



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

**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: \_\_\_\_\_

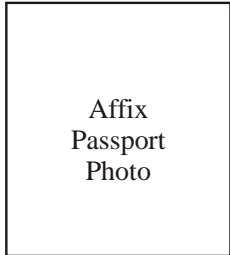
2. Surname: \_\_\_\_\_

3. Other Names: \_\_\_\_\_

4. Mother Maiden Name: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Country: \_\_\_\_\_ State of Origin: \_\_\_\_\_



7. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

8. Current Contat Address: \_\_\_\_\_  
\_\_\_\_\_

9. Current Postal Address (P.O. BOX or P.M.B. Only): \_\_\_\_\_

10. Telephone Number(s): \_\_\_\_\_

11. Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

12. CSCS Account No. (If any): \_\_\_\_\_



13. Main Bankers (Name and Address) \_\_\_\_\_

14. Name on Bank Account: \_\_\_\_\_ Acct No.: \_\_\_\_\_

15. Bank Account Date: \_\_\_\_\_ Bank 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:.....