



# Dominion Trust Limited

RC 125320

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## KNOW YOUR CLIENT

### INDIVIDUAL INVESTMENT ACCOUNT APPLICATION FORM

\*Surname:  \*First Name:  \*Middle Name:

\*Date of Birth:  \*Marital Status:

Marriage Anniversary Date:  \*Occupation:

\*Nature of Business:

\*Bank Account Number:  \*Bank Sort Code:

\*Bank Name:  \*Account Opening Date:

\*Bank Verification Number

\*Bank Address:

\*Amount Being Invested:  \*Source(s) of Funds:

\*Residential Address: (As contained in original receipts issued within the previous 3 months by Public Utilities):

Tel No:  \*Mobile No:

\*International Passport/Driver's License/National I.D Card No:

\*Date Issued:  \*E-mail Address:

\*Postal Address:

\*Reason for this Account:

\*Other Stockbroker(s):

\*Next of Kin:

\*Address of Next of Kin:

\*Phone Number of Next of Kin:

**(Please it is compulsory to fill the items in asterisks)**

**TO: DOMINION TRUST LIMITED**

I hereby request you to open an Investment Account in my name and authorize you to honour all instructions and dispositions relating to the account signed by me. Please also find enclosed herewith:

- 1. Photocopy of my International Passport/Driver's License/National I.D Card.**
- 2. Two (2) Passport Photographs.**
- 3. Utility bill for previous three (3) months.**

I agree that the set-off conditions received and signed by me, shall apply as expressly set out therein, and I hereby declare that the information given herein is correct and is the basis for the opening of the Investment Account.

I also agree to pay any debit balance on my account within 24 hours failing which interest shall be charged/applied on such debit balance and that such debit balance plus interest thereon shall be set off against subsequent credit to my account.

Furthermore, **DOMINION TRUST LIMITED** shall have the right to dispose off part or all of my shares to regularize any debit on my account.

Yours faithfully,

Authorized Signature(s): 1.  2.

Name:  Date:

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**FOR OFFICIAL USE ONLY**

Remark: -----

Relationship Officer's Name: -----Signature -----Date: -----

Approving Officer's Name: -----Signature: -----Date: -----

**\* Attach Signature Mandate for Joint Accounts.**

**NB: PLEASE ENSURE THAT ALL FIELDS ARE FILLED CORRECTLY AND SUBMIT COMPLETED FORM AND OTHER DOCUMENTS TO OUR OFFICE.  
YOU CAN ALSO MAIL IT TO: [info@dominionng.com](mailto:info@dominionng.com)**

# DOMINION TRUST LTD

## COMPLAINT MANAGEMENT POLICY

Organizational Code of Ethics requires all employees to comply with the minimum standards of conduct and integrity built around the principles of personal integrity, relationships with others, and accountability.

Where a client raises a complaint, they have the right to have that complaint addressed in a spirit of helpful co-operation and sensitivity, and resolved promptly. In that wise, the following procedure has been articulated for resolving clients' complaints that may arise from day to day activity.

### **Complaints Procedure**

1. Complaints should preferably be in writing, addressed to the Chief Executive Officer (CEO) and signed by the complainant, complete with address, phone number and e-mail address (if available).
2. Anonymous complaints will not be accepted.
3. Complaints letter like others addressed to the CEO should get to the addressee through the Personal Assistant (P/A).
4. Complaints should be treated seriously at the operational level within the organization with the aim to resolving them promptly.
5. The front line staff, who is the initial contact, can attempt to handle straightforward, minor complaints in the first instance. Complaints which cannot be handled by front line staff should be referred to the Supervisor of the Account Officer.
6. It is expected that the Supervisor will acknowledge the complaint and liaise with the complainant, in order to keep him/her informed of the action being taken.
7. If this does not resolve the issue for the client, the process will proceed to the Departmental Manager.
8. All complaint should be resolved within a maximum of 14 working days.
9. Serious complaints such as bothering on inappropriate behavior of staff (e.g. Rudeness, discrimination or harassment) will be directed to the Human Resources Manager. The likely action to be taken will occur within 5 working days.
10. The client will be informed of the outcome of their complaint and asked for their feedback as to whether satisfied with the resolution of the matter.
11. Record should be kept of all complaints received and their resolution.

12. The Internal Auditor should carry out periodic review of the complaint record to confirm a satisfactory and timely resolution.

13. Feedback should also be given to the MD/CEO through the P/A on the resolution of clients complaints.



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