

WealthTrust Securities Limited

CLIENT REGISTRATION FORM (FOR INDIVIDUALS/JOINT A/C)



Please where applicable and complete this form in **BLOCK LETTERS**

PERSONAL DATA (MANDATORY)

TITLE	Mr	Mrs	Miss	Rev	Dr															
LAST NAME																				
INITIALS	*	*	*	*	*	*	*													
NAMES DENOTED BY INITIALS																				
RESIDENCE ADDRESS																				
NIC NO:/PP NO										DATE OF BIRTH										
(Please attach a photocopy)													Y Y Y Y M M D D							
NATIONALITY										* NON - RESIDENT / RESIDENT										
TELEPHONE										FAX										
MOBILE																				
E-MAIL																				

EMPLOYMENT DETAILS

OCCUPATION/PROFESSION															
COMPANY NAME & ADDRESS															
TELEPHONE										FAX					
NATURE OF BUSINESS															

2ND JOINT HOLDER

TITLE	Mr	Mrs	Miss	Rev	Dr															
LAST NAME																				
INITIALS	*	*	*	*	*	*	*													
NAMES DENOTED BY INITIALS																				
ADDRESS																				
NIC NO:/PP NO										DATE OF BIRTH										
(Please attach a photocopy)													Y Y Y Y M M D D							
NATIONALITY										* NON - RESIDENT / RESIDENT										
TELEPHONE										FAX										
MOBILE																				
E-MAIL																				

3RD JOINT HOLDER

TITLE	Mr	Mrs	Miss	Rev	Dr															
LAST NAME																				
INITIALS	*	*	*	*	*	*	*													
NAMES DENOTED BY INITIALS																				
ADDRESS																				
NIC NO:/PP NO										DATE OF BIRTH										
(Please attach a photocopy)													Y Y Y Y M M D D							
NATIONALITY										* NON - RESIDENT / RESIDENT										
TELEPHONE										FAX										
MOBILE																				
E-MAIL																				

PARTICULARS OF NOMINEE

TITLE	Mr	Mrs	Miss	Rev	Dr																				
LAST NAME																									
INITIALS	*	*	*	*	*	*	*																		
NAMES DENOTED BY INITIALS																									
ADDRESS																									
NIC NO:/PP NO (Please attach a photocopy)											DATE OF BIRTH														
NATIONALITY												Y	Y	Y	Y	M	M	D	D						
TELEPHONE											* NON - RESIDENT / RESIDENT														
MOBILE											FAX														
E-MAIL																									

BANKING PARTICULARS

BANK NAME	BRANCH	A/C TYPE	ACCOUNT NO/S
Special Banking Instructions			

INSTRUCTIONS

CORRESPONDING ADDRESS RESIDENCE OFFICE OTHER

SIGNING INSTRUCTIONS EITHER BOTH ALL OTHER

DECLARATION

I / We hereby confirm that all information given herewith is true and correct to the best of my / our knowledge.

Dated this on day of 201.....

NAME	SIGNATURE
1	
2	
3	

FOR OFFICE USE ONLY

Client Code :

Branch Code:

Introduced By:

Authentication: