

FBN SPECIALIZED DOLLAR FUND 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 _____

GUIDE TO APPLICATION

THE OFFER - 5,000 UNITS OF \$100.00 EACH AT PAR IN THE FUND

DATE

D	D	M	M	Y	Y	Y	Y

 CONTROL NO. (REGISTRAR'S USE ONLY) _____

NUMBER OF UNITS APPLIED FOR

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 QUALIFIED INVESTOR* YES NO

UNITS IN WORD _____

VALUE OF UNITS APPLIED FOR / AMOUNT PAID \$ _____ WORDS _____

FILLING THIS FORM

• PLEASE FILL ALL RELEVANT SECTIONS IN CAPITAL LETTERS, SIGN AND DATE THE FORM. • DO NOT USE CORRECTION FLUID ON ANY ERRORS. IF YOU NEED TO CORRECT A MISTAKE, PLEASE CROSS-OUT AND INITIAL ANY CHANGE • PLEASE READ THE FUND(S) PROSPECTUS BEFORE FILLING THIS FORM AND REFER TO THE FUND FAQs AND BENEFIT DOCUMENT(S).

COMPANY DETAILS

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 _____

CORPORATE/OPERATING BUSINESS ADDRESS (REGISTERED OFFICE) _____

STREET NAME _____

CITY/TOWN _____ LOCAL GOVT. AREA _____

STATE, COUNTRY _____

EMAIL ADDRESS _____

WEBSITE (IF ANY) _____

CONTACT NUMBER 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 COUNTRY CODE NUMBER CONTACT NUMBER 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 COUNTRY CODE NUMBER

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

AVERAGE ANNUAL TURNOVER LESS THAN 50M 50M - LESS THAN 500M 500M - LESS THAN 5B ABOVE 5B

TAX IDENTIFICATION NUMBER (TIN) _____

SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO. _____

ACCOUNT SIGNATORY'S DETAILS

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

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY					PLACE OF BIRTH					
STATE OF ORIGIN					LGA OF STATE OF ORIGIN					
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	RESIDENT PERMIT NO.							
PERMIT ISSUE DATE	<input type="text"/>				PERMIT EXPIRY DATE	<input type="text"/>				
OTHER COUNTRY OF TAX RESIDENCE										
ID TYPE	<input type="checkbox"/> NATIONAL ID	<input type="checkbox"/> DRIVER'S LICENSE	<input type="checkbox"/> INTERNATIONAL PASSPORT	<input type="checkbox"/> PERMANENT VOTERS' CARD	<input type="checkbox"/> OTHERS					
	IF OTHERS PLEASE SPECIFY <input type="text"/>									
ID NUMBER										
ID ISSUE DATE	<input type="text"/>				ID EXPIRY DATE	<input type="text"/>				
BANK VERIFICATION NO.										
OCCUPATION					STATUS/JOB TITLE					
POSITION/OFFICE OF THE OFFICER	<input type="text"/>									
RESIDENTIAL ADDRESS	<input type="text"/>									
	HOUSE NUMBER				STREET NAME					
	<input type="text"/>				<input type="text"/>					
	CITY/TOWN				LOCAL GOVT. AREA					
	<input type="text"/>				<input type="text"/>					
	STATE, COUNTRY									
MOBILE NUMBER (1)	<input type="text"/>	<input type="text"/>			MOBILE NUMBER (2)	<input type="text"/>	<input type="text"/>			
	COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER		COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	
E-MAIL ADDRESS	<input type="text"/>									
CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	SIGNATURE	<input type="text"/>				DATE	<input type="text"/>

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

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMI NO.

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

D	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

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMI 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

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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

BANK VERIFICATION NO.

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS

HOUSE NUMBER

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

D	D	M	M	Y	Y	Y	Y

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 (FOR NON-NIGERIANS) PLACE OF BIRTH

OTHER COUNTRY OF TAX RESIDENCE YES NO IF YES, PLEASE SPECIFY THE COUNTRIES

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

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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

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																	
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MOBILE NUMBER (2)		NUMBER																	
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E-MAIL ADDRESS

E-MAIL ADDRESS																			
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2

TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

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"/>

 GENDER M F

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PERMIT ISSUE DATE

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ID TYPE NATIONAL ID DRIVER'S LICENSE INTERNATIONAL PASSPORT PERMANENT VOTERS' CARD OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

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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"/>

 ID EXPIRY DATE

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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																	
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MOBILE NUMBER (2)

COUNTRY CODE		NUMBER																	
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E-MAIL ADDRESS

E-MAIL ADDRESS																			
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3

TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

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"/>

 GENDER M F

NATIONALITY (FOR NON-NIGERIANS) PLACE OF BIRTH

OTHER COUNTRY OF TAX RESIDENCE YES NO IF YES, PLEASE SPECIFY THE COUNTRIES

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE

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"/>

 PERMIT EXPIRY DATE

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"/>

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
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 ID EXPIRY DATE

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

BANK VERIFICATION NO.

