



(TRADING LICENSE HOLDER)

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*Affix recent
passport
photograph here*

ACCOUNT OPENING FORM (INDIVIDUAL)

Personal Details

Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
Surname	<input type="text"/>	First Name <input type="text"/>
Middle Name	<input type="text"/>	Mother's Maiden Name <input type="text"/>
Gender	F <input type="checkbox"/> M <input type="checkbox"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Place of Birth <input type="text"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> others (specify) <input type="text"/>	Religion <input type="text"/>
Occupation	<input type="text"/>	Office Address <input type="text"/>

Contact Details

Mobile No. 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Mobile No. 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
State of Origin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	L.G.A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Personal Email Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
National (for non-Nigerian)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Permit Issue Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		Permit Expiry Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Valid means of Identification

National ID Card ☐ National Driver's License ☐ International Passport ☐ Others (please specify)

ID No. ID Issue Date / / ID Expiry Date / /

Bank Details

[illegible]

Next of Kin Information

Surname	<input type="text"/>	First Name	<input type="text"/>
Middle Name	<input type="text"/>	Email Address	<input type="text"/>
Mobile No. 1	<input type="text"/>	Mobile No. 2	<input type="text"/>
Relationship to Applicant	Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Others (specify) <input type="text"/>		
Residential Address	<input type="text"/>		

DISCLAIMER

I hereby confirm that all information given above are true and genuinely given to the best of my knowledge. Harmony Securities Limited should not be liable for any risk resulting from any form false declaration of the above supplied information.

Signature

Date / /

NOTE:

Kindly bring forward both original & clear photocopy of your Valid Identity Card and Utility Bill.

FOR OFFICIAL USE ONLY

Application Received By Sign Date

Client Introduced By Sign Date

Approving Officer Sign Date