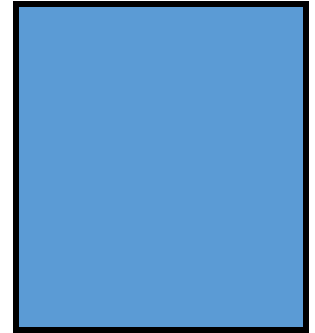




ECWA PORTFOLIO MANAGEMENT LIMITED
PORTFOLIO HOUSE
OPP. CHALLENGE BOOKSHOP
JOS. PLATEAU STATE.



**ECWA STAFF
ACCOUNT OPENING FORM**

(Please fill as applicable)

A. BASIC INFORMATION

Name of Client (Surname)

Other Names

Title: Sex: Date of Birth

Means of Identification: Driver's License International Passport National Identity Card ECWA ID

Identification No.:.....

PFA Name:..... PFA NO.:.....

ESIS NO:..... EPF (ESWS) NO.....

Marital Status: Maiden Name:

Nationality: State of Origin:

Local Govt.: Profession:.....

B. CONTACT DETAILS

Residential/Postal Address:

Telephone No.(Office)..... Telephone No.(Home).....

Mobile No: E-mail Address:

C. EMPLOYMENT DETAILS

LOCATION

Date Employed: Job Title: Entry Salary G/L:

Qualification:

D. BANK DETAILS

Account Name: -----

Bank Name: ----- Account Number: -----

BVN: -----

Signature:----- Date:-----

E. NEXT OF KIN DETAILS

Name: -----

Phone No.: ----- Email: -----

Address:-----

----- Relationship:-----

Preferred mode of communication. (Kindly note that EPML will only communicate with you and treat mandates sent through your preferred mode)

E-mail: ----- Telephone:----- Other:-----

F. ALTERNATE NEXT OF KIN DETAILS

Name: -----

Phone No.: ----- Email: -----

Address:-----

----- Relationship:-----

❖ Alternate next of kin shall only be call upon, where the Next of Kin is found to be dead, before the benefits is ready.

G. HEAD OF DEPARTMENT/DCC/INSTITUTION

Name: -----

Designation:----- Sign/Date:-----

FOR OFFICE USE ONLY

Date Account Opened:----- Account Number:-----

Opened by:----- Sign/Date:-----