

INVESTMENT UPDATE FORM (JOINT)

PERSONAL INFORMATION

	APPLICANT 1		APPLICANT 2
TITLE	<input type="text"/>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
FIRST NAME	<input type="text"/>	AFFIX APPLICANT PASSPORT PHOTOGRAPH HERE	<input type="text"/>
OTHER NAME	<input type="text"/>		<input type="text"/>
SURNAME	<input type="text"/>		<input type="text"/>
RESIDENTIAL ADDRESS	<input type="text"/>		<input type="text"/>
	HOUSE NUMBER <input type="text"/>	STREET NAME <input type="text"/>	HOUSE NUMBER <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY/TOWN <input type="text"/>	LOCAL GOVT. AREA <input type="text"/>	CITY/TOWN <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STATE, COUNTRY <input type="text"/>		STATE, COUNTRY <input type="text"/>
MAILING ADDRESS OUTSIDE NIGERIA	<input type="text"/>		<input type="text"/>
	HOUSE NUMBER <input type="text"/>	STREET NAME <input type="text"/>	HOUSE NUMBER <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY/TOWN <input type="text"/>	LOCAL GOVT. AREA <input type="text"/>	CITY/TOWN <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STATE, COUNTRY <input type="text"/>		STATE, COUNTRY <input type="text"/>
DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PLACE AND COUNTRY OF BIRTH	<input type="text"/>		<input type="text"/>
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
RELIGION	<input type="text"/>		<input type="text"/>
MOTHER'S MAIDEN NAME	<input type="text"/>		<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		<input type="text"/>
MOBILE PHONE NUMBER 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	COUNTRY CODE <input type="text"/> NUMBER <input type="text"/>		COUNTRY CODE <input type="text"/> NUMBER <input type="text"/>
NATIONALITY	<input type="text"/>		<input type="text"/>
STATE OF ORIGIN	<input type="text"/>		<input type="text"/>
LGA OF STATE OF ORIGIN	<input type="text"/>		<input type="text"/>
DO YOU HAVE DUAL CITIZENSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE SECOND NATIONALITY <input type="text"/>
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE COUNTRY <input type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE COUNTRY <input type="text"/>
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY
RESIDENT PERMIT NO. (IF APPLICABLE)	<input type="text"/>		<input type="text"/>
PERMIT ISSUE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PERMIT EXPIRY DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>		<input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> NATIONAL ID CARD <input type="checkbox"/> PERMANENT VOTER'S CARD <input type="checkbox"/> OTHERS IF OTHERS PLEASE SPECIFY <input type="text"/>
ID NUMBER	<input type="text"/>		<input type="text"/>
ID ISSUE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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PLACE OF ISSUE

ONLINE ACCESS TO ACCOUNT YES NO YES NO

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

EMPLOYMENT DETAILS

EMPLOYMENT STATUS SALARIED EMPLOYMENT SELF-EMPLOYED SALARIED EMPLOYMENT SELF-EMPLOYED
 RETIRED UNEMPLOYED RETIRED UNEMPLOYED

DATE OF EMPLOYMENT

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

OCCUPATION

BUSINESS/EMPLOYER'S NAME

INDUSTRY

EMPLOYER'S ADDRESS

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

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

ANNUAL SALARY/ EXPECTED ANNUAL INCOME LESS THAN N50,000 LESS THAN N50,000
 N51,000-N250,000 N51,000-N250,000
 N251,000 - N500,000 N251,000 - N500,000
 N501,000 - LESS THAN N1 MILLION N501,000 - LESS THAN N1 MILLION
 N1 MILLION - LESS THAN N5 MILLION N1 MILLION - LESS THAN N5 MILLION
 N10 MILLION - LESS THAN N20 MILLION N10 MILLION - LESS THAN N20 MILLION
 N5 MILLION - LESS THAN N10 MILLION N5 MILLION - LESS THAN N10 MILLION
 ABOVE N20 MILLION ABOVE N20 MILLION

