

ACCOUNT UPDATE FORM - INDIVIDUAL / JOINT

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	<input style="width: 100%;" type="text"/>		AFFIX APPLICANTS PASSPORT PHOTGRAPH HERE																																
TITLE	<input style="width: 100%;" type="text"/>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																																	
SETTLOR'S FIRST NAME	<input style="width: 100%;" type="text"/>	OTHER NAMES <input style="width: 100%;" type="text"/>																																	
SETTLOR'S SURNAME	<input style="width: 100%;" type="text"/>																																		
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	DATE OF BIRTH	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y																								
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STATE OF ORIGIN	<input style="width: 100%;" type="text"/>	LGA OF STATE OF ORIGIN	<input style="width: 100%;" type="text"/>																																
RELIGION (OPTIONAL)	<input style="width: 100%;" type="text"/>																																		
RESIDENTIAL ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 20%;">HOUSE NUMBER</td> <td style="width: 80%;">STREET NAME</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td>CITY/TOWN</td> <td>LOCAL GOVT. AREA</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2">STATE, COUNTRY</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>			HOUSE NUMBER	STREET NAME			CITY/TOWN	LOCAL GOVT. AREA			STATE, COUNTRY																							
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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 style="width: 100%;" type="text"/>																																		
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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

COUNTRY CODE

NUMBER

FAX NUMBER

COUNTRY CODE

NUMBER

JOINT ACCOUNT DETAILS

SETTLOR 1

SETTLOR 2

SURNAME

FIRST NAME

OTHER NAME

TITLE

MARITAL STATUS

STATE OF ORIGIN

LGA OF STATE OF ORIGIN

RELIGION

MOTHER'S MAIDEN NAME

NATIONALITY

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

RESIDENTIAL ADDRESS

HOUSE NUMBER STREET NAME

CITY/TOWN

LOCAL GOVT. AREA

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STATE, COUNTRY

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COUNTRY CODE NUMBER

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

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RESIDENCY STATUS PERMANENT TEMPORARY

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PERMIT ISSUE DATE

D	D	M	M	Y	Y	Y	Y

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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 1

SIGNATURE/THUMBPRINT OF SETTLOR 2

DATE

D	D	M	M	Y	Y	Y	Y

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

To: FBNQuest Trustees Limited
Dear Sir/Ma,

Date

D	D	M	M	Y	Y	Y	Y

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:

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 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.
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 rollover.
6. 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.
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 mandate unaccompanied by original of my duly signed letter, I 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 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 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 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:
 - 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 consent to the processing of personal data in line with FBNQuest Data Privacy Policy (<https://fbnquest.com/quicklinks/policies/privacy-policy/>)

TRUST MANDATE:

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

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

DATED THIS _____ DAY OF _____ 20_____

NAME IN FULL

SIGNATURE/THUMBPRINT OF SETTLOR 1

DATE

D	D	M	M	Y	Y	Y	Y

SIGNATURE/THUMBPRINT OF SETTLOR 2

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	