



Please affix
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passport
photograph

PERSONAL INVESTMENT PORTFOLIO FORM

Title: Alh _____ Mr _____ Mrs _____ Miss _____ Other _____

Name of Investor(s): _____
Surname First Name Middle Name

Date of Birth: _____ Nationality: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

International Passport or Driver's License No: _____

Issue Date: _____ Expiry Date: _____

Office Address: _____

Residential Address: _____

Mailing Address: (if different from above): _____

Telephone Number(s) _____

Fax: _____ Email: _____

Mother's Maiden Name: _____

Occupation/Source of income: _____
(If business, please state type of business e.g. Contractor)

Estimated Annual Income (€): _____

Bank Name/Branch: _____ Account No: _____

Next of Kin: _____

Telephone Number(s): _____

Relationship to Applicant: _____

Address of Next-of-Kin (if different from Applicant's): _____

Mode of Investment: (Please Indicate)

- Discretionary
- Semi Discretionary
- Non Discretionary

Investor Profile:

Growth _____ Income _____ Capital Preservation _____ Price appreciation _____

Risk sensitivity:

High _____ Moderate _____ Low _____

Time Horizon:

0-12mths _____ 1-2yrs _____ 3yrs and above _____

Initial Asset Size: _____

Name and Phone Number of contact person if unavailable: _____

Special Instructions or any other relevant information: _____

Declaration:

I hereby acknowledge that the funds and the source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity and the above information is complete and accurate.

I therefore authorize Northbridge Investment and Trust Limited to verify any or all the foregoing information.

Signature: _____

Dated this _____ day of _____ 20_____

FOR OFFICE USE ONLY

Remarks: _____

Relationship Advisor's Name: _____ Signature: _____ Date: _____

Initial Contact Person's Name: _____ Signature: _____ Date: _____

Client's Codename _____ Account Code: _____

DOCUMENTS & FORM ATTACHED TO APPLICATION

CHECKLIST

	YES	NO	WAIVED
1. CSCS FORM (ROO5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ONE (1) PASSPORT PHOTOGRAPH STATING NAME AND SIGNATURE BEHIND.			
3. COPY OF UTILITY BILLS FOR LAST 3 MONTHS (Nitel, PHCN or Water Buills)			
4. CUSTOMER'S IDENTIFICATION (Photocopy of Driver's License or relevant pages of International Passport)			