



SIGMA SECURITIES LIMITED

(MEMBER OF NIGERIAN STOCKEXCHANGE)

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Recent
Passport
Photograph

ADMOR STOCKBROKING ACCOUNT OPENING FORM

Estate Name: _____

Date of Death (DD/MM/YYYY) _____ Death Place: _____

Administrator's Names

1. _____
2. _____
3. _____
4. _____
5. _____

Administrators Representative Information

Administrators Representative Name: _____

GSM: _____ State Of Origin: _____

Email: _____ Means of ID _____

Residential Address: _____

Relationship with Deceased: _____ Gender: _____

.....
Confirm By Sigma Staff/Date

.....
Confirm By Bank/Date

INDEMNITY FOR HONOURING ELECTRONIC INSTRUCTIONS

We are fully aware that sale orders, purchase orders, payment instructions and other instructions on this Account shall be by written instruction signed according to my/our mandate. I/We hereby acknowledge that the use of facsimile (fax), telephone, e-mail, SMS messages or other unsecured means of communication to convey instructions is associated with additional risks and fraud exposure.

In consideration of Sigma Securities Limited agreeing to accept and act upon any such instructions, communications and documents by facsimile (fax), telephone, e-mail, SMS messages unaccompanied by my/our signed written instruction; I/We hereby irrevocably undertake to indemnify Sigma Securities Limited and hold it harmless from and against all costs(including without limitation, 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 Sigma Securities Limited accepting or acting upon such instructions, communication or documents. Furthermore, I/We hereby irrevocably release the company from all liability in the event that any telephone, e-mail, SMS messages, 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 act upon documentation received by facsimile, e-mail or SMS messages, telephone, etc unaccompanied by/our signed written instruction.

Dated this _____ day of _____ 20_____

Authorized Signatory

Authorized Signatory

OFFICE USE ONLY

Driver’s License/National ID card/International Passport

Passport Photograph of Signatory (ies)

Utility Bill

Know Your Customer (KYC)

Bank: _____ BVN: _____

Bank Account Open Date _____ Account Number _____

Newspaper Publication/Gazette Date: _____

Date Letter of Administrator Issued: _____