



Investee Account Opening Form (Individual)

APPLICATION CHECKLIST

Application letter	
1 recent passport photographs	
Up-to date CV	
Duly executed Account opening Form	
Pro- forma Invoice (if applicable)	
List of bankers	
Source of repayment; 6 months' pay slip and 6 months' bank statement. If from any other source, please specify)	
Security documents/collateral (if required)	
Referral letter from employer (if applicable)	
List and details of bank borrowings and indebtedness	
Valid Means of Identification	
Names, address, passport photographs, Means of Identification, and phone numbers of two (2) guarantors.	
Administrative fee (if applicable)	



Investee
Passport
photo

Investee
Passport
photo

INDIVIDUAL INVESTEE ACCOUNT OPENING FORM

1. Section A: Investee Information

<input type="checkbox"/> New Client <input type="checkbox"/> Existing Client _____ Client no (if known)	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint	
Individual/Joint Investee #1	Individual/Joint Investee #2
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss _____ Other	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss _____ Other
First name:	First name:
Surname:	Surname:
Maiden Name:	Maiden Name:
Date of birth: DD/MM/YYYY	Date of birth: DD/MM/YYYY
Occupation:	Occupation:
Home address _____ Postcode	Home address _____ Postcode
Postal address (if different to home address) _____ Postcode	Postal address (if different to home address) _____ Postcode
Mobile phone:	Mobile phone:
Email:	Email:
Country of birth/Citizenship:	Country of birth/Citizenship:
Type of ID:	Type of ID:
ID No:	ID No:
Date of Issue:	Date of Issue:
Expiry Date:	Expiry Date:
Annual Income:	
Employment Status:	
If employed, name and address of Employer:	

Section B: Investment Request

Amount Requested (In words):

Amount Requested (In figures):

What do you want to use the Funds for:

- ☐ Short Term (Less than or equal to 1 year)
☐ Mid-Term (More than 1 year - less than 5yrs)
☐ Long Term (More than 5 less - than 10yrs)

Section C: Next of Kin

Title: ☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss _____ Other

First name:

Other Name:

Surname:

Relationship:

Occupation:

Home address

Mobile phone:

Email:

Section D: Bank Details

Bank Verification Number (BVN):

Account Name:

Name of Bank:

Branch:

Account No:



CERTIFICATION: I/We certify that the above information are true and correct

Authorised Signatory		Authorised Signatory	
Name		Name	
Date		Date	

OFFICIAL USE ONLY:

Requirements	Completed and signed application Form	Passport photograph	Valid ID Card	Utility Bill (Current) /Proof of address	Verifying Staff	Date
Yes/No						

Recipient	Date Received	Name/Signature	Date Transferred
Business Development			
Investment Committee			
Financial Control			

**DECLARATION BY INVESTEE(S)**

- I/we declare that I am 18 years old and over;
- I/we understand that investments are made in accordance with the principles of Islamic financial management;
- I have read, understood and unconditionally agreed to all the terms and conditions contained herein;
- Investment Advice may be sent by email, SMS or registered post to the address given above.

Signature
Name/Designation

Signature
Name/Designation

Contact Address:

6th Floor, Plot 1332, Ralph Shodeinde Street
Yobe Investment House
Central Business District,
Abuja, Nigeria

Email: enquiries@dnamazcapital.com

Telephone no: +234 916 444 1444

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