OFFICE PHONE NUMBER

COUNTRY CODE			NUMBER																

COUNTRY CODE			NUMBER																

FAX NUMBER

COUNTRY CODE			NUMBER																

COUNTRY CODE			NUMBER																

NEXT OF KIN

TITLE GENDER MALE FEMALE GENDER MALE FEMALE

FIRST NAME

OTHER NAME

SURNAME

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

RELATIONSHIP

MOBILE PHONE NUMBER

COUNTRY CODE			NUMBER																

COUNTRY CODE			NUMBER																

EMAIL ADDRESS

CONTACT ADDRESS

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

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

ADDITIONAL DETAILS

NAME OF BENEFICIAL OWNER(S) (IF ANY)	<input type="text"/>	<input type="text"/>
SPOUSE'S NAME (IF APPLICABLE)	<input type="text"/>	<input type="text"/>
SPOUSE OCCUPATION	<input type="text"/>	<input type="text"/>
SPOUSE DATE OF BIRTH	<input type="text"/>	<input type="text"/>
SOURCES OF FUND TO THE ACCOUNT	1 <input type="text"/>	1 <input type="text"/>
	2 <input type="text"/>	2 <input type="text"/>
EXPECTED ANNUAL INCOME FROM OTHER SOURCES	1 <input type="text"/>	1 <input type="text"/>
	2 <input type="text"/>	2 <input type="text"/>
	3 <input type="text"/>	3 <input type="text"/>
NAME OF ASSOCIATED BUSINESS(ES) (IF ANY)	<input type="text"/>	<input type="text"/>
TYPE OF BUSINESS	<input type="text"/>	<input type="text"/>
BUSINESS ADDRESS	<input type="text"/>	<input type="text"/>

INVESTMENT ON BEHALF OF MINOR (PERSONS UNDER 18)

TITLE	<input type="text"/>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																																																																
FIRST NAME	<input type="text"/>		<input type="text"/>																																																																	
OTHER NAME	<input type="text"/>		<input type="text"/>																																																																	
SURNAME	<input type="text"/>		<input type="text"/>																																																																	
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D	D	M	M	Y	Y	Y	Y																																																													
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D	D	M	M	Y	Y	Y	Y																																																													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																													
RELATIONSHIP TO APPLICANT	<input type="text"/>		<input type="text"/>																																																																	

INVESTMENT RETURNS

TYPE OF PRODUCT

LIQUIDITY MGT NOTES TREASURY BILLS

OTHERS

INITIAL INVESTMENT TENOR

30 DAYS 60 DAYS 90 DAYS 180 DAYS

365 DAYS * INVESTMENT WILL BE AUTOMATICALLY ROLLED OVER EXCEPT OTHERWISE ADVISED

MODE OF PAYMENT

CHEQUE ELECTRONIC TRANSFER

CASH IS NOT AN ACCEPTABLE MEANS OF PAYMENT

TAX IDENTIFICATION NUMBER (TIN)

We hereby instruct FBNQuest Capital Limited to make direct transfer(s) into my account details as shown below

BANK DETAILS 1

ACCOUNT NAME

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

SORT CODE

BANK VERIFICATION NUMBER (BVN)

BANK DETAILS 2

ACCOUNT NAME

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

SORT CODE

BANK VERIFICATION NUMBER (BVN)

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

TERMS AND CONDITIONS

FBNQuest Capital Limited is an FBN Holdings Company.

These terms and conditions shall apply to the operation of all FBNQuest Capital Limited (FBNQC) Investment Accounts (the Accounts) and form an integral part of the Agreement with the client.

1.0 Account Update

The client has irrevocably requested and FBNQC has agreed to open an Investment Account (the Account) on behalf of the client.

An FBN Holdings Company

2.0 Genuineness of Instruments

The client agrees to assume full responsibility for the genuineness, correctness and validity of all endorsement appearing on all cheques, orders, bills, notes, negotiable instruments, share warrants, receipts and other documents deposited for investment purposes.

3.0 Safe Operation of Account

3.1 The client agrees to safely operate the account.

- 3.2 The client agrees to assume full responsibility and ensure safe custody of all print and electronic correspondence issued to/or by FBNQC regarding the account.
- 3.3 The client agrees to notify FBNQC immediately whenever he/she knows or has any reason to suspect that an unauthorised person has access to any print or electronic correspondence issued to or by FBNQC regarding the account.
- 3.4 The client agrees to indemnify FBNQC against any loss, damage or liability resulting from his/her non-compliance to the above.

4.0 Instructions

The client authorises FBNQC to honour all written instructions issued on the Account provided such orders are executed in accordance with the Account mandate.

