

Branch _____

Name of Customer _____

Account Number _____



CentrePoint Investments RC: 30958 Limited

MEMBER OF THE NIGERIAN STOCK EXCHANGE

Head Office:

26, Sumbo Jibowu Street, Off
Off Ribadu Road, Off Awolowo Road,
S. W. Ikoyi, Lagos.P.O. Box 1271 Marina, Lagos.
Tel: 08023368979, 08023171118.
E-mail: centrepointng@yahoo.com

(APPLICATION FOR OPENING OF STOCKBROKING ACCOUNT)

A. I/We/Chief/Dr./Alhaji/Mr./Mrs./Miss: _____

_____ hereby make application to open a stockbroking account with Centre-Point Investments Limited. ("Centre-Point").

In consideration for your agreement to establish the said account, I/We hereby appoint Centre-Point Investments Limited as my/our stockbroker and:-

- (a) undertake at all times to maintain a credit balance of N 2000,00(TwoThousand \Naira) in my/our account with you.
- (b) authorize you to purchase and sell securities on my/our behalf and to pay all commission, fees, duties, interest and taxes, etc in connection with such purchases or sales.
- (c) authorize you to send all communication to me /us at the address given below or to such other address as I/we may from time to time given in writing. All communication so sent whether by mail, telegraph, messenger or otherwise shall be deemed to be given to me/us personally whether actually received or not, and the cost thereof shall be for my/our account.

Aba Branch:
117, Cameroun Road,
Aba.
Tel: 08036489299
Fax: 01-4531594

Abuja Branch:
Suite G18
Fobson Mall (Former Russel Centre)
Zone 4, Wuse, Abuja
Tel: 08033154818

Kano Branch:
Union Bank Building,
37, Niger Street,
P.O. Box 217, Kano.
Tel: 08023727972

Name of Customer For Office Use Only

(d) undertake not to hold you responsible for delays in the transmission of orders due to breakdown or failure of transmission or communication facilities or for any other causes beyond your reasonable control or anticipation.

(e) authorize you to charge interest at the prevailing market rate per month of 30 days counted from the appropriate settlement date on any debit balance on my/our account in your books.

(f) authorize you to sell any securities held by you in my/our behalf if the debit balance on my/our account at any time exceeds 50% of the market value of the securities..

(g) authorize you to debit my/our account with your annual ledger fee (currently N1,000.00 p.a.)

Signature
Date:

Contract Conditions

1. Our contract notes will be issued to you on demand as evidence of any transactions made.
2. Statement of Account will be issued on demand.

(a) undertake at all times to maintain a minimum credit balance of N5,000.00 in my/our account with you.

(b) authorize you to purchase and sell securities on my/our behalf and to pay all commission, fees, duties, interest and taxes, etc in connection with such purchases or sales.

(c) authorize you to send all communication to me/us at the address given below or to such other address as I/we may from time to time give you in writing. All communication so sent whether by mail, telegram, messenger or otherwise shall be deemed to be given to me/us personally whether actually received or not, and the cost thereof shall be for my/our account.

First Branch
 Union Bank Building
 37, Upper Circular
 Road, P.O. Box 217, Lagos
 Tel: 0803304000

Second Branch
 Suite 018
 Plot 258 (Tombor Road) Central
 Lagos, Lagos State
 Tel: 0803379411

Third Branch
 111, Oshodi Road
 Lagos, Lagos State
 Tel: 0803304000
 Fax: 01 451100

C. Customer Information Sheet

1. Full Name (surname first).....
2. State of Origin Date of Birth:
- L. G. A. Sex
- Drivers Licence No/Passport No:
3. Residence:
-
-
-
- Telephone:
4. Business/Occupation:
-
- E-mail:
5. Address for correspondence:
-
-
6. Mother's maiden name:
7. Next of Kin
8. Address of next of kin:
9. Title/Designation:
10. If married, please state spouse's address
11. Bankers:
12. Other Reference:

DOCUMENTATION REQUIREMENTS:

- * 1 Passport photograph
- * Utility Bill (PHCN, Water, Bill etc)
- * Evidence of Identification (Int'l Passport, National ID Card, Driver's License)
- * Certificate of Incorporation (In case of company)
- * And any other Documents that may be required from time to time by the regulatory authorities.

D.

For Office Use Only:

Application No:-

Account No:-

Status: Cash Account Marging Account

Limit: On no account must the credit balance on this account fall below ₦2,000.00

Effective Date:

Initial Payment:

References Confirmed:

Date:

Approval (1)

(2)

Approval of Director

Date

Director