RC 1573394

STREMVANS
CAPITAL LIMITED

5 OKE CLOSE, OFF OLAYIWOLA STREET, OREGUN,
IKEJA, LAGOS

Affix Passport Photo Here

ACCOUNT OPENING FORM (INDIVIDUAL)

1. Personal

Name

SURNAME FIRST NAME OTHER NAME(S)

Sex M F Date of Birth DD MM 19----- Place of Birth

Nationality Mother's Maiden Name

Previous Address

Current Address

Nearest B/Stop

City State Country

Mailing Address

STATE OF ORIGIN

Town LGA STATE

E-mail Phone

Identity Type Driver's License National Identity Card Int. Passport Others

ID Number Expiry Date DD MM 19-----

2. Career/Employment

Occupation Employer

Employer's Address

City State Country

Office Phone Ext Fax

Bank Details Bank Bank Verification No.

Account Name Account No.

Bank Account Source Of Funds

Account Type Date of Account Creation

3. Next of Kin Information

Name

Sex M F Date of Birth Relationship

Nationality

DD MM 19-----

Current Address

Phone Email

4. Account Type

☐ Discretional ☐ Non-Discretional

I/We_____of_____ A national of NIGERIA am (are) a prospective shareholder(s) in Securities quoted on the Nigerian Stock Exchange and I (We) hereby FREELY state that being aware of my (our) right to be issued with a share certificate(s) under sections 146 and 147 of the Companies and Allied matters Decrees 1990 and the Memoranda and Articles of Association of the listed companies for my (our) sole benefit and private purpose to hereby waive the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to that effect delivered to me(us) by the said listed company/companies or the **CENTRAL SECURITIES CLEARING SYSTEM LIM ITED** acting on behalf of same satisfaction of my said right under the sections and Memoranda and Articles of Association aforementioned.

Date this .....day of.....20.....

SIGNED: ..... SEALED (Coy): .....

INDEMNITY

I/We of.....Operate and continue to operate stock broking account(s) with **STREMVANS CAPITAL LIMITED** of **5 Oke Close, off Olayiwola Street, Oregun, Ikeja, Lagos** (hereinafter called " The Company") as the beneficial owner of the investments hereby warehoused in the above designated stock broking house thereby declare as follows:

I/We am/are fully aware that Buy and/or Sell Mandate for the trade of shares/stocks/bonds through our CENTRAL SECURITIES CLEARING SYSTEM LTD (CSCS) Account Domiciled with the company shall be by Buy and /or Sell Mandate form executed in accordance with the existing mandate. I/We hereby acknowledge that the use of facsimile (fax), telephone, text messages, e-mail, letters (on letterhead or otherwise) or other unsecured means of communication to convey instructions for the trade of Shares/Stocks/Bonds on my account is associated with additional risks and fraud exposure.

And whereas, I/We had issued in the past and still intend to further issue buy/sell mandate;

The company has requested and I/We have agreed to provide the Indemnity under the conditions herein contained;

NOW THEREFORE, I/We instruct that the company should accept and execute instructions, and/or give effect to requests to buy or sell stocks on my behalf, and other instructions relating to my account on any of the services usually rendered by the company to her clients, where such instructions and/or requests are given by any of the aforementioned means.

Knowing fully well that any mandate that comes via electronic medium must come with client's phone numbers and email address as stated in the client's KYC form.

IN CONSIDERATION of the company agreeing to accept upon such instructions, communications and documents by facsimile (fax), telephone, e-mail, letters issued by me for the trade of shares/stocks/bonds and unaccompanied by a duly executed buy and/or sell mandate form, I/We hereby irrevocably undertake to indemnify the company and hold it harmless from against all costs (including without limitation to legal fees and expenses, claims, losses, liabilities , damages and proceedings) whatsoever that the company may suffer or incur or that may arise as a result of the company accepting or acting upon such instructions, communication or documents and including risks due to errors in transaction, misunderstanding or error on the part of the company regarding my/our identity.

I/We hereby irrevocably release the company from all liability in the event that any telephone, text messages, e-mail, facsimile transmission or letter is not received, or is mutilated, altered, illegible or interrupted, duplicated, incomplete, unauthorized or delayed for any reason.

