

## Joint Account Opening Form

Lambeth Trust and Investment Company Limited  
RC508344

Account Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

### FIRST APPLICANT

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: \_\_\_\_\_

### NEXT OF KIN

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

Passport  
Photograph for 1<sup>st</sup>  
applicant

**SECOND APPLICANT**

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: \_\_\_\_\_

**NEXT OF KIN**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

Passport  
Photograph for 2<sup>nd</sup>  
applicant

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### THIRD APPLICANT

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: \_\_\_\_\_

### NEXT OF KIN

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

Passport  
Photograph for 3<sup>rd</sup>  
applicant

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOURTH APPLICANT

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: \_\_\_\_\_

## NEXT OF KIN

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

Passport  
Photograph for 4<sup>th</sup>  
applicant

Date: / /

## OTHER REQUIRED ACCOUNT DETAILS

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.: \_\_\_\_\_

## SIGNATURE MANDATE.

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

## SIGNING MANDATE

## BANK ACCOUNT INFORMATION

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Date Bank Account was opened: \_\_\_\_\_

## PLEASE STATE ACCOUNT HOLDER'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 of person holding the post: \_\_\_\_\_

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

Joint Account 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 Limited and agree to be bound by the terms and conditions of the account if this application is accepted. If we are 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
One passport size photograph	<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"/>

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

I recommend that a .....Account be opened as requested.

Account Officer's Name: .....Signature: ..... Date: .....

Head of Unit's Name: .....Signature: ..... Date: .....

Executive Management Remarks:

.....  
 .....

Head of Operations: ..... Date: .....