



Affix Passport Size
Photograph

STL CWT

Surname.....
Mr. / Mrs. /Ms. /Miss. (Please Specify)

Other Names.....

Date of Birth.....

Gender.....

Contact Address

.....

Telephone Number

a) Office.....

b) Mobile.....

c) Home.....

E-Mail

Occupation

Employer.....

BVN.....

DETAILS OF CHILDREN

NAME	ADDRESS	SEX	AGE	RELATIONSHIP

SIGNATURE

DATE

EDUCATIONAL PLANLocal ☐Foreign ☐**LEVEL PLAN**

Annual Income

What is your annual Income Band?

- ☐ Under 1, 200,000.00
☐ 1, 200,000.00 – 3, 000,000.00
☐ 3, 000,000.00 – 6, 000,000.00
☐ Over 6, 000,000.00

Additional Information

Recommended Plan

Start Up Date

Period of Investment: Tick

- ☐ 2 Years
☐ 3 years
☐ Others (Please Specify)

Payment Options: Tick

- ☐ Cheque
☐ Bank Draft
☐ Bank Transfer
☐ Bank Deposit
☐ Standing Order Instruction

STANDING ORDER INSTRUCTION SUBSCRIBERS' ONLY

I hereby authorize
..... Bank Plc to debit my account No monthly, with a sum of
N..... and credit STL Trustees Skye Bank account No. **1770533533**
from...../...../201.... until and unless I give contrary instructions in this regard.

Signature

Date.....