

PERSONAL DETAILS

Title: Mr.

First Name: Michael

Other Name: Nzubechukwu

Surname Okerekemmadu

Date of Birth: 12th October, 1998

Marital Status: Divorced

Mother's Maiden Name: Okafor Chineye Nnamdi

Gender: Female

Profession: Medical Practioner

Country: Nigeria

State of Origin: Enugu

Local Government Area: Ezeagu



CONTACT DETAILS

Contact Address: 9th Mile, Udi Enugu Nigeria

Postal Address: my postal address

Mobile No: 07054280223

Email Address: kingsleyaham6@gmail.com

EMPLOYMENT DETAILS

Employment Status: Self-Employed

Employer's Name: Mr. Michael Ejeana

Industry: Mechanical Field

Employment Date: 19th November, 1997

Employer's Address: No. 5 Ejenana Estate opp anambra enugu state

NEXT OF KIN DETAILS

Title: Mr.

Full Name: Michael Okeke Ejeana

Gender: Female

Relationship: Uncle

Mobile No: +2347066554412

Contact Address: No. 54 opp close anambra enugu state

PEP STATUS

Are you a Politically Exposed Person: yes

Details: Lorem, ipsum dolor sit amet consectetur adipisicing elit. Deleniti a itaque dolorum. Ex assumenda perspiciatis asperiores amet animi in cupiditate harum vero, quibusdam commodi! Perspiciatis veritatis, nulla nemo odit, dolores et dolorum sit eius, sapiente ipsa iure recusandae repellat obcaecati.

AUTHORIZED PERSONS

Signatory Name: kkdkdk **Mobile No:** 07054280223

Email Address: kingsleyaham6@gmail.com **Bank Verification No:** 00123345658

Contact Address: 9th Mile, Udi Enugu Nigeria

Means of Identification: national id

Passport: authorizedPassport0-1682306761115-616158414.jpeg

Signature: authorizedSignature0-1682306761105-174180601.jpeg

INVESTMENT DETAILS

Contact Address: 9th Mile, Udi Enugu Nigeria **Postal Address:** my new postal address

Mobile No: 07054280223 **Email Address:** kingsleyaham6@gmail.com

BANK ACCOUNT DETAILS

Account Name: michael james **Bank Name** zenith

Account No: 3055667788 **Account Opening Date:** 2023-04-04

Bank Verification No: 22488782728

SIGNATORY MANDATE

Signatory Name: james owen **Designation:** barrister

Signatory Class: B **Signature:** signatorySignature1-1682306761092-838350355.png

Signatory Name: signatory mandatea **Designation:** doctor

Signatory Class: A **Signature:** signatorySignature0-1682306761027-198815475.png

KYC DOCUMENTS

Utility Bill: utilityBill-1682306760983-601174285.jpeg

Form of Identification: identityUpload-1682306760981-745610098.jpeg

Signature: signatureUpload-1682306760979-303955028.jpeg

Passport Photograph: passportPhoto-1682306760974-151369513.jpeg