

DataPro[®]

IDENTITY VERIFICATION EXERCISE

Individual Questionnaire

IDENTITY VERIFICATION QUESTIONNAIRE

Please complete as truthfully as possible

The questionnaire is to be completed and returned within 72hours of receipt.

Please use additional sheets if necessary

Section A

IDENTIFICATION:

- **LAST NAME/SURNAME:**
- **FIRST NAME:**
- **MIDDLE/OTHER NAMES:**
- **HOME ADDRESS:**
- **OFFICE ADDRESS:**
- **POSITON:**
- **PROFESSION/OCCUPATION:**
- **POSTAL ADDRESS:**
- **PERSONAL TELEPHONE/GSM NO:**
- **OFFICE/OFFICIAL TELEPHONE:**
- **PERSONAL E-MAIL:**
- **OFFICIAL E-MAIL:**

Section B

PERSONAL DATA:

- DATE OF BIRTH:
- PLACE OF BIRTH:
- STATE OF ORIGIN:
- LOCAL GOVERNMENT AREA:
- GENDER:
- MARITAL STATUS:
- SPOUSE DETAILS:

S/N	Name	Age	Address	Telephone
1.				
2.				

- CHILDREN DETAILS:

S/N	Name	Age	Address	Telephone
1.				
2.				
3.				
4.				

- PARENT DETAILS:

S/N	Name	Address	Telephone
1.			
2.			

- **IDENTIFICATION DOCUMENT** *(Please attach photocopies)*

S/N	Type	Issue Date	Expiry Date	Number
1.	Work ID			
2.	Int'l Passport			
3.	National ID			
4.	PVC/Voter's Card			
5	Drivers License			

- **VERIFICATION DOCUMENT** *(Please attach photocopies)*

S/N	Type	Issue Date	Expiry Date	Number
1.	Utility/PHCN			
2.	Tax Receipt			
3.	Vehicle ID			
4.	Marriage Certificate			
5	Death Certificate			
6.	Divorce Paper			

- **NEXT OF KIN:**

	Name	Address	Telephone	Relationship
1.				
2.				

- **SOLICITORS:**

- **BANKERS** *(Please include the bank where you want the compensation to be paid)*

	Name of Bank	Acct No.	Branch
1.			
2.			

- **INVESTMENT DETAILS**

S/N	Name	Stockbrokers	Account Officer
1.			
2.			
3.			
4.			

- **PROPERTIES**

S/N	Type	Location	Title
1.			
2.			
3.			
4.			

- **BUSINESS INTEREST**

S/N	Type	Business Address	Designation
1.			
2.			
3.			
4.			
5.			

Section C

EDUCATIONAL BACKGROUND:

QUALIFICATION

DATE

- PRIMARY SCHOOL
- SECONDARY SCHOOL:
- UNDERGRADUATE SCHOOL:
- POST GRADUATE SCHOOL:
- PROFESSIONAL INSTITUTIONS:

OCCUPATION/WORK EXPERIENCE:

S/N	Institution	Year Employed	Year Exited	Contact Person
1				
2				
3				
4				
5				

CLUBS/ASSOCIATIONS MEMBERSHIP:

S/N	Club/Association	Year Employed	Year Exited	Membership No	Contact Person
1					
2					

Section D References

PROFESSION/ORGANIZATION:

<i>S/N</i>	<i>Name</i>	<i>Address</i>	<i>Telephone</i>

COMMUNITY/LEADER:

<i>S/N</i>	<i>Name</i>	<i>Address</i>	<i>Telephone</i>

RELIGIOUS LEADER:

<i>S/N</i>	<i>Name</i>	<i>Address</i>	<i>Telephone</i>

We thank you for your time

NIGERIAN STOCK EXCHANGE/INVESTOR PROTECTION FUND
(NSE/IPF)

INDEMNITY FORM

I _____ hereby state as follows:

1. That the information provided by me in this questionnaire is correct
2. That to the best of my ability I have given factual information
3. That the information is provided with a view not to mislead or defraud the *Nigerian Stock Exchange/Investors Protection Fund* and its agent.
4. That where the information provided by me is found to be false, legal action should be taken against me.
5. This sworn declaration is made this day _____ of _____ 2015

Claimant Signature/Date

Commissioner of Oath