

## INVESTMENT MANAGEMENT ACCOUNT OPENING AND MANDATE FORM

### PERSONAL INFORMATION

Name of Applicant(s): \_\_\_\_\_  
(Surname First)

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Identification: \_\_\_\_\_ Utility Bill: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Attach Clear Copies)

Telephone #(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

### INVESTMENT OBJECTIVE(S)

#### What is your goal?

Investing ☐ Trading ☐ Retirement ☐

**Nature of Investment:**

1	Wholly Money Market (Fixed Income)	<input type="checkbox"/>
2	Wholly Capital Market (Equity Investment)	<input type="checkbox"/>
3	Money Market/Capital Market	<input type="checkbox"/>

% Money Market \_\_\_\_\_ % Capital Market \_\_\_\_\_

**How Knowledgeable are you about the stock market?**

Very	<input type="checkbox"/>
Slightly	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

**How would you feel if your investment fluctuates by 5-10%**

Comfortable	<input type="checkbox"/>
Nervous	<input type="checkbox"/>
Think that you made a wrong choice	<input type="checkbox"/>

**How would you feel if your investment fluctuates by 10-20%**

Comfortable	<input type="checkbox"/>
Nervous	<input type="checkbox"/>
Think that you made the wrong choice	<input type="checkbox"/>

**Do you wish to Grant Co-Link discretionary power to manage your portfolio**

Yes, Discretionary Power Granted	<input type="checkbox"/>
No, Non-Discretionary	<input type="checkbox"/>

### VOLUME OF INVESTMENT

**I/We, the undersigned hereby affirm my/our commitment to contribute to this managed fund as herein indicated**

Monthly	<input type="checkbox"/>	₦ _____
Bi-Monthly	<input type="checkbox"/>	₦ _____
Quarterly	<input type="checkbox"/>	₦ _____
Annually	<input type="checkbox"/>	₦ _____

How did you hear about Co-Link Inv. Mgt. Co. Ltd.? \_\_\_\_\_

**SIGNATURE**

**DATE**

\_\_\_\_\_

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