

## ACCOUNT OPENING FORM - ENTITIES (INCORPORATED AND NON-INCORPORATED)

CONFIDENTIAL

### CORPORATE ACCOUNT DETAILS (PLEASE COMPLETE THIS SECTION)

COMPANY/BUSINESS NAME													AFFIX APPLICANTS PASSPORT PHOTOGRAPH HERE	
DATE OF INCORPORATION	D	D	M	M	Y	Y	Y	Y						
CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER														
JURISDICTION OF INCORPORATION							SECTOR/INDUSTRY							
NATURE OF BUSINESS														
CORPORATE/OPERATING BUSINESS ADDRESS REGISTERED OFFICE)														
	STREET NAME						STATE, COUNTRY							
	CITY/TOWN													
	CITY/TOWN													
	STATE, COUNTRY													
CONTACT NUMBER 1					CONTACT NUMBER 2									
	COUNTRY CODE NUMBER				COUNTRY CODE NUMBER									
LAND NUMBER					FAX NUMBER									
	COUNTRY CODE NUMBER				COUNTRY CODE NUMBER									
AVERAGE ANNUAL TURNOVER	<input type="checkbox"/> LESS THAN 50M <input type="checkbox"/> 50M - LESS THAN 500M <input type="checkbox"/> 500M - LESS THAN 5B <input type="checkbox"/> ABOVE 5B													
E-MAIL														
WEBSITE (IF ANY)														
TAX IDENTIFICATION NUMBER (TIN)							SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO							
PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/> POST <input type="checkbox"/> E-MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> HOLD MAILS													

### ACCOUNT DETAILS

	<input type="checkbox"/> SIGNATORY <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TRUSTEES <input type="checkbox"/> PROMOTER <input type="checkbox"/> EXECUTOR <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> PRINCIPAL OFFICER																
TITLE							SURNAME										
OTHER NAME							FIRST NAME										
MOTHER'S MAIDEN NAME																	
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F							
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED																
NATIONALITY							PLACE OF BIRTH										
STATE OF ORIGIN							LGA OF STATE OF ORIGIN										
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY                 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
OTHER COUNTRY OF TAX RESIDENCE																	
ID TYPE	<input type="checkbox"/> NATIONAL ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> PERMANENT VOTERS' CARD <input type="checkbox"/> OTHERS																
	IF OTHERS PLEASE SPECIFY																
ID NUMBER																	
ID ISSUE DATE	D	D	M	M	Y	Y	Y	Y	ID EXPIRY DATE	D	D	M	M	Y	Y	Y	Y
BANK VERIFICATION NO.							TAX IDENTIFICATION NO.										
OCCUPATION							STATUS/JOB TITLE										
POSITION/OFFICE OF THE OFFICER																	

RESIDENTIAL ADDRESS

HOUSE NUMBER										STREET NAME										CITY/TOWN									
LOCAL GOVT. AREA										STATE, COUNTRY																			

MOBILE NUMBER (1)

COUNTRY CODE			NUMBER										MOBILE NUMBER (2)			COUNTRY CODE			NUMBER									
--------------	--	--	--------	--	--	--	--	--	--	--	--	--	-------------------	--	--	--------------	--	--	--------	--	--	--	--	--	--	--	--	--

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDE)

A  B  C

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATORY  DIRECTOR  TRUSTEES  PROMOTER  EXECUTOR  ADMINISTRATOR  PRINCIPAL OFFICER

TITLE

SURNAME

OTHER NAME

FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

GENDER  M  F

MARITAL STATUS

SINGLE  MARRIED  DIVORCED  WIDOWED

NATIONALITY

PLACE OF BIRTH

STATE OF ORIGIN

LGA OF STATE OF ORIGIN

DO YOU HAVE DUAL CITIZENSHIP?

YES  NO IF YES, PLEASE STATE SECOND NATIONALITY

RESIDENCY STATUS

PERMANENT  TEMPORARY

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
---	---	---	---	---	---	---	---

OTHER COUNTRY OF TAX RESIDENCE

ID TYPE

NATIONAL ID  DRIVER'S LICENSE  INTERNATIONAL PASSPORT  PERMANENT VOTERS' CARD  OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID EXPIRY DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

BANK VERIFICATION NO.

