

## OSBORNE CAPITAL MARKETS LIMITED RC 1458060

(TRADING LICENSE HOLDER OF THE NIGERIAN EXCHANGE LIMITED)

2A Idanre Close, Osborne Foreshore Estate, Ikoyi, Lagos.
Tel: 0201- 2914775, Email:info@ocmlng.com. www.ocmlng.com

## ACCOUNT REACTIVATION REQUEST FORM

AFFIX CURRENT PASSPORT PICTURE

| Section A:Personal Deta  | ils                                    |               |   |                          | 1              |           |             |
|--|--|---------------|---|--------------------------|----------------|-----------|-------------|
| Name (Surname First):  |  |               |   |                          | CHN            | (If Any): |             |
| Residential/Permanent Address:   |  |               |   |                          | Date of Birth: |           |             |
| Office Address:  |  |               |   |                          |                |           |             |
| Place/Country of Birth:  |  |               |   |                          |                |           |             |
| Email Address:   | Gender: Male Female                    |               |   |                          |                |           |             |
| Wedding Anniversary: Nationality:  | Phone Number: Mother Maiden Name:      |               |   |                          |                |           |             |
| Nationality.   | State of Origin (Nigerians Only): LGA: |               |   |                          |                |           |             |
| Kindly provide a copy of a recent utility bill in your name confirming the address above (This could be Electricity, Waste, Water Bill or Tenancy Agreement) |  |               |   |                          |                |           |             |
| Section B:Bank Account   | Details                                | 1             |   | 1                        |                |           |             |
| Bank Name:   |  |               | Bank E  | Branch:                  |                |           |             |
| Account Name:  |  |               | Account Number:   |                          |                |           |             |
| BVN:   | NIN:                                   |               |   | Date Account was Opened: |                |           |             |
|  |  |               |   |                          |                |           |             |
| Section C: Means of Iden   | ntification (Attach a Co               | opy)          |   | _                        |                |           |             |
| ID Type (Tick One): Inter  | national Passport: Dr                  | river's Licer | nse: $	extstyle 	extstyle $ | National                 | ID Card        |           | Voters Card |
| ID Number:   | Place of Issue:                        | Issu          | e Date  | ::                       |                | Expiry C  | Pate:       |
| Section D: Next of Kin I   | Details                                |               |   |                          |                |           |             |
| Name:  |  | ·             |   | Relationship:            |                |           |             |
| Email:   |  |               |   | Phone Numbe              | er:            |           |             |
|  |  |               |   |                          |                |           |             |
|  |  |               |   |                          |                |           |             |
|  |  |               |   |                          | •••••          |           |             |
| SIGNATURE  |  |               | DATE  | <u> </u>                 |                |           |             |

## **DOCUMENT CHECKLIST**

| S/N | DOCUMENT                      | RECEIVED |    |  |
|-----|-------------------------------|----------|----|--|
|     |                               | YES      | NO |  |
| 1   | PASSPORT PHOTOGRAPH           |          |    |  |
| 2   | UTILITY BILL                  |          |    |  |
| 3   | VALID MEANS OF IDENTIFICATION |          |    |  |
| 4   | EVIDENCE OF ACCOUNT OWNERSHIP |          |    |  |

## **APPROVAL**

|   | DESIGNATION              | SIGNATURE | DATE |
|---|--------------------------|-----------|------|
| 1 | CHIEF COMPLIANCE OFFICER |           |      |
| 2 | MD/CEO                   |           |      |