



PILOT SECURITIES LIMITED

(Member of the Nigerian Stock Exchange) RC 470184

INDIVIDUAL CLIENT INFORMATION - MINOR

Passport
Picture

INFORMATION ABOUT THE MINOR

NAME (Surname first): _____

DATE OF BIRTH: _____ SEX: _____

LOCAL GOVT. & STATE: _____ NATIONALITY: _____

RESIDENTIAL ADDRESS _____

SOURCE OF INCOME / WEALTH _____

DETAILS OF THE MINOR'S BANK ACCOUNT FOR TRANSACTIONS:

- BANK NAME: _____
- BRANCH ADDRESS: _____
- SORT CODE: _____
- ACCOUNT NAME: _____
- ACCOUNT NO: _____
- DATE ACCOUNT WAS OPENED: _____
- BANK VERIFICATION NUMBER (BVN): _____

CLEARING HOUSE NUMBERS, CHN(s), IN OTHER STOCK BROKING HOUSES (IF ANY):

*Failure to state your existing CHNs from other Stock Broking houses will attract a ₦ 5,000 regulatory penalty.

MOTHER'S MAIDEN NAME: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS OF NEXT OF KIN: _____

E-MAIL ADDRESS OF NEXT OF KIN: _____

TELEPHONE NO. OF NEXT OF KIN: _____ CHN: _____

INFORMATION ABOUT THE PARENT/GUARDIAN

NAME (Surname first): _____

DATE OF BIRTH: _____ SEX: _____

LOCAL GOVT. & STATE: _____ NATIONALITY: _____

RELATIONSHIP TO THE MINOR: _____ CHN: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS FOR TRANSACTIONS: _____

GSM TEL. NO. FOR TRANSACTIONS: _____

NAME & ADDRESS OF EMPLOYER/BUSINESS: _____

MEANS OF GIVING ORDERS FOR EXECUTION (Please tick as appropriate)

- Order form duly completed
- SMS (text) from telephone no. above
- E-mail from e-mail address above

DOCUMENTS ATTACHED (Encircle as appropriate)

- A copy of DRIVER’S LICENSE / INTNL PASSPORT / NATIONAL ID
- A copy of Utility Bill: ELECTRICITY / WATER / TELEPHONE / OTHER
- Banker’s Letter of Confirmation of Minor’s Account and signature of the Parent/Guardian.
- A copy of Means of Identification of the Minor / Birth Certificate

SIGNATURE OF THE PARENT/GUARDIAN & DATE: _____

FOR OFFICIAL USE ONLY

Required information & documents complete? (Yes/No): _____

Report on visit to client’s residence & other remarks: _____

Customer Relation Officer’s name, signature & date: _____

Compliance Officer’s recommendation: _____

Approving Officer’s comments, signature & date: _____