The client agrees that FBNQC may refuse to act on any instruction if:

- a) It doubts the authenticity of the instruction or does not consider it to be sufficiently clear.
- b) It believes that doing so might cause a breach of any law, regulation, code, order or contractual obligation binding on FBNQC or the client.

5.0 Third-Party enquiries

The client agrees and authorises FBNQC without reservation to make third-party enquiries about his/her person and business now or at any time in the future prior to considering any request of the client for investment services or credit facilities. The client agrees and authorises FBNQC without reservation to make third-party enquiries about him/her person and business now or at any time in future in order to satisfy all required Know your Customer ("KYC") obligations statutorily imposed from time to time on Financial Institutions in the Federal Republic of Nigeria.

6.0 Variation

- 6.1 The client agrees that FBNQC in its sole discretion may at any time suspend or vary the terms and conditions of the operation of the Account. FBNQC will however promptly notify the client of any suspension of service, changes regarding the operation of the Account of applicable charges and tariffs payable by the client.

7.0 Law

These terms and conditions agreed between the client and FBNQC shall be read and interpreted in accordance with the laws of the Federal Republic of Nigeria.

8.0 Termination

It is agreed that FBNQC shall terminate the operation of the Account upon receipt of the client's written instruction. Either the client or FBNQC may terminate the operation of the Account upon receipt of 72 hours prior written notice.

9.0 Data

The client agrees that FBNQC may use the information disclosed to it by the client in connection or as a result of operating the Account (Data) for assessment and analysis and to identify products and services (including those supplied by third parties) which may be relevant to the client. We may disclose data:

- a) To credit reference agencies, any person who may assume our rights under this Agreement, a member of FBN Holdings Group; or
- b) If we have a right or duty to disclose or are compelled to do so by law.

10.0 Contact details

The client agrees that FBNQC will use the address and any other details given on the Account update documentation to contact the client. The client agrees to immediately inform FBNQC of any changes or additions to those details. All notices and correspondence required to be provided by FBNQC to the client will be forwarded to that address until FBNQC receives a written notification of the clients change of address.

11.0 Fees and Charges

The client agrees that FBNQC shall set-off against the account any pre-advised charge(s), tariff(s), deductions or costs associated with the operation of the account by the client.

12.0 Operation of Account

- 12.1 The client agrees that the operation of the account is subject to compliance by FBNQC with all laws, regulations, administrative rules and orders which may from time to time be authorised by the Federal Government of Nigeria and/or any other regulatory authorities in Nigeria.

- 12.2 In consideration of FBNQC allowing the client to operate the account from time to time, the client hereby undertakes to hold FBNQC harmless and keep FBNQC indemnified from all losses, costs, or damages FBNQC may sustain or be put to.
- 12.3 The client agrees that FBNQC is under no obligation to honour any withdrawal order on the account unless there are sufficient funds in the account to cover the value of the said withdrawal thereby rendering such instruction or order invalid and of no effect.
- 12.4 The client agrees that FBNQC will accept no liability whatsoever for funds handed to members of its staff outside office hours or outside the FBNQC office premises, except those officers have been pre-authorised by FBNQC. FBNQC shall from time to time communicate in writing to the client the names of officers authorised to receive funds on its behalf.
- 12.5 The client agrees that in the absence of clear disposal instruction, the invested principal amount and interest/income at maturity will be liquidated and FBNQC may at its discretion hold the funds in a non-interest bearing account pending further instructions from the client.
- 12.6 The client agrees that FBNQC shall not be liable for any loss or damages sustained by him/her by reason of the operation of the investment provided such loss or damages was not caused or facilitated by FBNQC or any of its staff action on its instruction.

13.0 Indemnity for Third-Party Instruments

The client agrees that in consideration of FBNQC issuing or accepting third-party Bank cheques, Bank drafts and/or other negotiable instruments from time to time, the client hereby irrevocably undertakes to fully indemnify FBNQC against all losses, expenses, costs, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third-party cheques, draft and/or negotiable instrument.

