APT SECURITIES AND FUNDS LIMITED

ONLINE TRADING ACTIVATION FORM (FOR EXISTING CUSTOMERS ONLY)

FOR INDIVIDUAL

PHOTOGRAPH

Please affix your recent passport size photograph and sign across it

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

1. **Surname :** _____ **Others**_____
2. **Contact Details: Mobile No.:**_____ **Email Address:**_____
3. **Gender:** Male/ Female **Marital status:** Single/ Married **Date of birth:** _____(dd/mm/yyyy)
4. **Nationality:** _____ **Status:** Resident Individual/ Non Resident/ Foreign National
5. **Mother's Maiden Name:** _____ **Occupation**:_____
6. **CSCS Account Number**: _____
7. **Attach the proof of Identity (International Passport/Drivers License/National ID):** _____

B. ADDRESS DETAILS

1. **Residence Address**: _____

   _____City/town: _____ State: _____ Country: _____

2. **Attach the proof of address for residence address(Water /PHCN /Waste Mgt/Tenancy agreement):**_____
3. **Permanent Address** (if different from above or overseas address, mandatory for Non-Resident Applicant): _____

   _____ City/town/village: _____ State: _____ Country: _____

C. BANK ACCOUNT DETAILS (ONLY CURRENT ACCOUNT DETAILS REQUIRED)

1. **Banker Name:** _____
2. **Account Number:** _____
3. **Address of Bank:** _____
4. **Sort Code:** _____**Date Opened**:_____ (dd/mm/yyyy)

D. NEXT OF KIN DETAILS

1. **Name**.: _____ **Phone No:** _____
2. **Contact Address**: _____
3. **Relationship to Next of Kin**:_____ **E-Mail Address**:_____

DECLARATION

By signing below, I agree and acknowledge that APTSEC shall not be liable for any loss or damage whether direct or indirect, arising from any Transactions conducted through the System and the use of any channel to access the trading portal, suffered by me arising from the unlawful interception, corruption, delay, non-delivery or wrong delivery of any information provided through/for the Website, suffered by me arising from the breach of my security profile.

_____

Signature of the Applicant **Date: _____ (dd/mm/yyyy)**

FOR OFFICE USE ONLY

☐ Originals verified and Self-Attested Document copies received

(.....) **(.....)**

Verified By: Name & Signature **Approved By: Name & Signature**

Date .....(dd/mm/yyyy) **Date .....(dd/mm/yyyy)**

For further enquiries: Please send an email to: info@aptsecurities.com or Call us on: **234-1-7759773, 2719242**