16 Keffi Street, Off Awolowo Road, S.W. Ikoyi, Lagos, Nigeria.
Tel: 08054000299
Email: contacttrustees@firsttrustees.com

First Trustees

ACCOUNT OPENING FORM - INDIVIDUAL

CONFIDENTIAL

INDIVIDUAL ACCOUNT DETAILS (PLEASE COMPLETE THIS SECTION)

AFFIX APPLICANTS PASSPORT PHOTGRAPH HERE

NAME OF TRUST

TITLE ☐ GENDER ☐ MALE ☐ FEMALE

SETTLOR'S FIRST NAME OTHER NAMES

SETTLOR'S SURNAME

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED DATE OF BIRTH D D M M Y Y Y Y

MOTHER'S MAIDEN NAME NATIONALITY

STATE OF ORIGIN LGA OF STATE OF ORIGIN

RELIGION

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN LOCAL GOVT. AREA STATE, COUNTRY

MAILING ADDRESS
(OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)

HOUSE NUMBER STREET NAME

CITY/TOWN STATE, COUNTRY

MOBILE PHONE NUMBER 1 2 3 4 COUNTRY CODE NUMBER MOBILE PHONE NUMBER 2 COUNTRY CODE NUMBER

E-MAIL

DO YOU HAVE DUAL CITIZENSHIP? ☐ YES ☐ NO IF YES, PLEASE STATE SECOND NATIONALITY

DO YOU HAVE IMMIGRANT STATUS IN OR ARE YOU A RESIDENT OF ANOTHER COUNTRY I.E. ARE YOU A PERMANENT RESIDENT, GREEN CARD HOLDER OR RESIDENT ALIEN?

☐ YES ☐ NO IF YES, PLEASE STATE THE COUNTRY

RESIDENCY STATUS ☐ TEMPORARY ☐ PERMANENT RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y

ID TYPE ☐ INTERNATIONAL PASSPORT ☐ DRIVERS LICENCE ☐ NATIONAL ID CARD ☐ PERMANENT VOTERS CARD ☐ OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER PLACE OF ISSUE

D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y

ID ISSUE DATE

ONLINE ACCESS TO ACCOUNT ☐ YES ☐ NO

PREFERRED MEANS OF COMMUNICATION ☐ POST ☐ E-MAIL ☐ IN PERSON ☐ HOLD MAILS

EMPLOYMENT DETAILS

EMPLOYMENT STATUS ☐ PAID EMPLOYMENT ☐ SELF EMPLOYED ☐ RETIRED ☐ UNEMPLOYED

DATE OF EMPLOYMENT D D M M Y Y Y Y

OCCUPATION/LINE OF BUSINESS

BUSINESS/EMPLOYER NAME

INDUSTRY

EMPLOYER'S ADDRESS

STREET NAME

CITY/TOWN LOCAL GOVT. AREA STATE, COUNTRY

OFFICE PHONE NUMBER COUNTRY CODE NUMBER

FAX NUMBER COUNTRY CODE NUMBER

SOURCE OF FUND

☐ SALARY ☐ BUSINESS INCOME ☐ GRATUITY ☐ SALES OF PROPERTIES OTHERS (PLEASE SPECIFY)

APART FROM YOUR OCCUPATION, PLEASE SPECIFY OTHER SOURCES OF INCOME YOU EARN

BANK DETAILS

ANNUAL INCOME / TURNOVER

1

BANK'S NAME

BRANCH

ACCOUNT NAME

BRANCH Account Number

BANK VERIFICATION NUMBER (BVN) TAX IDENTIFICATION NO.

I / WE WISH TO OPEN AN ACCOUNT WITH YOU AND AFFIRM THAT THE ABOVE INFORMATION GIVEN BY ME/US IS CORRECT

SIGNATURE/THUMBPRINT OF SETTLOR 1

DATE M M Y Y Y Y

DATE M M Y Y Y Y

DESIGNATED REPRESENTATIVE

The Settlor has appointed.....whose address is.....

.....

(Phone No. ..... Email: .....as .....(designated representative / protector / guardian - please specify). Where the Designated Representative/Protector/Guardian dies before the Settlor, the Settlor shall appoint another Representative/Protector/Guardian as a replacement of the deceased and the Settlor shall duly inform the Trustee in writing of the new Representative/Protector/Guardian.

OBJECT OF THE TRUST

MANDATE

To: First Trustees
Dear Sir/Ma,

Date D D M M Y Y Y Y

I/We wish to open an account in my/our name(s)
I/We ask and authorise First Trustees (until a written and signed instruction to the contrary is given) to honour all orders drawn on the said investment provided the orders are signed by me/us and debit such orders to the said investment with you.

