



REGENCY ASSETS MANAGEMENT LIMITED
(Member of The Nigerian Stock Exchange) RC. 506026

Head Office: Investment House (1st Floor, Rear Wing), 2/125, Broad Street, P. O. Box 2288, Marina, Lagos.
Tel: 017368471, 019502308 Fax: 2704198 E-mail: info@regencyng.net; Website: www.regencyng.net
Abuja Office: Suite 25, Hilltop Plaza, (1st Floor, Left Wing), Plot 2189, House 13, Gwani Street, Near Pioneer Hotel, Zone 4, Wuse, Abuja. 09-5241966
Ado-Ekiti Office: Little by Little Plaza, 14, Ajilosun Street, Ikere Road, Ado-Ekiti.
Tel: 08067629484, 08076489180

INDIVIDUAL ACCOUNT OPENING FORM

SURNAME: _____
 OTHER NAMES: _____ MIDDLE NAME _____ TITLE _____
 (Please specify)

RESIDENTIAL ADDRESS: _____
 (NOT P.O. BOX) _____
 MAILING ADDRESS: _____
 TELEPHONE: _____

OFFICE: _____ MOBILE: _____ HOME: _____
 DATE OF BIRTH:
Day Month Year NATIONALITY: _____

LOCAL GOVT. AREA: _____ POSTAL CODE: _____
 FOREIGNERS: _____ TAX IDENTIFICATION NO: _____
 RESIDENTIAL PERMIT NO. _____

EDUCATIONAL LEVEL: _____ CERTIFICATION DATE: DD MM YYYY
 E-MAIL: _____ PLEASE TICK IF UNEMPLOYED

DATE OF EMPLOYMENT: DD MM YYYY BUSINESS/ OCCUPATION: _____
 BUSINESS/ OCCUPATION ADDRESS: _____

EMPLOYER'S NAME _____
 PREVIOUS EMPLOYER'S NAME _____ SURNAME _____ OTHER NAMES _____
 MOTHER'S MAIDEN NAME: _____

MEANS OF IDENTIFICATION DRIVING LICENCE INTERNATIONAL PASSPORT NATIONAL ID CARD

Please sign in black ink within the box
 SIGNATURE (For mandate purposes):
 USUAL SIGNATURE
 PASSPORT PHOTOGRAPH

NEXT OF KIN
 NAME: _____
 RELATIONSHIP: _____ MOBILE NO: _____
 CONTACT ADDRESS: _____

DECLARATION:
 I hereby apply for the opening of account(s) with Regency Assets Management Ltd. I understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.
 I have read the terms and conditions governing the operations of the account (s) and agree to be bound by them.

 Signature