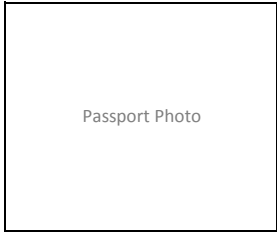




CASHCRAFT®
Asset Management Limited
RC 170375



Passport Photo

Member name:

Client Type

Name

Mother's Maiden Name:

Gender:

Date of Birth:

Guardian/Next of Kin

Guardian /Next of Kin Phone No.

Guardian/Next of Kin (CHN)

Address Line1

Address Line2

Address Line3

Citizenship

State /Local Govt of residence

Country

Email Address:

Clearing House No.(CHN)

Alternative email:

Bank Name:

BVN Number:

Bank Account No.:

Confirm Bank Account No.

Bank Account Name:

Sort Code:

Date of creation of bank account:

Clearing House Number (CHN)

Phone Number:

Request date:

Signature:

The following documents must accompany this form:

* Copy of recent Utility Bill *Copy of valid ID card

IMPROPERLY FILLED FORMS WOULD NOT BE PROCESSED