

Y o u n g I n v e s t o r s  
A c c o u n t O p e n i n g P a c k a g e



# YOUNG INVESTORS ACCOUNT OPENING FORM

## CHILD PERSONAL DATA

SURNAME

OTHER NAMES

RESIDENTIAL ADDRESS

ATTACH PASSPORT  
PHOTOGRAPH HERE

DATE OF BIRTH

PLACE OF BIRTH

GENDER

MALE

FEMALE

NATIONALITY

NAME OF SCHOOL

SCHOOL ADDRESS

NAME OF PARENT/GUARDIAN/ SPONSOR

NATURE OF RELATIONSHIP

TELEPHONE NUMBER

EMAIL

### DOCUMENTS REQUIRED

1. Completed Application form
2. Copy of Childs Birth Certificate

bgl

  
bgl Securities

(Member of The Nigerian Stock Exchange)

## Set Off

- I/We agree that BGL may, at any time without notice, notwithstanding any settlement of account of other matter whatsoever combine or consolidate all or any of my then existing account(s) opened in my name, relations, children, spouse or company(ies) names and set off, appropriate or transfer any sum(s) standing to the credit of any of such accounts towards satisfaction of any liabilities be present or future, actual or contingent, primary or collateral and several or joint.

## Declaration

- I/We declare that the information given in the account opening forms is true and correct. We agree that any information found to be false may cause BGL to decline the application or close the account if it has been opened. Should any details change in the future, e.g. address, name of Company e.t.c. we shall inform you promptly.
- We note that BGL shall not bear any responsibility or liability whatsoever for funds handed to members of staff outside official hours or for any cash payment made to any account person for the purpose of account opening.

## Funding accounts thrown into debit

- If for any reason BGL authorizes the execution of our validly executed mandate when at the material time the account does not have sufficient funds to accommodate the value of the transaction, (and our said account is thereby thrown into debit) we agree that an overdraft position is thereby created. Any sum or sums standing to the debit of our account as a result of this overdraft position shall automatically be liable to interest charges at a prevailing market rate. You are authorized to debit the account with your usual charges, commission and interests for such facilities.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature

■ INDIVIDUALS ■

Date

Attached  
Passport  
Photograph

**Personal Data - INFORMATION**

*Please complete in block letters*

Title : Mr.  Mrs.  Ms.  Other  Please tick as appropriate

Surname:

Other Name:

Residential Address (**Street Number**):

**ORIGINAL COPIES OF THE LAST THREE MONTHS NITEL OR PHCN BILLS TO BE SIGHTED**

Mailing Address:

Tel. Home:  Bus:  Fax:

Mobile:  e-mail:

International Passport Number:  **(Original to be Sighted)**

Driver's License Number:  **(Original to be Sighted)**

Occupation and Nature of Business:

Initial Deposit:

Source(s) of Funds:

Next of Kin:

Relationship with next of kin

Next of Kin Contact:

Tel.

Country of Citizenship:

■ INDIVIDUALS ■

**Account Opening Form** Pg - 2

Country of Residence:

Date and Place of Birth:

Religion:

Mother Maiden Name :

Name and Address of Bankers:

S/N	Name of Bank	Address	Account Type

**Section B : SERVICE REQUIRED**

- BGL Wealth Management Programme
- BGL Proprietary Trading Programme
- BGL Consolidated Fund
- BGL Fund Management Service
- BGL Equity Trading Service

**Section C : CLIENT PROFILE**

**Stated Investors Profile**

- Income & Growth  Growth
- Capital Appreciation

**KEY**

**Income & Growth**

I want my investment to grow over time, but I would also like to generate some current income within the short to medium term. It is important the value of my investments keep pace with inflation

**Growth**

I have a need to build up Wealth and have my returns re-invested in my portfolio rather than current income over a long time horizon

**Capital Appreciation**

My investment should achieve above average capital growth over the long term. It is very important my return on investment grows faster than inflation. Wide variance in returns from one year to the next is acceptable.

■ INDIVIDUALS ■

**Account Opening Form** Pg - 3

0 - 12 months       1 - 3 years       3 Years & Above

**Client Risk Sensitivity** (Choose one)

High-risk       Moderate       Low risk

**How much volatility are you willing to accept?**

**Key**

Depending on what objective you select, the value of the assets can remain quite stable (increasing slowly but steady) or rise and fall in response to market events. The degree to which an investment moves upwards or downwards is referred to as **Volatility**. Generally more volatile investments are more risky but grow faster than most investments.

**Low**

I do not want any erosion in my capital, even if it means my returns are relatively small and may not keep pace with inflation.

**Moderate**

I am willing to accept a slight volatility in my capital long as my money is in sound, high quality investments that will grow over time and can match inflation.

**High**

I am willing to take volatility on my portfolio in pursuit of significant higher returns over time.

Clients Signature & Date

**Other Tradable account with BGL**

**Important Information**

**All Transactions to be done by cheques/bank drafts crossed and payable to BGL LIMITED**

**Group Head Office**  
**Millennium House**  
12A, Catholic Mission Street,  
Lagos Island, P. O. Box 74122,  
Victoria Island, Lagos.  
Tel: 234 - 1 - 4622601-9  
Fax: 234 - 1 - 4622628  
Email: info@bglplc.com  
http://www.bglplc.com

**BGL Securities Head Office**  
20, Catholic Mission Street,  
Lagos Island, P. O. Box 74122,  
Victoria Island, Lagos.  
Tel: 234 - 1 - 2805540-54  
Fax: 234 - 1 - 2805554  
Email: info@bglplc.com  
www.bglsecuritiesltd.com

**Victoria Island**  
Plot 1061, Abagbon Close  
(Off Ologun Agbaje Street)  
P. O. Box 74122  
Victoria Island, Lagos.  
Tel. 2340-1-2623241, 2623256  
2672799, 4610895-6  
Fax: 234-2623258

**Abuja Office**  
Plot 417  
Tigris Crescent  
Off Aguiyi Ironsi Street,  
Maitama, Abuja,  
Te: 234-(0)9-7817729  
234-(0)9-7817731  
Fax: 234-(0)9-2348539

**Port Harcourt Office**  
59B King Perekule Street,  
GRA Phase 2,  
Port-Harcourt, Rivers State.  
Tel: 234-(0)-84-462359  
234-(0)84-576552  
234-(0)84-240009  
Fax: 234-(0)84 462359

**Official Use Only**

Client's Account Number

CSCS Number

Introduced By

**Waiver(s) Request & Justification**

Sign of Account Officer

New Account/Waiver Approved By

Risk Management & Compliance comments

Sign

**CHECK LIST**

S/N	DETAILS	YES	NO
<b>A</b>	<b>FOR INDIVIDUAL ACCOUNTS:</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Duly completed Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	Copies of NITEL or PHCN Bills for the last 3 months (Original copies to be sighted)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Copy of International passport & Driver's Licence, National ID Card (Originals to be sighted)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Duly completed signature mandate with two passport photographs	<input type="checkbox"/>	<input type="checkbox"/>



Client's Signature Mandate

CLIENT'S NAMES:

SIGNATURE (S):

TWO PASSPORTS:

Attach  
Passport  
Photograph  
Here

Attach  
Passport  
Photograph  
Here