

PERSONAL INVESTMENT APPLICATION FORM

Name Of Investor: _____
Surname First Name Middle Name

Date of Birth: _____

Nationality: _____

International Passport OR Driver's License No: _____

Issue Date: _____ Expiry Date: _____

Residential Address(s): _____

_____ Residential Telephone Number(s) _____

Telefax Number(s): _____ Email: _____

Occupation: _____
[If Business, Please state the type of business e.g. Contractor]

Correspondence Address: (if different from above) _____

_____ Telephone Number(s) _____

_____ Residential Telephone Number(s) _____

Contact Address: _____

Email: _____ Telephone Number: _____ Telefax: _____

Next of Kin: _____

Relationship to Applicant: _____

Address of Next-Of-Kin (If different from applicant's): _____

Signature: _____ Dated this: _____ day of: _____

FOR OFFICE USE ONLY

Remarks: _____

Relationship Officer's Name: _____ Signature: _____ Date: _____

Approving Officer's Name: _____ Signature: _____ Date: _____

Address

Date:

**To: DE-LORDS SECURITIES LIMITED
Eleganza House, Pent Floor,
15B, Joseph Street, Lagos Island, Lagos.
P.O. Box 9629, Marina,
Lagos, Nigeria.**

LETTER OF SET-OFF

In consideration of your giving me/us financial accommodation and other facilities, I/we agree that in addition to any other general lien or similar right to which you as financiers may be entitled by law, that you may at any time and without notice to me/us combine or consolidate all or any of my/our investments with and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more of such investments in or towards satisfaction of any of my/our liabilities to you on any other facilities or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signatory

Authorized Signatory

Name:

Name:

Designation:

Designation:

Date:

Date:

DE-LORDS SECURITIES LIMITED
15B, Joseph Street, Eleganza Building (Pent Floor), Lagos Island, Lagos.
P.O. Box 9629, Marina, Lagos, Nigeria.
Tel: 234+1+2702533, 234+1+2646367
URL: <http://www.delordsgroup.com>, Email: info@delordsgroup.com

REFERENCE

Date: _____

The Manager

Re: Name of Applicant: _____

Name of Bank: _____

Branch/Address: _____

Account Numbers: _____

Authorized Signatory/ies:

(Include Sample signature) (1) _____

(2) _____

The above-named person/company has indicated his/her/their willingness to transact business with us and has given your name as his/her/their bankers.

We should be grateful if you would confirm, in confidence that the applicant is known to you and is a person/company to whom our services may be extended.

In your reply, kindly complete the form below.

Yours faithfully,

DE-LORDS SECURITIES LIMITED

.....

1.	Operates an Account?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2.	Length of relationship (Please indicate number of years)	<input style="width: 100%;" type="text"/>			
3.	Type of Account maintained	<input style="width: 100%;" type="text"/>			
4.	Performance	Active	<input type="checkbox"/>	Dormant	<input type="checkbox"/>

Other Comments: _____

Sign: _____

Our Ref. Investment Account

PRIVATE & CONFIDENTIAL

Date: _____

The Manager

Dear Sir/Madam,

The above named person has called at this office for the purpose of opening an Investment Account and has given your name as a referee.

We should be grateful if you would confirm, in confidence, that the applicant is known to you and is a person to whom the usual banking facilities may be safely extended.

We would want your reply to include the name and address of the bank with which you maintain a Current Account.

Yours faithfully,

DE-LORDS SECURITIES LIMITED

MANAGER

The Manager
De-Lords Securities Limited

Dear Sir,

I/We wish to introduce the above-named person who desires to open an Investment Account with you.

I/We have known the above-named person for _____ and I/We comment as follows:
(period)

My/Our current account is/are maintained with: _____
(Name & Address of Bank)

Yours faithfully,

NAME IN BLOCK LETTERS

SIGNATURE

DOCUMENTS & FORM ATTACHED TO APPLICATION

CHECKLIST

	YES	NO	WAIVED
1. SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TWO (2) PASSPORT PHOTOGRAPHS OF EACH OF THE AUTHORISED SIGNATORIES STATING THEIR NAMES AND SIGNATURE BEHIND.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. COPY OF RECEIPTS FROM ANY PUBLIC UTILITY ISSUED WITHIN THE PREVIOUS THREE (3) MONTHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. REFERENCE FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CUSTOMER'S IDENTIFICATION <small>(Photocopy of Driver's License or relevant pages of International Passport)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Remarks: _____

Relationship Officer's Name: _____ Signature: _____ Date: _____

Approving Officer's Name: _____ Signature: _____ Date: _____

Operation Officer's Name: _____ Signature: _____ Date: _____

Head of Operations: _____ Signature: _____ Date: _____