I/We agree to the following terms and conditions:

1. To assume full responsibility for the genuineness, validity, and correctness of all endorsements appearing on all cheques or orders deposited for investment.
2. That any notice or letter addressed to me/us and sent through the post to the address supplied by me/us shall be considered duly delivered and received by me/us at the time delivered either by hand delivery, post or email.
3. To hold First Trustees free from any loss or depreciation of fund deposited with First Trustees due to any Government order, levy, law, tax, exchange restriction or any other cause beyond First Trustees reasonable control.
4. That First Trustees is authorised to impose penalties for any pre-liquidation of investment or any withdrawal made before maturity.
5. In the absence of a clear notice of disposal instruction, the principal amount and interest at maturity will be automatically rolled over at the terms and conditions prevailing on the date of rollover.
6. I/We are fully aware that any instruction(s) made concerning fund transfer on this account must be duly signed by me/us. I/We am/are also aware the use of electronic mails (either on letterhead or otherwise), photocopied letters, untested telexes or other means of communication that are unsecured to convey instructions for fund transfers not backed by duly signed original letter by me/us that will lead to either credit or debit my/our account is subject to additional risks and fraud exposure.
7. If First Trustees agrees to accept and acts upon such instructions, communication and documents by electronic mails (either on letterhead or otherwise), photocopied letters, untested telexes or other means of communication issued according to my/our mandate unaccompanied by original of my/our duly signed letter, I/We hereby indemnify First Trustees and hold it harmless from and against all cost, (including but not limited to) expenses, legal fees, claims, losses damages or documents.
8. In addition, if these instructions made by electronic mails (either on letterhead or otherwise), photocopied letters, untested telexes or other means of communication is not received, or is mutilated, interrupted, duplicated, incomplete, illegible, unauthorised or delayed by any means, I/we hereby release First Trustees from any loss, liability or damage.
9. First Trustees shall have absolute discretion for any reason whatsoever to either act or not to act upon any instruction received by electronic mails (either on letterhead or otherwise), photocopied letters, untested telexes or other means of communication that is not accompanied by a duly signed original letter issued by me/us and to request verification of such instructions.
10. In the case of joint investments, any order made must be duly signed by all number of persons authorised by the investors before instruction will be carried out.

TRUST MANDATE:

11. In the event of my demise, beneficiary(ies) or any other person(s) or institution(s) designated herein shall receive, in the proportions I have indicated, my total accumulated investment or any balance standing to the credit of my investment account.

a. For this purpose, persons or institutions stated herein shall supersede any other instruction or directive in my will and payment shall be made to the nominee(s) with no regard for probate or letter of administration.

12. That the above mandate/resolution shall remain valid and in force until rescinded by notice in writing under my/our hand.

S/N	NAME OF BENEFICIARY	ADDRESS	PHONE	RELATIONSHIP	RATIO (%)

DATED THIS _____ DAY OF _____ 20 _____

NAME IN FULL

SIGNATURE/THUMBPRINT OF SETTLOR 1

DATE D D M M Y Y Y Y

DATE D D M M Y Y Y Y

FOR INTERNAL USE ONLY

ACCOUNT OPENED DATE D D M M Y Y Y Y

SIGNATURE

DATE D D M M Y Y Y Y

AUTHENTICATION FOR POLITICALLY EXPOSED PERSON AND FINANCIALLY EXPOSED PERSON

IS THE APPLICANT A POLITICALLY EXPOSED PERSON? ☐ YES ☐ NO

IS THE APPLICANT A FINANCIALLY EXPOSED PERSON? ☐ YES ☐ NO

RISK ASSESSMENT PROFILE

☐ HIGH RISK - CATEGORY A ☐ MEDIUM RISK - CATEGORY B ☐ LOW RISK - CATEGORY C

CUSTOMER KYC CATEGORY

☐ INDIVIDUAL ☐ JOINT ☐ ESTATE ACCOUNT ☐ OTHERS

REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
a.	The Sighted, Notarised or Certified copy of the means of identity and proof of residential address of all signatories to the account			
b.	The Sighted, Notarised or Certified copy of the means of identity and proof of residential address of the settlor(s) (individual or joint), controllers and any other persons who are the providers of funds			
c.	The Sighted, Notarised or Certified copy of the means of identity and proof of residential address of the representatives of the settlor, if any			
d.	The Sighted, Notarised or Certified copy of the means of identity and proof of residential address of the beneficiaries			
e.	For a beneficiary who is a minor, a Sighted, Notarised or Certified copy of his or her birth Certificate or age declaration would be required			
f.	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian signatory			
g.	Duly completed and signed account update form			
h.	Two (2) clear passport-size photographs for each signatory and beneficiary, with names written on the reverse side			
i.	Two (2) clear passport-size photographs of the designated representatives (if any), with names written on the reverse side			

VERIFIED BY RELATIONSHIP MANAGER	
SIGNATURE	
DATE	
CHECKED BY COMPLIANCE	
SIGNATURE	
DATE	

APPROVED BY OPERATIONS	
SIGNATURE	
DATE	