



1ST FLOOR, LEFT WING, LABOUR
HOUSE CENTRAL BUSINESS
DISTRICT, ABUJA
TEL: 09-292 0546 [Ext. 111, 112]
0809 493 8042
EMAIL: headoffice@tiddosecurities.com
WEBSITE: www.tiddosecurities.com

TIDDO SECURITIES LIMITED
CLIENT REGISTRATION FORM
(TO BE COMPLETED IN CAPITAL LETTERS)

CORPORATE APPLICANT

DECLARATION BY CLIENT

- (i) **We** understand that all payments by **us** to your company must be by **cheque** or **Bank credit advice** in case of cash payment (i.e. your company will not accept liability for direct cash payment through any staff since it is against your company's policy). Payment for stocks sold will also be by crossed cheque in our name.
- (ii) Whenever **we** forward stocks for verification you should feel free to provide any required indemnity cover for same to the relevant Registrar and charge **our** account accordingly.
- (iii) Whenever **our** account(s) fall into debit and we fail to pay money into the account(s), you are free to offset same against **our** stockholding(s)

1. **NAME OF COMPANY:** _____

2. **RC NO:** _____

3. **DATE OF INCORPORATION:** _____

4. **NATURE OF BUSINESS:** _____

5. **REGISTERED OFFICE:** _____

6. **CURRENT CONTACT ADDRESS:** _____
(If different from above)

7. **CURRENT POSTAL ADDRESS (P.O.BOX OR P.M.B ONLY):** _____

8. **STATE OF ORIGIN/LOCAL GOVT:** _____

9. **COUNTRY:** _____

10. **CITIZENSHIP:** _____

11. **TEL:** _____

12. **FAX:** _____ 13. **E-MAIL:** _____

14. **CSCS A/C NO (IF ANY):** _____

15a. **MAIN BANKERS (Name and Address):** _____

15b. **BANK ACCOUNT NAME:** _____

15c. **BANK ACCOUNT NUMBER:** _____ **BVN:** _____

15d. **DATE BANK ACCOUNT WAS OPENED:** _____

16. **WEBSITE:** _____

17. **ANY OTHER INFORMATION:** _____

18. **AUTHORIZED SIGNATORIES:** _____

(Please Attach
passport size
photographs of two
Directors)

	NAME	POSITION	SIGNATURE
(I)	_____	_____	_____
(II)	_____	_____	_____
(III)	_____	_____	_____
(IV)	_____	_____	_____

Please Attach Photocopy of Driver's License, International Passport (Bio data page) or National ID Card (Complemented by Official Identity Card) as well as Utility Bills (NITEL, PHCN or Water Board) of two Directors.

For official use

Date Opened: -----

Passport No.: -----

Other Identification: -----

Reference: -----

Contact Staff/Branch: -----

Approved: -----