



CROSSWORLD SECURITIES LIMITED

NEW ACCOUNT INFORMATION INDIVIDUAL/CORPORATE ACCOUNT

(CONFIDENTIAL)

CLIENT NUMBER

ACCOUNT TYPE

- | | | |
|---|--|---|
| <input type="checkbox"/> Management Funds | <input type="checkbox"/> Stockbroking Services | <input type="checkbox"/> Margin Accounts services |
| <input type="checkbox"/> Portfolio Management | <input type="checkbox"/> Small Savers | <input type="checkbox"/> Equity Trading |
| <input type="checkbox"/> Others | | |

DETAILS OF HOLDER

INDIVIDUAL

Surname: _____ Other Names: _____

Mother's Maiden Name: _____ Birth Date: _____

Marital Status: _____

International Passport or Driver's License No: _____

Issue Date: _____ Expiry Date: _____

Office Phone Number: _____ Home Number _____

Fax Number: _____ e-mail: _____

Office Address: _____

Contact Address: _____

Occupation/Position: _____ Annual Income: _____

Employer's Name and Address: _____

Next of Kin: _____

Relationship to Application: _____

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

Applicants Signature: _____ Dated this ____ day of _____

CORPORATE

Registered Name: _____ RC Number: _____

Date of Incorporation: _____

Nature of Business/Industry Sector: _____

Annual Turnover: _____

Office Address: _____

Place of Business (if different from office address): _____

Tel: _____ Fac: _____

e-mail: _____ Website: _____

Contact Person/Office: _____

Signature (Contact Person): _____