

DEAP CAPITAL MANAGEMENT & TRUST PLC
INVESTOR INFORMATION FORM

Affix photo

CLIENT PERSONAL DETAILS

Surname, other name(s) _____ Title _____

Date of Birth _____ Place of Birth _____ Nationality _____

Home Town Address _____

Residential Address _____

Business Address _____

Telephone Numbers (Home) _____ Office _____

GSM _____ Email Address _____ Fax (if any) _____

Sex: Male Female

Marital Status: Single Married Divorced

Next-of-Kin _____ Relationship _____

Address of Next-of-Kin _____

Occupation _____

Employer _____

Address of Employer _____

INVESTMENT INFORMATION (please tick as appropriate)

Initial Investment ₦ _____ (_____)

Mode of Payment: Cheque Bank Draft Others (Amount In Words) _____ (Please specify) _____

Relationship: Funds Management Portfolio Management Others (Please specify) _____

Products: Silver Standard Gold Classic Platinum Community Fund Others (Please specify) _____

Tenor: 365 days 180 days Others (Please specify) _____

Interest Option: Reinvest Pay out on Maturity Payout every month Payout quarterly

Mandate:

Customer's Signature(s)

(Please sign twice)

BANK DETAILS

Name/Address of your Banker(s)	Type of Account	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION:

I/We, confirm that the above information is true to the best of my/our knowledge. I/We am/are liable for any form of misinformation therein. I/We am/are willing to provide further information on request.

Signed..... Date.....

Official Use only

DOCUMENTATIONS REQUIRED

S/NO	DOCUMENTS FORWARDED	YES	DATE RECEIVED	REMARKS
1	Completed Account Opening Form duly completed/signed			
2	Two recent passport-size photographs			
3	Photocopies of Utility Bill* e.g. electricity, water, telephone etc.			
4	Means of Identification* (Any of the following):			
	(a) Driving License			
	(b) International Passport			
	(c) National Identity Card			
	(d) Others (Please specify)			
5	Resident Permit (for Non-Nigerians only)*			

Date Account Opened: _____ Agreed Rate: _____

Introduced By: _____ Signature/Date _____

Relationship Officer: _____ Signature/Date _____

Approved By: _____ Signature/Date _____

* **Note:** Original copies are to be sighted and returned to the customer.