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INDIVIDUAL INVESTMENT ACCOUNT APPLICATION FORM (KYC)

*Surname: ----- *First Name: ----- *Middle Name: -----

*Date of Birth: ----- *Marital Status: -----

Marriage Anniversary Date: ----- *Occupation: -----

*Tel No: ----- *E-mail Address: -----

*Nature of Business: -----

*Bank Account Number: ----- Bank Sort Code: -----

*Bank Name: ----- Account Opening Date: -----

*Bank Branch: ----- *BVN -----

*Investment Objective: ----- *Source(s) of Funds: -----

*Residential Address: (As contained in original receipts issued within the previous 3 months by Public Utilities): (P.O. Box not Acceptable).

*International Passport/Driver's License/National I.D Card No: -----

*Date Issued: -----

*Postal Address: -----

*Next of Kin: -----

*Address of Next of Kin: -----

*Phone Number of Next of Kin: -----

(Please it is compulsory to fill the items in asterisks)

TO: RAINBOW SECURITIES & INVESTMENT COMPANY LIMITED

I hereby request you to open an Investment Account in my name and authorize you to honour all instructions and dispositions relating to the account signed by me. Please also find enclosed herewith:

- 1. Photocopy of my International Passport/Driver's License/National I.D Card.**
- 2. Two (2) Passport Photographs.**
- 3. Utility bill within previous three (3) months.**

I agree that the set-off conditions received and signed by me, shall apply as expressly set out therein, and I hereby declare that the information given herein is correct and is the basis for the opening of the Investment Account.

I also agree to pay any debit balance on my account within 24 hours failing which interest shall be charged/applied on such debit balance and that such debit balance plus interest thereon shall be set off against subsequent credit to my account.

Furthermore, **RAINBOW SECURITIES & INVESTMENT COMPANY LIMITED** shall have the right to dispose of part or all of my shares to regularize any debit on my account.

Yours faithfully,

1. -----
Authorized Signatory

2. -----
Authorized Signatory

Name: -----

Name: -----

Date: -----

Date: -----

FOR OFFICIAL USE ONLY

Remark by Account Officer: -----

Relationship Officer's Name: ----- Signature: ----- Date: -----

Approving Officer's Name: ----- Signature: ----- Date: -----

COMPLIANCE CHECK:

S/N	DOCUMENTS	AVAILABLE	NOT AVAILABLE	REMARKS
INDIVIDUAL				
1	COMPLETED KYC FORM			
2	RECENT PASSPORT PHOTOGRAPH			
3	MEANS OF IDENTIFICATION			
4	UTILITY BILL			
ESTATE ACCOUNT				
5	DEATH CERTIFICATE			
6	LETTER OF ADMINISTRATION/WILL			
7	NEWSPAPER PUBLICATION/GAZETTE			
8	BANKER'S CONFIRMATION OF SIGNATURES (ADMINISTRATORS/EXECUTORS)			