TAX IDENTIFICATION NO.

OCCUPATION

STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER										STREET NAME										CITY/TOWN									
STATE, COUNTRY																													
COUNTRY CODE					NUMBER					COUNTRY CODE					NUMBER														

MOBILE NUMBER (1)

COUNTRY CODE			NUMBER										MOBILE NUMBER (2)			COUNTRY CODE			NUMBER									
--------------	--	--	--------	--	--	--	--	--	--	--	--	--	-------------------	--	--	--------------	--	--	--------	--	--	--	--	--	--	--	--	--

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDE)

A  B  C

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SIGNATORY  DIRECTOR  TRUSTEES  PROMOTER  EXECUTOR  ADMINISTRATOR  PRINCIPAL OFFICER

TITLE

SURNAME

OTHER NAME

FIRST NAME

MOTHER'S MAIDEN

NAME

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

GENDER  M  F

DATE OF BIRTH MARITAL

SINGLE  MARRIED  DIVORCED  WIDOWED

STATUS NATIONALITY

PLACE OF BIRTH



## ADDITIONAL DETAILS

NAME AFFILIATED COMPANY/BODY

1

2

3

PARENT COMPANY'S COUNTRY OF INCORPORATION

BUSINESS ADDRESS OF PARENT/AFFILIATE COMPANY

HOW DID YOU HEAR ABOUT US?  NEWSPAPER ADVERT  INTERNET  FRIEND  RADIO CAMPAIGN  TV  OTHER(S) \_\_\_\_\_

## DESIGNATED REPRESENTATIVE

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

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

## 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 roll-over.
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.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

Name in full

SIGNATURE/THUMBPRINT OF SIGNATORY 1	SIGNATURE/THUMBPRINT OF SIGNATORY 2

DATE 

D	D	M	M	Y	Y	Y	Y

DATE 

D	D	M	M	Y	Y	Y	Y

**FOR INTERNAL USE**

ACCOUNT OPENED DATE 

D	D	M	M	Y	Y	Y	Y

--	--	--	--	--	--	--	--

DATE 

D	D	M	M	Y	Y	Y	Y

 SIGNATURE

**AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS AND FINANCIALLY EXPOSED PERSONS**

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS POLITICALLY EXPOSED?  YES  NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS FINANCIALLY EXPOSED?  YES  NO

**RISK ASSESSMENT PROFILE**

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

**CUSTOMER KYC CATEGORY**

CORPORATE CLIENTS - LOCAL FI/FOREIGN FI/LOCAL NON FI/FOREIGN NON FI  ENDOWMENT FUNDS  FOUNDATIONS  OTHERS

**REQUIREMENT CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED
a.	The Certified True Copy (CTC), Notarised, Certified or Sighted copy of the Certificate of Incorporation (document evidencing that the Institution has been duly registered). For a company or corporation created by an Act of the National Assembly or a State law, the relevant Act or law shall be obtained (either directly from the client or indirectly from other sources)			
b.	The Sighted, Notarised or Certified copy of the regulatory or supervisory licence to operate, if any			
c.	The CTC, Notarised, Certified or Sighted copy of the Memorandum & Articles of Association (MEMART)			
d.	The CTC, Notarised, Certified or Sighted copy of the Particulars of Shareholders (e.g. CAC 2 and CAC 2A)			
e.	The CTC, Notarised, Certified or Sighted copy of the Particulars of Directors (e.g. CAC 7 and CAC 7A)			
f.	The Sighted, Notarised or Certified copy of the proof of registered address of the company			
g.	The Sighted, Notarised or Certified copy of the means of identity and proof of address of at least two (2) Directors			
h.	The mandate letter authorising the relationship. A resolution of the Board of Directors authorising the relationship would also suffice as a substitute to the mandate letter			
i.	Tax Identification Number (TIN)			
j.	KYC/AML questionnaire duly completed on First Trustees. letterhead (for Financial Institutions)			

VERIFIED BY RELATIONSHIP MANAGER	
SIGNATURE	
DATE	
CHECKED BY COMPLIANCE	
SIGNATURE	
DATE	

APPROVED BY OPERATIONS	
SIGNATURE	
DATE	