16 Keffi Street, Off Awolowo Road, S.W. Ikoyi, Lagos, Nigeria. Tel: 08054000299

Email: contacttrustees@firsttrustees.com



ACCOUNT UPDATE FORM - INDIVIDUAL

CONFIDENTIAL

INDIVIDUAL ACCOUNT	DETAILS (PLEASE COMPLETE THIS SECTION)			
NAME OF TRUST	AFFIX			
TITLE	GENDER MALE FEMALE APPLICANTS PASSPORT			
SETTLOR'S FIRST NAME	OTHER NAMES PHOTGRAPH HERE			
SETTLOR'S SURNAME				
MARITAL STATUS	SINGLE MARRIED DIVORCED WIDOWED DATE OF BIRTH			
MOTHER'S MAIDEN NAME	NATIONALITY			
STATE OF ORIGIN	LGA OF STATE OF ORIGIN			
RELIGION				
RESIDENTIAL ADDRESS	HOUSE NUMBER STREET NAME			
	HOUSE NUMBER STREET NAME			
	CITY/TOWN LOCAL GOVT. AREA STATE, COUNTRY			
MAILING ADDRESS (OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)	HOUSE NUMBER STREET NAME			
DIFFERENT FROM ABOVE)				
	CITY/TOWN STATE, COUNTRY			
MOBILE PHONE NUMBER 1	MOBILE PHONE NUMBER 2 COUNTRY CODE NUMBER COUNTRY CODE NUMBER			
E-MAIL				
DO YOU HAVE DUAL CITIZENSHIP?	YES NO IF YES, PLEASE STATE SECOND NATIONALITY			
DO YOU HAVE IMMIGRANT ST	TATUS 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	M M Y Y Y Y PERMIT EXPIRY DATE 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			
	ID EXPIRY DATE			
ID ISSUE DATE				
ONLINE ACCESS TO ACCOUNT	IT YES NO			
PREFERRED MEANS OF COMMUNICATION	POST E-MAIL IN PERSON HOLD MAILS			

EMPLOYMENT STATUS	PAID EMPLOYMENT SELF EMPLOYED RETIRED UNEMPLOYED
DATE OF EMPLOYMENT	
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 BUSINES	SS INCOME GRATUITY SALES OF PROPERTIES OTHERS (PLEASE SPECIFY)
APART FROM YOUR OCCUPA SOURCES OF INCOME YOU	ATION, PLEASE SPECIFY OTHER EARN
BANK DETAILS	
ANNUAL INCOME /TURNO	
ANNUAL INCOME / TURNOV	ER
1	ER
_	FER
1	
1 BANK'S NAME	
BANK'S NAME BRANCH	Account Number
BANK'S NAME BRANCH ACCOUNT NAME	

DESIGNATED REPRESENTATIVE		
The Settlor has appointed	whose address is	
(Phone No	entative/Protector/Guardian dies before the	e Settlor, the Settlor shall

OBJECT OF THE TRUST

MANDATE

To: First Trustees Dear Sir/Ma.

	D	D	М	М	Υ	Υ	Υ	Υ
Date								

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 eceive, 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 hearin 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 TH	IIS DAY OF	20	_			
NAME IN	FULL					
SIGNATU	RE/THUMBPRINT OF SETTLOR 1					
DATE E	D M M Y Y Y Y		D D	M M Y Y Y Y		
DATE			DATE D D			

FOR INTERNAL U	EONLY					
ACCOUNT OPENED D						
DATE D D M	SIGNATURE					
AUTHENTICATIO	FOR POLITICALLY EXPOSED PERSON AND FINANCIALLY EXPOSED PERSON					
S THE APPLICANT A F	DLITICALLY EXPOSED PERSON? YES NO					
S THE APPLICANT A F	NANCIALLY EXPOSED PERSON? YES NO					
RISK ASSESSMEN	PROFILE					
HIGH RISK - CA	EGORY A MEDIUM RISK - CATEGORY B LOW RISK - CATEGORY C					
CUSTOMER KYC (ATEGORY					
INDIVIDUAL	JOINT ESTATE ACCOUNT OTHERS					
REQUIREMENT CH	ECKLIST					
S/N DOCUMENTS	REQUIRED CHECKED DEFERRED WAIVED					
a. The Sighted, I to the accour	otarised or Certified copy of the means of identity and proof of residential address of all signatories					
n i	otarised or Certified copy of the means of identity and proof of residential address of the settlor(s) pint), 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, beneficiaries	The Sighted, Notarised or Certified copy of the means of identity and proof of residential address of the beneficiaries					
e	ry who is a minor, a Sighted, Notarised or Certified copy of his or her birth Certificate or age uld be required					
f. The Sighted,	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian signatory					
g. Duly complet	d and signed account update form					
h. Two (2) clear side	assport-size photographs for each signatory and beneficiary, with names written on the reverse					
i. Two (2) clear reverse side	assport-size photographs of the designated representatives (if any), with names written on the					
VERIFIED BY RELATIONSHIP MANAGER	APPROVED BY OPERATIONS					
SIGNATURE	SIGNATURE					
DATE	DATE					
CHECKED BY COMPLIANCE						
SIGNATURE						
DATE						