OCCUPATION	<input type="text"/>	STATUS/JOB TITLE	<input type="text"/>
POSITION/OFFICE OF THE OFFICER	<input type="text"/>		
RESIDENTIAL ADDRESS	<input type="text"/>		
	HOUSE NUMBER	STREET NAME	
	<input type="text"/>		
	CITY/TOWN	LOCAL GOVT. AREA	
	<input type="text"/>		
	STATE, COUNTRY		
MOBILE NUMBER (1)	<input type="text"/>	MOBILE NUMBER (2)	<input type="text"/>
	COUNTRY CODE	NUMBER	COUNTRY CODE NUMBER
E-MAIL ADDRESS	<input type="text"/>		

DETAILS OF NEXT OF KIN (SOLE-PROPRIETOR)

TITLE	<input type="text"/>	FIRST NAME	<input type="text"/>				
SURNAME	<input type="text"/>				OTHER 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"/>	
	D	D	M	M	Y	Y	
	<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	
RELATIONSHIP	<input type="text"/>						
MOBILE PHONE NUMBER	<input type="text"/>	<input type="text"/>				EMAIL ADDRESS	<input type="text"/>
	COUNTRY CODE	NUMBER					
CONTACT ADDRESS	<input type="text"/>						
	HOUSE NUMBER	STREET NAME					
	<input type="text"/>						
	CITY/TOWN	LOCAL GOVT. AREA					
	<input type="text"/>						
	STATE, COUNTRY						

BANK DETAILS (FOR E-DIVIDEND)

NAME OF BANK	<input type="text"/>
BANK VERIFICATION NUMBER (BVN)	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>

SIGNATURE OR THUMBPRINT

STAMP OF RECEIVING AGENT

SUMMARY OF THE OFFER

THE FOLLOWING INFORMATION SHOULD BE READ IN CONJUNCTION WITH THE FULL TEXT OF THIS PROSPECTUS, FROM WHICH IT IS DERIVED. INVESTORS ARE ADVISED TO SEEK INFORMATION ON THE FEES AND CHARGES BEFORE INVESTING IN THE FUND:

1.	FUND NAME	FBN SPECIALIZED DOLLAR FUND
2.	FUND MANAGER	FBNQUEST ASSET MANAGEMENT
3.	THE OFFER	5,000 UNITS OF \$100.00 EACH AT PAR IN THE FUND
4.	METHOD OF OFFER	OFFER FOR SUBSCRIPTION
5.	UNITS OF SALE	100 UNITS AND MULTIPLES OF 50 UNITS THEREAFTER
6.	OFFER PRICE	\$100.00
7.	OFFER SIZE	\$500,000.00
8.	PAYMENT TERMS	IN FULL ON APPLICATION
9.	OPENING DATE	8TH AUGUST, 2022
10.	ACCOUNT DETAILS	BANK: STANDARD CHARTERED BANK NIGERIA, LAGOS ACCOUNT NAME: STANBIC IBTC TRUSTEES/FBN SPECIALIZED DOLLAR FUND ACCOUNT NUMBER: 0005513624
	CORRESPONDENT BANK DETAILS	CORRESPONDENT BANK: STANDARD CHARTERED BANK N.Y ADDRESS: ONE MADISON AVENUE, NEW YORK, NEW YORK 10010-3603 SWIFT ADDRESS: SCBLUS33 USD ABA NOS: 026002561
	BENEFICIARY BANK DETAILS	BENEFICIARY BANK BIC: SCBLNGLAPYT BENEFICIARY BANK A/C NO: 3582088704001

