



TRINITY SECURITIES LTD

(TRADING LICENCE HOLDER-NGX)

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

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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.**

- ❖ Documents to attach: Passport photograph, photocopy of Utility bill (PHCN or Water Bill) & photocopy of I.D card of the Signatories.
- ❖ **Declaration:** I/We declare that all the information given for the purpose of opening and operating a brokerage account with Deep Trust & Investment Limited are true and accurate. 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.
- ❖ **We are committed to safeguarding your personal information. Your data will only be used for regulatory compliance and secure service delivery in accordance with applicable laws.**
- ❖ **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:** _____