



**MISSION
SECURITIES LIMITED**

Head Office

MISSION SECURITIES LIMITED

57, Akinwumi Street, Opposit Foursquare Gospel Church,
Alagomeji, Yaba, Lagos.
E-Mail: info@missionsecuritiesltd.com; info.missionsecuriteis@gmail.com
Tel.: 08058414115.



Affix recent Passport
Photograph here

INDIVIDUAL ACCOUNT RE-ACTIVATION FORM

NAMES: [MR/MRS/DR/CHF]

[Surname First]

GENDER: Male Date of Birth: Day Month Year

[Mark Appropriately] Female

NATIONALITY STATE OF ORIGIN:

LOCAL GOVT. AREA:

BUSINESS/OCCUPATION:

RESIDENTIAL ADDRESS:

BUSINESS ADDRESS:

E-MAIL: TEL [GSM]:

ACCOUNT NAME:

BANK NAME: BANK ACC. NO.:

BVN: DATE OF CREATION OF BANK ACC.:

CSCS A/C NO.: CLEARING HOUSE NO.:

MOTHER'S MAIDEN NAME:

NEXT OF KIN: 1. NAME [Full Name]:

ADDRESS:

RELATIONSHIP: TEL:

Share Certificate Deposited:

SERVICE REQUIRED:
[Kindly Mark as Appropriate]

STOCKBROKING SERVICE

ADMINISTRATION OF ESTATES

FINANCIAL ADVISORY SERVICE

I (We) confirm that the information provided for re-activating my account with Mission Securities Limited is True. I (We) agreed to the terms and conditions for the reactivation of Account.

CLIENT SIGNATURE:

DATE:.....

REQUIREMENTS:

- Two Passport Photograph
- Current Utility Bill (Not older than 3 months)
- Valid Means of Identification (National ID Card, Driver's License, Permanent Voter's Card or International Passport)
- Proof of Ownership of Account. (Receipt of Purchase of Shares, Bought Contract Note, Dividend received or any correspondence received from Mission Securities Ltd)

FOR OFFICE USE ONLY

CLIENT(S) INTRODUCED BY:.....

DOCUMENT POSTED/SIGHTED (Tick as appropriate):

National ID International Passport Driver's License Utility Bill Others (Specify).....

Head of Operation Signature & Date.....

Chief Compliance Officer..... Signature & Date.....

Managing Director/CEO..... Signature & Date.....