



**APPLICANT 1**

**APPLICANT 2**

RESIDENCY STATUS  PERMANENT  TEMPORARY

PERMANENT  TEMPORARY

RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE 

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

PERMIT EXPIRY DATE 

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

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

INTERNATIONAL PASSPORT  DRIVERS LICENCE  NATIONAL ID CARD  
 PERMANENT VOTERS CARD OTHERS

ID NUMBER

PLACE OF ISSUE

ID ISSUE DATE 

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

ID EXPIRY DATE 

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

E-MAIL

EMPLOYMENT STATUS  PAID EMPLOYMENT  SELF EMPLOYED  RETIRED  UNEMPLOYED

PAID EMPLOYMENT  SELF EMPLOYED  RETIRED  UNEMPLOYED

DATE OF EMPLOYMENT 

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

OCCUPATION/LINE OF BUSINESS

BUSINESS/EMPLOYER NAME

EMPLOYER'S ADDRESS STREET NAME

CITY/TOWN

LOCAL GOVT.AREA STATE, COUNTRY

OFFICE PHONE NUMBER COUNTRY CODE NUMBER

FAX NUMBER COUNTRY CODE NUMBER

ONLINE ACCESS TO ACCOUNT  YES  NO

YES  NO

PRERERRED MEAN OF COMMUNICATION  POST  E-MAIL  IN PERSON  HOLD MAILS

POST  E-MAIL  IN PERSON  HOLD MAILS

**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 STREET

ACCOUNT NAME		
BRANCH		Account Number
BANK VERIFICATION NUMBER (BVN)		TAX IDENTIFICATION NO.

**2**

BANK'S NAME		
BRANCH		
ACCOUNT NAME		
BRANCH		Account Number
BANK VERIFICATION NUMBER (BVN)		TAX IDENTIFICATION NO.

**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.

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

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

NAME IN FULL

**SIGNATURE/THUMBPRINT OF SETTLOR 1**

**SIGNATURE/THUMBPRINT OF SETTLOR 1**

# MANDATE

To: First Trustees

Dear Sir/Ma,

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.

Date

		M	M	Y	Y	Y	Y

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.
11. I/We agree that First Trustees may apply part of the investment to cover legal or related costs reasonably incurred in defending, protecting, or enforcing this nomination, which may reduce the amount payable to the beneficiary

## TRUST MANDATE:

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 That the above mandate/resolution shall remain valid and in force until rescinded by notice in writing under my/our hand.

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 ONLY**

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 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	