



WALLSTREET FINANCIAL ADVISORY SERVICES LIMITED
INVESTMENT ACCOUNT OPENING FORM

DATE:	d	d	m	m	y	y	Y	y																
Personal details																								
Individual applicant	Title																							
	Surname																							
	First name & Middle initial																							
Joint applicant	Title																							
	Surname																							
	First name & Middle initial																							
Child applicant	Title																							
	Surname																							
	First name & Middle initial																							
Date of Birth	d	d	M	M	y	y	y	y	Sex	F	M													
Marital Status (please tick as appropriate)	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Widowed			<input type="checkbox"/> Divorced														
Next of Kin/Beneficiary	Name																							
	Address																							
	Telephone numbers																							
	Relationship																							
Mother's maiden name																								
Name of corporate applicant																								
RC Number																								
Mailing Address																								
Daytime telephone number(s)	Home/Work																							
	Mobile																							
Email Address																								
INVESTMENT DURATION																								
ROI (indicate preference) Upfront or Otherwise																								
INVESTMENT DETAILS																								
I wish to invest the sum of:																								
Amount in words																								

DECLARATION BY APPLICANT (S)
I declare that:

- I am 18 years old or over
- I have attached a bank draft or cheque made payable to Wallstreet Financial Advisory Services Limited, with my name, address and daytime telephone number written a the back OR that I have forwarded evidence of payment OR that I have forwarded evidence of remittance of foreign currency in accordance with the bank details provided overleaf