14.0 Right of Set-off

The client agrees that in addition to any general lien or similar right to which FBNQC may be entitled by law, FBNQC may at any time and without prior notice to the client combine or consolidate all or any of the client's accounts without liabilities to FBNQC or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

15.0 Investment Risk Warning

- 15.1 The client agrees that FBNQC shall have no responsibility or any liability to the client for any diminution of the client's investment due to any future governmental order, levy, law, tax, embargo, moratorium or imposts or depreciation in value of funds due to inflation or the unavailability of funds due to exchange restrictions on convertibility, requisitions, involuntary transfers, seizure of any character, exercise of military or usurped powers, or other similar causes beyond the control of FBNQC and that any or all funds standing to the credit of the account will be payable only in such local currencies as may then be as in circulation in the Federal Republic of Nigeria.
- 15.2 The Client by entering into this agreement hereby understands the risks inherent in investments of this nature and that the value of investments may fall as well as rise and the past performance of investments is not a guide to future performance.

16.0 Acceptable funds transfer Instructions

The client agrees that all instructions on the account shall be duly signed according to the account mandate. The client hereby acknowledges that the use of facsimile, untested telexes, photocopied letters, electronic mails (on the letter head or otherwise) or other unsecured means of communication to convey instructions for funds transfers of any other such instructions not backed by a duly signed original letter from the client, whatever the case may be, is associated with additional risks of fraud exposure.

The client shall execute an indemnity form in consideration of FBNQC agreeing to accept and act upon any such instructions, communication and documents by facsimile, untested telexes, electronic mails or photocopied letters issued according to the account mandate unaccompanied by an original copy of the clients duly signed letter, irrevocably undertaking to indemnify FBNQC and hold it harmless from and against all cost (including but without limitation to legal fees and expenses, claims, losses, liabilities and damages).

FBNQC shall have absolute discretion, for any reason whatsoever, to act or not to act, upon documentation received by facsimile, untested telex, electronic mail or

photocopied letter unaccompanied by a duly signed original copy of a letter issued by the client and / or to request verification of documents received by such means.

17.0 Disruption of Service(s)

The client agrees that FBNQC shall have no liability for failure to provide any agreed service(s) due to reasons beyond its reasonable control. These reasons include but are not limited to industrial action, failure of electricity supply, riots, civil commotion, political unrest or armed insurrection.

18.0. Regulatory Disclosure

The Client agrees and authorises FBNQC to disclose any or all of its information in compliance with any regulatory disclosure obligations statutorily imposed from time to time on Financial Institutions operating in the Federal Republic of Nigeria.

DECLARATION

We declare that:

- We are 18 years old or over.
- The information given is correct to the best of my knowledge and belief, and we will inform FBNQuest Capital Limited of any change in the information given in this form within 10 working days of such change.
- We certify that the funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.

We agree:

- To comply with the minimum holding period(s) of the investments failing which we accept any loss, cost and charge that may arise as a result of our redemption.
- That a Certificate/Statement in respect of this investment may be sent by email, at our risk, to the address given above.

Note:

- Check that you have completed ALL sections of the application form relevant to you.

SIGNATURE/THUMBPRINT OF INDIVIDUAL APPLICANT 1

DATE	

SIGNATURE/THUMBPRINT OF INDIVIDUAL APPLICANT 2

DATE	

FOR INTERNAL USE

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS AND FINANCIALLY EXPOSED PERSONS

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

JOINT MINOR ESTATE ACCOUNT OTHERS

REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
a.	Duly completed and signed account update form (all fields must be completed)				
b.	Duly completed and signed specimen signature card, where required				
c.	Two (2) clear passport-size photographs each, with the client's name written on the reverse side				
d.	The Sighted, Notarised or Certified copy of the means of identity (evidence of identity) of the client				
e.	The Sighted, Notarised or Certified copy of the proof of residential address (evidence of residential address) of the client				
f.	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian				
g.	The Sighted, Notarised or Certified copy of the power of attorney (where applicable)				
h.	The tax identification number of the client, if available. The Sighted, Notarised or Certified copy of the tax certificate or tax card may also be provided, if available				
i.	Letter of introduction from the relevant Diplomatic Mission/International Organisation certifying the accredited status of the potential client (where applicable)				

VERIFIED BY RELATIONSHIP MANAGER	
SIGNATURE	
DATE	
CHECKED BY COMPLIANCE	
SIGNATURE	
DATE	

APPROVED BY OPERATIONS	
SIGNATURE	
DATE	

*Please note that all information provided may be verified using independently sourced documents, data or information. They may be kept up to date and shared with other affiliates/subsidiaries of the FBN Holdings Group.