



TOWER

**TOWER ASSETS
MANAGEMENT LIMITED**

MEMBER OF THE NIGERIAN STOCK EXCHANGE

SUITE 6, 2ND FLOOR, MAINA COURT,
PLOT 252A, HERBERT MACAULAY WAY,
OPPOSITE NNPC TOWERS,
CENTRAL BUSINESS DISTRICT, ABUJA - NIGERIA.
P.M.B 6100, GARKI, ABUJA
TEL/FAX: +234 (0) 922 230 38

CORPORATE CLIENT REGISTRATION FORM

(Form to be filled in CAPITAL LETTERS)

NOTE:

- (I) I/we understand that all payment made by me/us to your company must be in cheques or bank draft, and Bank Tellers. advise in case payment. Our company will not accept liability for direct cash payment through any staff since it is against our company policy.
- (II) Whenever I/we forward stocks for verification, you should feel free to provide any required Indemnity cover for same to the relevant registrar and charge my/our account accordingly.
- (III) In case of debit in clients account, the company is authorized to sell clients stocks to liquidate the debt.

1. Date: _____ Title: _____

2. Company's Name: _____

3. RC Number: _____ Date of Incorporation: _____

4. Company's Registered Address: _____

5. Nature of Business: _____

6. Country: _____ State of Origin: _____ LGA: _____



7. Permanent Home Address: _____

8. Current Contat Address: _____

9. Current Postal Address: _____

10. Telephone Number(s): _____

11. Fax Number: _____ Email Address: _____

12. CSCS Account Number: _____

13. Main Bankers (Name and Address) _____

14. Name on Bank Account: _____ Acct No.: _____

15. Bank Account Date: _____ Sort Code: _____



16. NEXT OF KIN

Name: _____ Relationship: _____

Address: _____

17. Applicant Signature(s) _____

18. Phone No of Next of Kin: _____

Please attach photocopy of driving license or international passport.

For official use:

Date opened:..... Passport Number:.....

Other Identification:..... Reference:.....

Contact Staff:..... Approved:.....