The company shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation received by facsimile transmission or letters or instructions received by telephone unaccompanied by my executed Buy and/or Sell Mandate Form and/or to request verification of documents and instructions received by such means.

Furthermore, I/We do thereby undertake that I/We will at all times sufficiently Indemnify you and keep you indemnified against all liabilities and against all action suits, proceedings, claims, demand, cost and expenses whatever which may be taken or made against you incurred or become payable by you by reason of your reliance on the information provided in this account opening package and signature sample there

Dated this.....day of..... 20.....

Signed, Sealed and Delivered by the within-named:

Name: .....

Signature: .....

In the presence of:

Name: .....

Signature: .....

Please attach a copy of ID card (Driver's License, Voters Card or International passport and, utility bill (Not later than Last 3 Months)

Documents and Forms Attached to Application

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM INSTRUCTIONS (COMMON REPORTING STANDARD – INDIVIDUAL)

Please read these instructions before completing the form.

In line with FIRS regulations under the OECD Common Reporting Standard (CRS), **Stremvans Capital Limited (SCL)** must collect and report account holders' tax residency details. Each jurisdiction has its own tax residency criteria, with guidelines available for reference.

If you are a tax resident outside Nigeria, **Stremvans Capital Limited** may be legally required to share this form and related financial information with FIRS, which may exchange it with tax authorities in other jurisdictions under intergovernmental agreements.

Please note:

- For joint or multiple account holders, use a separate form for each individual person.
- Where you need to self-certify on behalf of an entity account holder, do not use this form. Instead, you will need an "Entity tax residency self-certification." Similarly, if you are a controlling person of an entity, please fill in a "Controlling person tax residency self-certification form" instead of this form.
- If you are filling in this form on behalf of someone else, kindly state in what capacity you are signing in Part 3. For example, you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a power of attorney.
- A legal guardian should complete the form on behalf of an account holder who is a minor.

PART 2 – COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN") *(SEE APPENDIX)*

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated.

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
Reason C - No TIN is required. (*Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction*)

	Country/Jurisdiction of tax residence	**TIN or its equivalent in your country e.g. National Insurance Number**	**If no TIN is available enter Reason *A, B* or C**
1			
2			
3			

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above

1	

PART 3 – DECLARATIONS AND SIGNATURE*

I acknowledge that the information provided in this form is subject to the terms and conditions governing my relationship with **Stremvans Capital Limited,** including how my information may be used and shared.

I understand that details in this form, along with information about the Account Holder and any Reportable Account(s), may be shared with tax authorities in the relevant jurisdictions under intergovernmental agreements for financial account information exchange.

I certify that I am the Account Holder or have the authority to sign on behalf of the Account Holder for all accounts referenced in this form.
I certify that, to the best of my knowledge, the information provided in this declaration is accurate and complete.

I agree to notify **Stremvans Capital Limited** within 30 days of any change in circumstances that affects the tax residency status of the individual identified in Part 1 or renders the information provided inaccurate or incomplete. I will also submit an updated self-certification and declaration within this period.

Signature: .....

Print Name: ..... **Date:** ..... Capacity: .....
If you are not the Account Holder, please specify your capacity. If signing under a power of attorney, attach a certified copy.

Checklist for Individual Account

ACCOUNTS OFFICAL USE ONLY

S/No	Document Obtained	Yes	No	Waiver
1.	Completed Account Opening Form			
2.	Passport Photograph			
3.	Photocopy of International Passport or Drivers Licence, National Identification Number (NIN) Slip			
4.	Proof of Address (Utility Bill)			

Customer introduced by: ……

(Name & Signature)

Relationship Officer: ……

(Name & Signature)

Waiver approver by: ……

(Name & Signature)

Approved By	Name & Signature	Date
Compliance Officer		

5, Oke Close, off Olayiwola Street, Oregun, Ikeja, Lagos.
Phone: (0)816 011 9972 | **Email:** stremvanscap@sticltd.com
www.stremvans.com