

**TRANS AFRICA FINANCIAL SERVICES LTD
AIICO HOUSE, AFRI BANK STREET, LAGOS.
www.transafricafinancial .com**

APPLICATION FORM

Name of Investor(s): _____
Surname First Name Middle Name

Date of Birth: _____

Nationality: _____

International Passport or Driver's License No: _____

Issue Date: _____ Expiry Date: _____

Residential Address: _____

Residential Telephone Number(s) _____

Telefax: _____ Email: _____

Occupation: _____

(If Business, Please State Type Of Business e.g Contractor)

Mailing Address: (if different from above) _____

Telephone Number(s): _____

Next of Kin: _____

Relationship to Applicant: _____

Address of Next-of-Kin (if different from Applicant's): _____

Signature: _____ Dated this: _____ day of: _____

**** PLEASE AFFIX TWO RECENT PASSPORT SIZE PHOTOGRAPH.**

FOR OFFICE USE ONLY

Remarks: _____

Relationship Officer's Name: _____ Signature: _____ Date: _____

Approving Officer's Name: _____ Signature: _____ Date: _____

Short Name: _____ Account Code: _____

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DOCUMENTS & FORM ATTACHED TO APPLICATION

CHECK LIST

	YES	NO	WAIVED
1. CSCS FORM (ROO5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. TWO (2) PASSPORT PHOTOGRAPH STATING NAME AND SIGNATURE BEHIND.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CUSTOMER'S IDENTIFICATION (Photocopy of Driver's License or relevant pages of International Passport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that verification of account-opening documents for off-shore investors include the followings:

- **An original utility bill**
- **The identification document (international passport, driver's license, etc) should be certified by a notary in the country of residence of the investor.**