11.	NATURE OF THE FUND	<p>THE FUND IS DESIGNED SPECIFICALLY TO GENERATE COMPETITIVE INCOME THROUGH INVESTING IN A RELATIVELY DIVERSIFIED BASKET OF PRIMARILY SOVEREIGN EUROBONDS OF SELECTED COUNTRIES, THEREBY DE-RISKING SOME NIGERIAN EXPOSURE AND PROVIDING CURRENCY HEDGE. THE FUND WOULD FOCUS ON LIQUID DOLLAR- DENOMINATED DEBT INSTRUMENTS.</p> <p>THE FUND WILL INVEST IN INSTRUMENTS SUCH AS NIGERIAN EUROBONDS, NON – NIGERIAN EUROBONDS, OTHER DOLLAR DENOMINATED DEBTS SUCH AS US TREASURIES’ LOW RISK SHORT DEBT SECURITIES LIKE BANKERS’ ACCEPTANCE, CERTIFICATE OF DEPOSIT, CREDIT LINKED NOTES, COMMERCIAL PAPER AND GOLD-BASED ETF’S.</p> <p>THE FUND IS AN ACTIVELY MANAGED OPEN-ENDED FUND. THE INVESTOR WILL BE FREE TO SUBSCRIBE TO ITS UNITS THROUGH THE FUND MANAGER WHEN THE FUND IS LAUNCHED. THE FUND HAS AN INITIAL TARGET OF 5000 UNITS; THE FUND MANAGER WILL ISSUE ADDITIONAL UNITS WHEN REQUIRED, SUBJECT TO THE REGISTRATION AND APPROVAL OF THE UNITS TO BE OFFERED BY THE COMMISSION.</p> <table border="1" data-bbox="448 427 1444 837"> <thead> <tr> <th>PROPOSED ASSET CLASS</th> <th>TARGET WEIGHTING (%)</th> <th>ALLOCATION</th> </tr> </thead> <tbody> <tr> <td>NIGERIAN ASSETS</td> <td rowspan="3">80%</td> <td>80-100%</td> </tr> <tr> <td>SOVEREIGN AND CORPORATE EUROBONDS</td> <td>50 - 80%</td> </tr> <tr> <td>MONEY MARKET INSTRUMENTS (CASH, CALL AND TENURED DEPOSITS, COMMERCIAL PAPERS AND MUTUAL FUND)</td> <td>5-50%</td> </tr> <tr> <td>NON-NIGERIAN ASSETS</td> <td rowspan="5">20%</td> <td>0-20%</td> </tr> <tr> <td>NON-NIGERIAN EUROBONDS</td> <td>0-20%</td> </tr> <tr> <td>OTHER DOLLAR DENOMINATED DEBT (US TREASURIES)</td> <td>0-5%</td> </tr> <tr> <td>OTHER DOLLAR DENOMINATED DEBT FUND/ETF</td> <td>0-5%</td> </tr> <tr> <td>GOLD-BASED ETF</td> <td>0-10%</td> </tr> </tbody> </table>	PROPOSED ASSET CLASS	TARGET WEIGHTING (%)	ALLOCATION	NIGERIAN ASSETS	80%	80-100%	SOVEREIGN AND CORPORATE EUROBONDS	50 - 80%	MONEY MARKET INSTRUMENTS (CASH, CALL AND TENURED DEPOSITS, COMMERCIAL PAPERS AND MUTUAL FUND)	5-50%	NON-NIGERIAN ASSETS	20%	0-20%	NON-NIGERIAN EUROBONDS	0-20%	OTHER DOLLAR DENOMINATED DEBT (US TREASURIES)	0-5%	OTHER DOLLAR DENOMINATED DEBT FUND/ETF	0-5%	GOLD-BASED ETF	0-10%
PROPOSED ASSET CLASS	TARGET WEIGHTING (%)	ALLOCATION																					
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OTHER DOLLAR DENOMINATED DEBT FUND/ETF		0-5%																					
GOLD-BASED ETF		0-10%																					
12.	INVESTMENT OBJECTIVE	FBN SPECIALIZED DOLLAR FUND IS AN OPEN-ENDED SPECIALIZED FUND DULY AUTHORIZED AND REGISTERED IN NIGERIA AS SPECIALIZED FUND BY THE COMMISSION HAVING AS ITS PRIMARY OBJECTIVE, TO GENERATE STABLE INCOME, ATTRACTIVE RETURNS, REDUCE NIGERIAN-SPECIFIC RISK AND PROVIDE A HEDGE AGAINST CURRENCY DEVALUATION FOR INVESTORS.																					
13.	INCOME DISTRIBUTIONS	ALL PROFITS RECEIVED FROM INVESTMENT OF FUNDS WOULD ACCRUE TO THE FUND. THE INCOME OF THE FUND LESS ANY SUMS PROPERLY CHARGEABLE THEREON OR DEDUCTIBLE THEREFROM SHALL BE DISTRIBUTED ANNUALLY, SUBJECT TO PREVAILING ECONOMIC CONDITIONS AND AT THE DISCRETION OF THE FUND MANAGER.																					
14	*DISCLAIMER: FOR THE QUALIFIED INVESTOR FIELD, TICKING THE “YES” BOX, IMPLIES YOU CONSENT TO BEING A QUALIFIED INVESTOR AS DEFINED BY THE SEC GUIDELINE. A QUALIFIED INVESTOR SHALL MEAN QUALIFIED INSTITUTIONAL INVESTORS, AND HIGH NET WORTH INVESTORS WHO EXCEED THE MINIMUM AGGREGATE NET WORTH OF ₦100MILLION.																						

