



SIGNATORY PERSONAL INFORMATION FORM

SURNAME NAME: _____ OTHER NAMES: _____

MOTHER'S MAIDEN NAME: _____

TITLE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: _____ MALE FEMALE

MARITAL STATUS: MARRIED SINGLE WIDOWED

USUAL NAME: _____ SUFFIX: _____

MODE OF IDENTIFICATION (NATIONAL ID, DRIVING LICENSE, INT'L PASSPORT): _____

ID NUMBER: _____

CEERPAC/RESIDENT PERMIT NO: _____

COUNTRY OF ORIGIN: _____

STATE: _____ LOCAL GOVT. AREA: _____

RESIDENTIAL/CONTACT ADDRESS (ES): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

HOME PHONE: _____ FAX NO: _____

BANK ACCOUNT DETAILS (FOR THE ENHANCEMENT OF DIRECT CREDITING OF DIVIDENDS):

BANK: _____ NUBAN A/C NO: _____

A/C NAME: _____

DATE BANK ACCOUNT WAS OPENED: _____

CHN NO. (IF YOU HAVE ANOTHER STOCK BROKING ACCOUNT): _____

SOURCE OF WEALTH: _____

SOURCE OF FUNDS: _____

CLIENT'S SIGNATURE / DATE

ZSL STAFF ONLY
VERIFIED BY: _____