state the political office and date/period of occupying the position in the box below (i.e. from / to)

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- (2) Has any of your close relatives / associates occupied any political position? If yes, please give name of the person and the relationship you have with him/her.

.....
(2b) Kindly state the political office and date occupied (i.e. from / to)
.....

(3) Sources of investment fund: Employment Business Others (Please specify below)
(Please specify your source of income)
.....

(4) Purpose of Investment:
(Briefly state below your purpose of investing)
.....

INVESTMENT CONDITIONS: Tick as appropriate

1. Discretionary 2. Non-discretionary 3. Nominee

(5) Type of Employment: Business Public Sector Private Sector Military/Paramilitary

(6) Employment Status: Full Time Part Time Retiree

Declaration:

- (i) I hereby authorize Osborne Capital Markets Limited (OCML) to open a stockbroking account for me using the above information provided by me in this form.
- (ii) I hereby authorize OCML to honor all instructions including but not limited to purchases/sales mandates, e-dividends/e-bonuses mandates, etc. emanating from me in writing or through my e-mail address as given in this form.
- (iii) I hereby confirm that I shall be solely responsible for all orders / transactions done in my name and on my account. Consequently, OCML and its officers, Directors and/or Employees shall have no liability (financial or otherwise), and/or suffer any damages arising from my decision on this account.
- (iv) I agree that any debit balance on my account shall attract interest at a rate to be determined by OCML, but not below MPR plus 4% per annum.
- (v) I agree to be bound by the terms and conditions governing the operation of this account.

Signature:

Date:

Witness Information

Name:

Occupation:

Address:

Signature/Date:



Osborne Capital Markets Limited. 2A, Idanre Close, Off Ogun Street, Osborne Foreshore Estate, Ikoyi, Lagos. Tel: 012914775

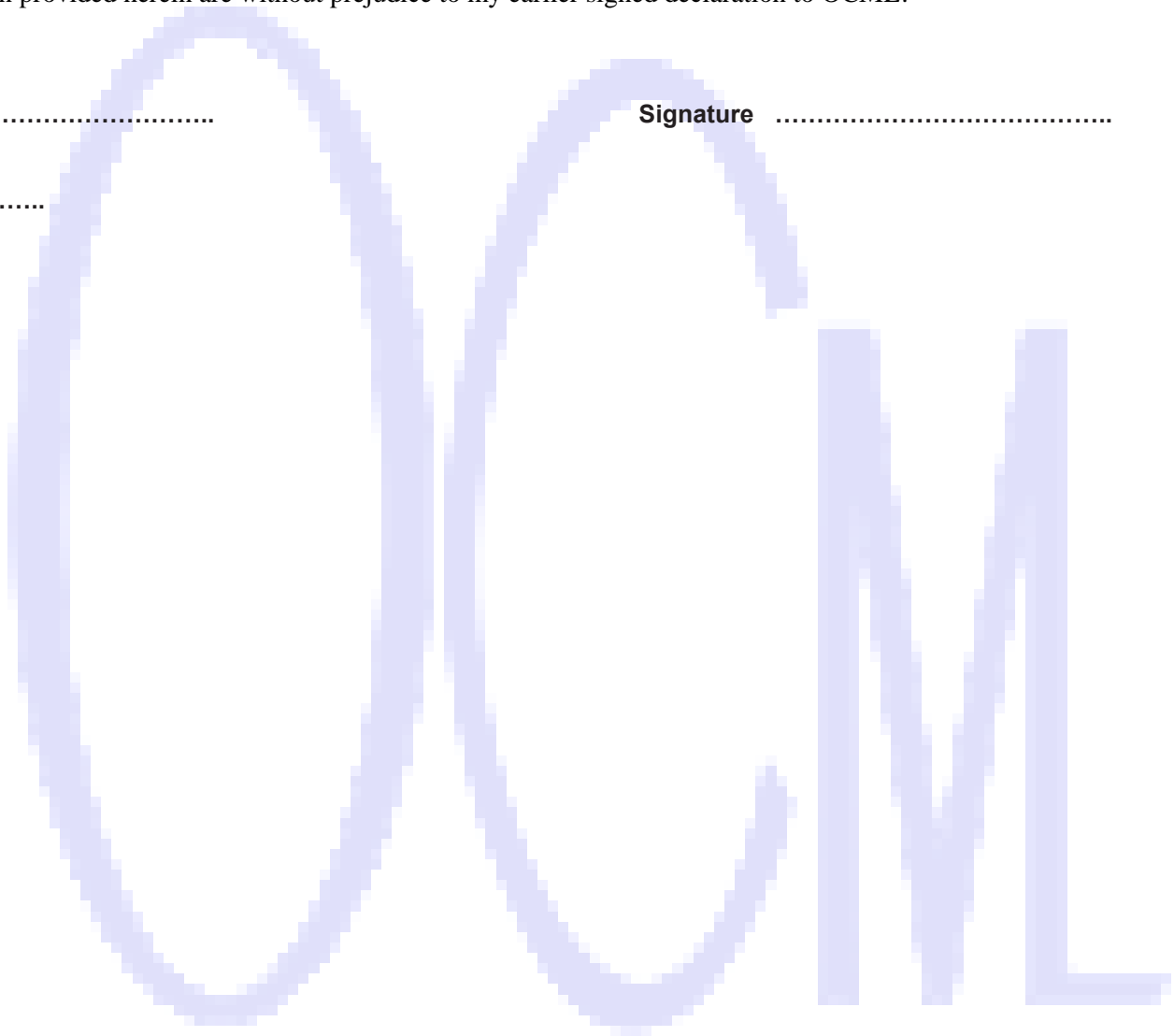
DECLARATION

- (I) That, I,hereby authorize OCML to update my profile/information as stated above.
- (II) That the information provided above are to update the information I gave to OCML earlier.
- (III) That the information provided herein are without prejudice to my earlier signed declaration to OCML.

Name of Client

Signature

Date



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For Official Use Only

S/N	DOCUMENTS CHECKLIST	RECEIVED			
1	Receipt of passport photograph	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Receipt of valid means of identification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	Receipt of utility bill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4	Birth certificate (For Minors only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

APPROVAL

DESIGNATION	NAME	SIGNATURE	DATE
Account Opening Officer			
InfoWARE Account Opening Personnel			
Chief Compliance Officer			
MD/CEO			



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