



**DEEP TRUST**

**INVESTMENT LTD** (TRADING LICENCE HOLDER-NGX)

Trinity Annex, 3rd Floor, 19b, Odudu Eleyiwo Street, Oniru, Victoria Island, Lagos.

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Passport

**Customer Compliance Form (KYC FORM) – ESTATE ACCOUNT**

NAME OF ESTATE: .....

NAME OF THE DECEASED:.....GENDER: Male ☐ Female ☐

RESIDENTIAL ADDRESS OF THE DECEASED:.....  
.....

STATE OF ORIGIN OF THE DECEASED:.....

LOCAL GOVERNMENT OF ORIGIN OF THE DECEASED:.....

NATIONALITY OF THE DECEASED:.....

TYPE OF DEATH (PLEASE TICK WHETHER DIED *TESTATE* OR *INTESTATE*) ☐ TESTATE ☐ INTESTATE

REASON FOR OPENING THE ACCOUNT:.....

SOURCES OF FUNDS FOR THE ACCOUNT (AS APPLICABLE) :.....

TOTAL NUMBER OF SIGNATORIES TO THE ACCOUNT:.....

DETAILS OF THE SIGNATORIES:

1.NAME:.....

NATIONALITY:.....

RESIDENTIAL ADDRESS:.....

SIGNATURE:\_\_\_\_\_DATE \_\_\_\_\_TEL No:\_\_\_\_\_

2.NAME:.....

NATIONALITY: : .....

RESIDENTIAL ADDRESS:.....

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TEL No: \_\_\_\_\_

3. NAME:.....

NATIONALITY:.....

RESIDENTIAL ADDRESS:.....

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ TEL No: \_\_\_\_\_

4. NAME:.....

NATIONALITY:.....

RESIDENTIAL

ADDRESS:.....

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TEL \_\_\_\_\_

**DOCUMENTS SUBMITTED / FOR OFFICIAL USE ONLY**

DATE ACCOUNT WAS OPENED \_\_\_\_\_ ACCOUNT OPENING DOCUMENTS SUBMITTED BY

CLIENT:

SUBMITTED CHECKED

ESTATE ACCOUNT OPENING FORM DULY COMPLETED

☐ \_\_\_\_\_ ☐

TWO RECENT PASSPORT PHOTOGRAPHS OF EACH SIGNATORY

☐ \_\_\_\_\_ ☐

PROBATE OF THE WILL OR LETTER OF ADMINISTRATION\*

☐ \_\_\_\_\_ ☐

DEATH CERTIFICATE OF THE DECEASED\*

☐ \_\_\_\_\_ ☐

NEWSPAPER PUBLICATION OF DEATH\*

☐ \_\_\_\_\_ ☐

BANKER'S CONFIRMATION OF SIGNATURE OF EACH SIGNATORY

☐ \_\_\_\_\_ ☐

BANKER'S CONFIRMATION OF ESTATE ACCOUNT

☐ \_\_\_\_\_ ☐

UTILITY BILL OF EACH SIGNATORY

☐ \_\_\_\_\_ ☐

MEANS OF IDENTIFICATION OF EACH SIGNATORY: (ANY OF: VALID DRIVER'S LICENSE,

INTERNATIONAL PASSPORT AND NATIONAL IDENTITY CARD):

☐ \_\_\_\_\_ ☐

RESIDENT PERMIT (FOR FOREIGN NATIONALS):

☐ \_\_\_\_\_ ☐

**\* PHOTOCOPY TO BE ATTACHED AND THE ORIGINAL COPY TO BE PRESENTED FOR SIGHTING.**

NAME AND SIGNATURE OF OFFICER THAT CHECKED DOCUMENTS SUBMITTED:

NAME.....SIGNATURE.....DATE:.....

ACCOUNT OFFICER'S NAME: \_\_\_\_\_SIGNATURE: \_\_\_\_\_

**REMARKS / COMMENTS:**

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❖ Documents to attach: **Passport photograph, photocopy of Utility bill (PHCN or Water Bill) & photocopy of I.D card of the Signatories.**

❖ **Declaration:** I /We fully understand that it is a crime punishable by Fine or imprisonment or both to knowingly make a false statement or attach false documentation. I hereby indemnify your company against portfolio fluctuation risks and telephone/email conversation risks.

❖ Name:.....Signature.....

Date: .....

**FOR OFFICIAL USE ONLY**

Account Officer: \_\_\_\_\_

Verified By:

Customer Care Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By (H.O.D): \_\_\_\_\_ Date: \_\_\_\_\_

Compliance:

Chief Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Deep Trust and Investment A/C No: \_\_\_\_\_ CsCs A/C No: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Clearing House No: \_\_\_\_\_

