

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

CONFIDENTIAL

MANDATORY - PLEASE COMPLETE THIS SECTION

HOW DID YOU HEAR ABOUT US? RADIO NEWSPAPER BILLBOARD TV INTERNET SOCIAL MEDIA FIRSTBANK FRIEND/FAMILY OTHER _____

CORPORATE ACCOUNT DETAILS (PLEASE COMPLETE THIS SECTION)

COMPANY/BUSINESS NAME	<input type="text"/>										AFFIX APPLICANTS PASSPORT PHOTGRAPH HERE											
DATE OF INCORPORATION	<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"/>												
CERTIFICATE OF INCORPORATION/ REGISTRATION NUMBER	<input type="text"/>																					
JURISDICTION OF INCORPORATION	<input type="text"/>																					
NATURE OF BUSINESS	<input type="text"/>					SECTOR/INDUSTRY	<input type="text"/>															
CORPORATE/OPERATING BUSINESS ADDRESS (REGISTERED OFFICE)	<input type="text"/>																					
	<input type="text"/>																					
	<input type="text"/>					LOCAL GOVT AREA	<input type="text"/>															
	<input type="text"/>																					
	<input type="text"/>																					
CONTACT 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"/>	CONTACT NUMBER 2	<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		NUMBER									COUNTRY CODE		NUMBER								
LAND NUMBER	<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"/>	FAX NUMBER	<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		NUMBER									COUNTRY CODE		NUMBER								
AVERAGE ANNUAL TURNOVER	<input type="checkbox"/>																					
E-MAIL	<input type="text"/>																					
WEBSITE (IF ANY)	<input type="text"/>																					
TAX IDENTIFICATION NUMBER (TIN)	<input type="text"/>					SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO	<input type="text"/>															
PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/>																					

ACCOUNT SIGNATORY'S DETAILS

1 TITLE	<input type="text"/>	SURNAME	<input type="text"/>												
OTHER NAME	<input type="text"/>	FIRST NAME	<input type="text"/>												
MOTHER'S MAIDEN NAME	<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"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F						
MARITAL STATUS	<input type="checkbox"/>														
NATIONALITY	<input type="text"/>					PLACE OF BIRTH	<input type="text"/>								
STATE OF ORIGIN	<input type="text"/>					LGA OF STATE OF ORIGIN	<input type="text"/>								
RESIDENCY STATUS	<input type="checkbox"/>	RESIDENT PERMIT NO. (IF APPLICABLE)	<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"/>	PERMIT EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER COUNTRY OF TAX RESIDENCE	<input type="text"/>														
ID TYPE	<input type="checkbox"/>														
IF OTHERS PLEASE SPECIFY	<input type="text"/>														
ID NUMBER	<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"/>	ID EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK VERIFICATION NO.	<input type="text"/>														
OCCUPATION	<input type="text"/>							STATUS/JOB TITLE	<input type="text"/>						

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 PROVIDED) A B C SIGNATURE DATE

2 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH 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 PERMIT EXPIRY DATE

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 ID EXPIRY DATE

BANK VERIFICATION 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 PROVIDED) A B C SIGNATURE DATE

3 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY PLACE OF BIRTH

BANK DETAILS

1

BANK'S NAME	<input type="text"/>										
BRANCH	<input type="text"/>										
ACCOUNT NAME	<input type="text"/>	ACCOUNT NUMBER	<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"/>

2

BANK'S NAME	<input type="text"/>										
BRANCH	<input type="text"/>										
ACCOUNT NAME	<input type="text"/>	ACCOUNT NUMBER	<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"/>

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

SIGNATURE/THUMBPRINT OF SIGNATORY 1

DATE

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE/THUMBPRINT OF SIGNATORY 2

DATE

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL DETAILS

NAME AFFILIATED COMPANY/BODY	1	<input type="text"/>
	2	<input type="text"/>
	3	<input type="text"/>
PARENT COMPANY'S COUNTRY OF INCORPORATION		<input type="text"/>
BUSINESS ADDRESS OF PARENT/AFFILIATE COMPANY		<input type="text"/>

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.

YOUR PRODUCT / SERVICE CHOICE

Please indicate your Product/Service choice and complete the details in the boxes below. You can sign-on to more than one of our Trust offering. Also indicate if your contributions will be either by lump sum or the regular amount.

Investment Trust Product	Product choice	Lump sum amount	Quarterly / monthly payments
Endowment Trust			
Charitable Trust			
Others			

For lump sum or initial regular monthly payments

I / We enclose a cheque of ₪

MANDATE

To: FBNQuest Trustees Limited

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 FBNQuest Trustees limited (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 FBNQuest Trustees free from any loss or depreciation of fund deposited with FBNQuest Trustees due to any Government order, levy, law, tax, exchange restriction or any other cause beyond FBNQuest Trustees' reasonable control
4. That FBNQuest 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 FBNQuest 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 FBNQuest 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 FBNQuest Trustees from any loss, liability or damage.
9. FBNQuest 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 FBNQuest Trustees may use the information disclosed 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 us. 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.
12. I/We consent to the processing of personal data in line with FBNQuest Data Privacy Policy (<https://fbnquest.com/quicklinks/policies/privacy-policy/>)

DATED THIS _____ DAY OF _____ 20 _____

Name in full

SIGNATURE/THUMBPRINT OF SIGNATORY 1	

DATE

D	D	M	M	Y	Y	Y	Y

SIGNATURE/THUMBPRINT OF SIGNATORY 2	

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 FBNQuest Trustees letterhead (for Financial Institutions)			

VERIFIED BY RELATIONSHIP MANAGER	
SIGNATURE	
DATE	
CHECKED BY COMPLIANCE	
SIGNATURE	
DATE	

APPROVED BY OPERATIONS	
SIGNATURE	
DATE	