



Affix Passport Size Photograph

STL CRV (STANDARD SUBRIPTION FORM

Surname
Dr./Prof./Engr./Chief/ Mr. / Mrs. /Ms. /Miss. (Please Specify)

Other Names

Date of Birth

State Of Origin

L. G. A

Sex

Marital Status

Residential Address
.....

Postal Address

E-Mail

Office Address
.....
.....

Telephone Nos : Office
.....

- a) Mobile
b) Home Fax No
.....

Occupation

Employer

Employers Address
.....

Bankers

Next of Kin

Affix passport size
photograph of the next
of kin

Address of Next of Kin
.....

Relationship of the Next of kin
.....

Telephone Nos. of Next of Kin : Office
.....

a) Mobile

b) Home

c) Fax No

Period of Investment: Tick

- I. 5 Years
- II. 10 Years
- III. 15 Years
- IV. Specified Period

Payment Option: Tick

- I. Cash
- II. Draft
- III. SOI

I hereby authorize Skye Bank Plc to debit my account no monthly, with sum of N..... and credit Skye Trustees Ltd's account No. 1770533533 from/...../201..... until and unless I give contrary instruction in the regards.

Signature

Date