



ESTATE PLANNING ACCOUNT OPENING FORM

PLEASE FILL ALL DETAILS AS MUCH AS POSSIBLE; ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. NOTE: ALL ITEMS MARKED ASTERISK (*) ARE COMPULSORY

1. PERSONAL INFORMATION

Full Names:*

Sex:* Marital Status:* Date of Birth:*

Residential/ Mailing Address:*

Telephone Nos:*

Email Address:

Nationality:*

Next Of Kin- Name & Address:*

2. FAMILY INFORMATION

Full Names of Spouse(s):*

Residential/ Mailing Address:*

Telephone Nos:*

Email Address:

Do you have any children?*

If yes, state their names and date of birth

(a) Names: _____ Date of birth: _____

(b) Names: _____ Date of birth: _____

(c) Names: _____ Date of birth: _____

(d) Names: _____ Date of birth: _____

3. IDENTIFICATION *(This section is compulsory).*

State of Origin:

International Passport/ Driver's Licence/National I.D. No Date Issued..... Expiry Date.....

Dated the Day of201.....

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Name & Signature