

Estate Account Opening Form

Lambeth Trust and Investment Company Limited
RC508344

Estate Name: _____

Estate Address: _____

Preferred Address for this account: _____

(If different from registered address above)

Telephone

Phone 1: _____ Phone 2: _____ Phone 3: _____

Facsimile: _____ Email: _____

Website: _____

Type of Account: Stock broking Asset Mgt Portfolio Mgt
(Please tick type of Account (s) you want to open)

Preferred Means of Communication: Email Telephone Others _____
(Please specify)

Referee's Name: _____

Email: _____

Phone No.: _____

AUTHORISED PERSONS

FIRST AUTHORISED PERSON

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / / Nationality: _____
Day Month Year

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / / Place of Issue _____
Day Month Year

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 1st
authorised person

Date: ____ / ____ / ____

SECOND AUTHORISED PERSON

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / /
Day Month Year Nationality: _____

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / /
Day Month Year Place of Issue _____

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 2nd
authorised person

Date: ___ / ___ / _____

THIRD AUTHORISED PERSON

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / /
Day Month Year Nationality: _____

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / /
Day Month Year Place of Issue _____

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 3rd
authorised person

Date: ___ / ___ / _____

FOURTH AUTHORISED PERSON

Title Surname: _____

Other Names: _____

Marital Status: Single Married Others _____
(Please specify)

Residential Address (not P.O. Box) _____

Mailing Address: _____

Telephone
Mobile: _____ Office: _____ Home: _____

Email: _____

Date of Birth: / /
Day Month Year Nationality: _____

State of Origin: _____ Local Govt of Origin: _____

Place of Work: _____

Address of Place of Work: _____

Tax Identification No: _____

ID Type: Int'l Passport Driver's Licence National ID Others _____
(Please specify)

ID No.: _____

Date Issued / /
Day Month Year Place of Issue _____

Foreigners' Resident Permit No: _____ Permit Validity: _____

Mother's Maiden Name: _____ Spouse's Name: _____

Signature (for mandate purposes). Please sign within the box

Passport
Photograph for 4th
authorised person

Date: ___ / ___ / _____

SIGNATURE MANDATE.

S/n	Authorised Signatory's Name	Signature Specimen
1		
2		
3		
4		
5		

SIGNING MANDATE

BANK ACCOUNT INFORMATION

Account Name: _____

Name of Bank: _____

Address of Bank: _____

Account Type: _____

Account Number: _____

Sort Code: _____

Date Bank Account was opened: _____

PLEASE STATE THE ESTATE'S SOURCE OF FUNDS

POLITICALLY EXPOSED PERSONS (PEP)

The Anti Money Laundering and Combating Financing of Terrorism Acts require that all our clients declare if they are politically exposed. Politically exposed persons (PEP) are those holding political office in Nigeria or elsewhere or their immediate family members. If applicable, please state below:

Full Name: _____

Political Position Held: _____

Relationship with PEP _____

Level: _____
(Federal, State or Local govt)

Name of State or Local Govt: _____

Date Appointed or Elected / /
Day Month Year

DECLARATION

Estate Name: _____

We confirm that all the information provided in this form are correct and accurate. By signing this application form, We apply for an account with Lambeth Trust and Investment Company Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If any signatory is signing under a Power of Attorney, We declare that the Power of Attorney has not been amended or revoked.

Signature of authorised person(s) _____

FOR OFFICE USE ONLY

Checklist of attached documents

	YES	NO	WAIVED	DEFER	UNTIL
Copy of Identification: Driver's license or International Passport or National ID (For each authorised person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
One passport size photograph (For each authorised person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of Probate or Letter of Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Copy of Deceased's Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Letter appointing Lambeth Trust and Investment Company Limited as Stock Broker (For transmission purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

The applicant(s) was/were interviewed by me by telephone/in person (delete as appropriate).

I recommend that anAccount be opened as requested.

Account Officer's Name:Signature: Date:

Head of Unit's Name:Signature: Date:

Executive Management Remarks:

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Head of Operations: Date: