**FBNQuest Merchant Bank Limited** RC 264978 2 Broad Street, Lagos Island, Lagos, Nigeria Tel: +234 (1) 2702290-4, +234 (0) 708 065 3100 www.fbnquest.com/merchant-bank



## **ACCOUNT UPDATE FORM**ENTITIES (INCORPORATED AND NON-INCORPORATED)

**CONFIDENTIAL** FORM B

(Please indicate the business category and type of account to open by ticking the applicable box below)									
CUSTOMER KYC (ACCOUNT) CATEGORY	TEGORY CORPORATE CLIENTS LOCAL FI FOREIGN FI LOCAL NON FI FOREIGN NON FI								
ACCOUNT TYPE	CURRENT ACCOUNT FIXED DEPOSIT ACCOUNT DOMICILIARY ACCOUNT								
THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTERS.									
ACCOUNT NUMBER									
MANDATORY - PLEASE COMPLETE THIS SECTION									
HOW DID YOU HEAR ABOUT US?	RADIO NEWSPAPER BILLBOARD TV INTERNET SOCIAL MEDIA FIRSTBANK FRIEND/FAMILY OTHER								
COMPANY DETAILS (PLEASE COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)									
COMPANY/BUSINESS NAME									
CERTIFICATE OF									
INCORPORATION/ REGISTRATION NUMBER									
DATE OF INCORPORATION/ REGISTRATION	D D M M Y Y Y Y JURISDICTION OF INCORPORATION/ REGISTRATION								
BUSINESS TYPE/NATURE	SECTOR/INDUSTRY								
OPERATING BUSINESS									
ADDRESS 1	STREET NAME								
	CITY/TOWN LOCAL GOVT. AREA								
SECONDARY BUSINESS	STATE, COUNTRY								
ADDRESS 2	STREET NAME								
	CITY/TOWN LOCAL GOVT. AREA								
CORPORATE BUSINESS	STATE, COUNTRY								
ADDRESS/REGISTERED OFFICE	STREET NAME								
(IF DIFFERENT FROM ABOVE)									
	CITY/TOWN LOCAL GOVT. AREA								
	STATE, COUNTRY								
EMAIL ADDRESS									
WEBSITE (IF ANY)									
CONTACT NUMBER 1	CONTACT NUMBER 2								
PREFERRED MEANS OF	COUNTRY CODE NUMBER COUNTRY CODE NUMBER  POST E-MAIL IN PERSON HOLD MAILS								
COMMUNICATION TAX IDENTIFICATION	N L								
NUMBER (TIN)									
SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG NO									
ACCOUNT SIGNATORY'S I	DETAILS								
1 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	D D M M Y Y Y Y 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	D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y Y								
BANK VERIFICATION NO.									
OCCUPATION	STATUS/JOB TITLE								
POSITION/OFFICE OF THE O	FICER								
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 DATE DATE								
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2 TITLE	SURNAME								
OTHER NAME	FIRST NAME								
MOTHER'S MAIDEN NAME	D D M M Y Y Y Y								
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	D D M M Y Y Y Y PERMIT EXPIRY DATE D D M M Y Y Y Y								
OTHER COUNTRY OF TAX RESIDENCE									
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	IF OTHERS PLEASE SPECIFY								
ID NUMBER									
ID ISSUE DATE	D D M M Y Y Y Y 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									
MOBILE NUMBER (1)	STATE, COUNTRY  MOBILE NUMBER (2) COUNTRY CODE NUMBER  COUNTRY CODE NUMBER									
E-MAIL ADDRESS										
CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED)	A B C SIGNATURE DATE D M M Y Y Y Y									
3 TITLE	SURNAME									
OTHER NAME	FIRST NAME									
MOTHER'S MAIDEN NAME										
DATE OF BIRTH	D D M M Y Y Y Y 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 D D M M Y Y Y Y									
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	D D M M Y Y Y Y  ID EXPIRY DATE									
BANK VERIFICATION NO.										
OCCUPATION	STATUS/JOB TITLE									
POSITION/OFFICE OF THE OF	FFICER									
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 DATE									

DETAILS OF DIRECTORS/	TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS								
1 TITLE	SURNAME								
OTHER NAME	FIRST NAME								
MOTHER'S MAIDEN NAME									
DATE OF BIRTH	D D M M Y Y Y Y GENDER M F								
NATIONALITY	PLACE OF BIRTH								
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	D D M M Y Y Y Y PERMIT EXPIRY DATE								
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	IF OTHERS PLEASE SPECIFY								
ID NUMBER									
ID ISSUE DATE	D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y Y								
BANK VERIFICATION NO.									
OCCUPATION	STATUS/JOB TITLE								
POSITION/OFFICE OF THE OF	-FICER								
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  COUNTRY CODE NUMBER								
E-MAIL ADDRESS									
2 TITLE	SURNAME								
OTHER NAME	FIRST NAME								
MOTHER'S MAIDEN NAME									
DATE OF BIRTH	D D M M Y Y Y Y GENDER M F								
NATIONALITY	PLACE OF BIRTH								
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	D D M M Y Y Y Y PERMIT EXPIRY DATE								
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ID ISSUE DATE	D D M M Y Y Y Y ID EXPIRY DATE D D M M Y Y Y Y								
BANK VERIFICATION NO.									
OCCUPATION	STATUS/JOB TITLE								
POSITION/OFFICE OF THE OF	FFICER								

RESIDENTIAL ADDRESS									
	HOUSE NUMBER STREET NAME								
	CITY/TOWN LOCAL GOVT. AREA								
MOBILE NUMBER (1)	STATE, COUNTRY  MOBILE NUMBER (2)  COUNTRY CODE NUMBER  COUNTRY CODE NUMBER								
E-MAIL ADDRESS									
3 TITLE	SURNAME								
OTHER NAME	FIRST NAME								
MOTHER'S MAIDEN NAME									
DATE OF BIRTH	M M Y Y Y Y GENDER M F								
NATIONALITY	PLACE OF BIRTH								
DO YOU HAVE DUAL CITIZENSHIP?	YES NO IF YES, PLEASE STATE SECOND NATIONALITY								
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PERMIT ISSUE DATE	PERMIT EXPIRY DATE								
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	IF OTHERS PLEASE SPECIFY								
ID NUMBER									
ID NUMBER ID ISSUE DATE	ID EXPIRY DATE								
ID ISSUE DATE									
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ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OF  RESIDENTIAL ADDRESS	STATUS/JOB TITLE  FFICER  HOUSE NUMBER  STREET NAME  CITY/TOWN  LOCAL GOVT. AREA  STATE, COUNTRY								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OR	STATUS/JOB TITLE  STATUS/JOB TITLE  HOUSE NUMBER  STREET NAME  CITY/TOWN  LOCAL GOVT. AREA								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OF  RESIDENTIAL ADDRESS	STATUS/JOB TITLE  STATUS/JOB TITLE  FFICER  HOUSE NUMBER  STREET NAME  CITY/TOWN  LOCAL GOVT. AREA  STATE, COUNTRY  MOBILE NUMBER (2)								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OR  RESIDENTIAL ADDRESS  MOBILE NUMBER (1)	STATUS/JOB TITLE  STATUS/JOB TITLE  FFICER  HOUSE NUMBER  STREET NAME  CITY/TOWN  LOCAL GOVT. AREA  STATE, COUNTRY  MOBILE NUMBER (2)								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OFFICE OF THE OFFICE	STATUS/JOB TITLE  STATUS/JOB TITLE  HOUSE NUMBER  STREET NAME  LOCAL GOVT. AREA  CITY/TOWN  LOCAL GOVT. AREA  MOBILE NUMBER (2)  COUNTRY CODE NUMBER  COUNTRY CODE NUMBER								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OF  RESIDENTIAL ADDRESS  MOBILE NUMBER (1)  E-MAIL ADDRESS  ANNUAL TURNOVER	STATUS/JOB TITLE  STATUS/JOB TITLE  FFICER  HOUSE NUMBER  STREET NAME  CITYTOWN  LOCAL GOVT. AREA  STATE, COUNTRY  COUNTRY CODE NUMBER  OUND NGN GBP EUR								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE	STATUS/JOB TITLE  STATUS/JOB TITLE  FFICER  HOUSE NUMBER  STREET NAME  CITY/TOWN  LOCAL GOVT. AREA  STATE, COUNTRY  COUNTRY CODE NUMBER  OUNDER  MOBILE NUMBER (2)  COUNTRY CODE NUMBER  OUNDER  OUNDE								
ID ISSUE DATE  BANK VERIFICATION NO.  OCCUPATION  POSITION/OFFICE OF THE OF  RESIDENTIAL ADDRESS  MOBILE NUMBER (1)  E-MAIL ADDRESS  ANNUAL TURNOVER  ANNUAL TURNOVER CURRENCY  (A) LESS THAN 50 MILLI  (B) IS YOUR COMPANY QUOTE	STATUS/JOB TITLE  STATUS/JOB T								

## **DECLARATION**

I/We declare that:

- The information given is correct to the best of our knowledge and belief, and I/We will inform FBNQuest Merchant Bank Limited of any change in the information given in this form within 10 working days of such change.
- I/We fully understand and agree that FBNQuest Merchant Bank Limited shall not be liable for any loss or damages sustained by us by reason of the operation of the account provided such loss or damages was not caused or facilitated by FBNQuest Merchant Bank Limited or any of its staff acting on its behalf.

## **DATA CONSENT**

I/We agree that FBNQuest Merchant Bank 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.

I/We consent to the processing of personal data in line with FBNQuest Data Privacy Policy (www.fbnquest.com/quicklinks/policies/privacy-policies)

DATE	M M Y Y Y Y	DATE		IVI	IVI			
SIGNATURE OF AUTHORISED REPRESENTATIVE		SIGNATURE OF AUTHORISED REPRESENTATIVE						
SIGNATORY'S NAME IN FULL		SIGNATORY'S NAME IN FULL						

If a breach is associated with the operation of your account, you agree that we have the right to apply restrictions to your account and report to appropriate law enforcement agencies in line with extant laws.

<sup>\*</sup>If the account is to be operated by a Sole Signatory, the above Resolutions MUST be signed by at least one other authorised signatory.