

## ACCOUNT OPENING FORM - INDIVIDUAL

CONFIDENTIAL

**MANDATORY - PLEASE COMPLETE THIS SECTION**

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

**INDIVIDUAL ACCOUNT DETAILS (PLEASE COMPLETE THIS SECTION)**

NAME OF TRUST

TITLE  GENDER  MALE  FEMALE

SETTLOR'S FIRST NAME  OTHER NAMES

SETTLOR'S SURNAME

AFFIX  
 APPLICANTS  
 PASSPORT  
 PHOTOGRAPH  
 HERE

MARITAL STATUS  SINGLE  MARRIED  DIVORCED  WIDOWED DATE OF BIRTH 

D	D	M	M	Y	Y	Y	Y

MOTHER'S MAIDEN NAME  NATIONALITY

STATE OF ORIGIN  LGA OF STATE OF ORIGIN

RELIGION (OPTIONAL)

RESIDENTIAL ADDRESS

HOUSE NUMBER  STREET NAME

CITY/TOWN  LOCAL GOVT. AREA

STATE, COUNTRY

MAILING ADDRESS (OUTSIDE NIGERIA OR IF DIFFERENT FROM ABOVE)

HOUSE NUMBER  STREET NAME

CITY/TOWN  LOCAL GOVT. AREA

STATE, COUNTRY

MOBILE PHONE NUMBER 1  COUNTRY CODE  NUMBER  MOBILE PHONE NUMBER 2  COUNTRY CODE  NUMBER

E-MAIL

DO YOU HAVE DUAL CITIZENSHIP?  YES  NO IF YES, PLEASE STATE SECOND NATIONALITY

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?  
 YES  NO IF YES, PLEASE STATE THE COUNTRY

RESIDENCY STATUS  TEMPORARY  PERMANENT 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

ID TYPE  INTERNATIONAL PASSPORT  DRIVERS LICENCE  NATIONAL ID CARD  PERMANENT VOTERS CARD  OTHERS  
 IF OTHERS PLEASE SPECIFY

ID NUMBER  PLACE OF ISSUE

ID ISSUE DATE 

D	D	M	M	Y	Y	Y	Y

 ID EXPIRY DATE 

D	D	M	M	Y	Y	Y	Y

ONLINE ACCESS TO ACCOUNT  YES  NO

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

## EMPLOYMENT DETAILS

EMPLOYMENT STATUS  PAID EMPLOYMENT  SELF EMPLOYED  RETIRED  UNEMPLOYED

DATE OF EMPLOYMENT

D	D	M	M	Y	Y	Y	Y

OCCUPATION/LINE OF BUSINESS

BUSINESS/EMPLOYER NAME

INDUSTRY

EMPLOYER'S ADDRESS

STREET NAME


CITY/TOWN LOCAL GOVT. AREA


STATE, COUNTRY

OFFICE PHONE NUMBER

											FAX NUMBER													
											COUNTRY CODE													
											COUNTRY CODE													

COUNTRY CODE NUMBER COUNTRY CODE NUMBER

## 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


CITY STATE, COUNTRY

ACCOUNT NAME  ACCOUNT NUMBER

BANK VERIFICATION NUMBER (BVN)

**2**

BANK'S NAME

BRANCH

STREET


CITY STATE, COUNTRY

ACCOUNT NAME  ACCOUNT NUMBER

BANK VERIFICATION NUMBER (BVN)

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

SIGNATURE/THUMBPRINT OF SETTLOR

DATE

D	D	M	M	Y	Y	Y	Y

## 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
FIRST LIVING TRUST (FILIT)			
CHILDREN EDUCATION TRUST (CET)			
FAMILY INVESTMENT TRUST (FIT)			
FAMILY TRUST			
CHILDREN INVESTMENT TRUST (CIT)			
CHARITABLE TRUST			
SPECIAL NEEDS TRUST			
EDUCATION TRUST			
DISCRETIONARY TRUST			
OTHERS			

**FOR LUMP SUM OR INITIAL REGULAR MONTHLY PAYMENTS**

I / WE ENCLOSE A CHEQUE OF  ₦

## 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 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.



**MANDATE**

Date 

D	D	M	M	Y	Y	Y	Y

To: FBNQuest Trustees Limited  
Dear Sir/Ma,

I wish to open an account in my/our name(s)  
I 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 agree to the following terms and conditions:
- To assume full responsibility for the genuineness, validity, and correctness of all endorsements appearing on all cheques or orders deposited for investment.
  - That any notice or letter addressed to me and sent through the post to the address supplied by me shall be considered duly delivered and received by me at the time delivered either by hand delivery, post or email.
  - To hold FBNQuest Trustees Limited free from any loss or depreciation of fund deposited with FBNQuest Trustees Limited due to any Government order, levy, law, tax, exchange restriction or any other cause beyond FBNQuest Trustees Limited' reasonable control.
  - That FBNQuest Trustees Limited is authorised to impose penalties for any pre-liquidation of investment or any withdrawal made before maturity.
  - 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.
  - I am fully aware that any instruction(s) made concerning fund transfer on this account must be duly signed by me. I am 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 that will lead to either credit or debit my account is subject to additional risks and fraud exposure.
  - If FBNQuest Trustees Limited 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 mandate unaccompanied by original of my duly signed letter, I hereby indemnify FBNQuest Trustees Limited and hold it harmless from and against all cost, (including but not limited to) expenses, legal fees, claims, losses damages or documents.
  - 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 hereby release FBNQuest Trustees Limited from any loss, liability or damage.
  - FBNQuest Trustees Limited 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 and to request verification of such instructions.
  - 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.
  - The Trustee shall be entitled to a base fee of 10% of the Trust Investment Income annually. The fee shall be recognised on a monthly basis and exclusive of all taxes.
  - That the above mandate/resolution shall remain valid and in force until rescinded by notice in writing under my hand.
  - I 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 me. We may disclose data:
    - To credit reference agencies, any person who may assume our rights under this Agreement, a member of FBN Holdings Group, or
    - If we have a right or duty to disclose or are compelled to do so by law.
  - I 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 \_\_\_\_\_ 2 \_\_\_\_\_

NAME IN FULL

**SIGNATURE/THUMBPRINT OF SETTLOR 1**

**SIGNATURE/THUMBPRINT OF SETTLOR 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 opening 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	