

BOSTON CAPITAL INVESTMENTS LTD

3, Ibiyinka Olorunmbe Close, Off Amodu Ojikutu Street, V/Island, Lagos
#: 01-740 6139 www.bostoncapitalinvestments.com

ACCOUNT OPENING FORM

INDIVIDUAL / CORPORATE ACCOUNT

I / We request **Boston Capital Investments Limited** to open an asset management account on **My/Our** behalf

INDIVIDUAL / JOINT / CORPORATE APPLICANT

TITLE: Mr. / Mrs. / Ms. / Miss / Dr. _____

Registration No (If Corporate): _____ **Date of Incorporation:** _____

Surname: _____ **Date of Birth:** _____

Other Names: _____

Joint Name: (If Applicable): _____

Full Postal Address: _____

Residential Address: _____

Telephone Number: _____ **Mobile (GSM):** _____

E-mail Address: _____

Next of Kin: _____ **Relationship:** _____

Address (Next of Kin): _____

Initial Deposit ₦ _____ **or \$** _____

MINIMUM NAIRA DEPOSIT ₦100,000

*** (please see caution below)*

MINIMUM DOLLAR DEPOSIT \$1,000.

Amount in words: _____

.....
Client's Signature

.....
SEAL OF CORPORATE CLIENT HERE

CORRESPONDENCE CAN BE SCANNED AND E-MAILED TO: info@bostoncapitalinvestments.com

FOR OFFICIAL USE ONLY

(PASSPORT PHOTOGRAPH REQUIRED FOR ALL ACCOUNTS)

Account Number _____ Date Opened _____

Relationship Officer _____ Signature _____