



Passport

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) - INDIVIDUAL ACCOUNT

Surname: First Name: Middle Name:

Mother's Maiden Name..... Date of Birth ----- Sex: male Female

Residential /Portal Address.....

State of origin L.G.A

Phone (Home)..... Office..... Mobile.....

E-mail Address----- CHN..... (If any) Nationality-----

DIRECT CASH SETTLEMENT: YES NO

Occupation..... Employer's Name.....

Employer's Address Next

of Kin..... Next of

Kin Address & Phone No.:

Are you a politically exposed person (PEP)? Yes / No

Form of Identification

National I.D. Card International Passport Driver's Licence Proxy ID No

BANK DETAILS

BANK NAME..... BANK ACCOUNT NUMBER.....

BVN..... DATE BANK ACCOUNT WAS OPENED.....

Customer's Signature Date

FOR FOREIGNERS ONLY

Date of Arrival..... Date of Departure..... Visa No..... Visa Valid from..... Visa Valid Till.....

Passport NO.: Passport Expiry Date..... Passport Issue Date..... Resident Permit Number.....

- ❖ **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:** _____