TERMS AND CONDITIONS

FBNQuest Asset Management Limited is an FBN Holdings Company.

These terms and conditions shall apply to the operation of all FBNQuest Asset Management Limited (FBNQAM) Investment Accounts (the Accounts) and form an integral part of the Agreement with I/We.

1.0 Account Opening

I/We have irrevocably requested and FBNQAM has agreed to open an investment Account (the Account) on behalf of I/We.

2.0 Genuineness of Instruments

I/We agree 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 I/We agree to safely operate the account.
- 3.2 I/We agree to assume full responsibility and ensure safe custody of all print and electronic correspondence issued to/or by FBNQAM regarding the account.
- 3.3 I/We agree to notify FBNQAM 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 FBNQAM regarding the account.
- 3.4 I/We agree to indemnify FBNQAM against any loss, damage or liability resulting from his/her non-compliance to the above.

4.0 Instructions

I/We authorise FBNQAM to honour all written instructions issued on the Account provided such orders are executed in accordance with the Account mandate.

I/We agrees that FBNQAM 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 FBNQAM or I/We.

5.0 Third-Party Enquiries

I/We agree and authorise FBNQAM without reservation to make third-party enquires about his/her person and business now or at any time in the future prior

to considering any request of I/We for investment services or credit facilities. I/We agree and authorise FBNQAM 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 I/We agree that FBNQAM in its sole discretion may at any time suspend or vary the terms and conditions of the operation of the Account. FBNQAM will however promptly notify I/We of any suspension of service, changes regarding the operation of the Account of applicable charges and tariffs payable by I/We.

7.0 Law

These terms and conditions agreed between I/We and FBNQAM shall be read and interpreted in accordance with the laws of the Federal Republic of Nigeria.

8.0 Termination

It is agreed that FBNQAM shall terminate the operation of the Account upon receipt of I/We’s written instruction. Either I/We or FBNQAM may terminate the operation of the Account upon receipt of 72 hours prior written notice.

9.0 Data

- 9.1 I/We agree that FBNQAM 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.

- 9.2 I/We consent to the processing of personal data in line with FBNQuest Data Privacy Policy (<https://fbnquest.com/quicklinks/policies/privacy-policy/>).

10.0 Contact Details

I/We agree that FBNQAM will use the address and any other details given on the Account opening documentation to contact I/We. I/We agree to immediately inform

FBNQAM of any changes or additions to those details. All notices and correspondence required to be provided by FBNQAM to I/We will be forwarded to that address until FBNQAM receives a written notification of I/Wes change of address.

11.0 Know Your Customer (KYC)

- 11.1 I/We acknowledge and accept that the following KYC documentation has been provided, (or will be provided prior to opening the Account) to its relationship manager or other representative of FBNQAM:
- Duly completed and signed account opening form (all relevant fields must be completed).
 - Board or Partnership Resolution/Mandate letter.
 - Two (2) clear passport-size photographs of each signatory, with names written on the reverse side.
 - The Sighted, Notarised or Certified copy of the Certificate of Registration.
 - The Sighted, Notarised or Certified copy of the Memorandum & Articles of Association (MEMART) or its equivalent, Partnership Deed (Partnership constitution), the club, society, association or charity's Constitution or its equivalent.
 - The copy of the enabling Act/Decree (where applicable).
 - The Sighted, Notarised or Certified copy of the regulatory or supervisory license to operate, if any.
 - The Sighted, Notarised or Certified copy of the Particulars of Shareholders or its equivalent.
 - The Sighted, Notarised or Certified copy of the Particulars of Directors or its equivalent.
 - The Sighted, Notarised or Certified copy of the proof of registered address of the company.
 - The Sighted, Notarised or Certified copy of the means of identity and proof of address of all signatories to the account, at least two (2) Directors and each individual shareholder with at least 5% interest, or partner as applicable.
 - The Sighted, Notarised or Certified copy of the incorporation documents of corporate shareholders with at least 5% interest.
 - The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian signatory, director and/or shareholder with at least 5% interest.
 - The Sighted, Notarised or Certified Copy of the Certificate issued by the Special Control Unit against Money Laundering (SCUML).
 - Tax Identification Number (TIN), if any.
- 11.2 I/We understand and agree that if ALL of the relevant KYC documents indicated in 11.1 above together with the duly completed and signed application form are not provided to FBNQAM within fifteen (15) days of receipt of payment by FBNQAM in any of its stipulated account(s), FBNQAM shall:
- in the case of payments made electronically into FBNQAM's account(s), return all funds paid into its account(s) into the same account from which the funds originated without any obligation to pay any interests/rental income on the funds returned.
 - in the case of payments which were made by cheque or cash deposits over the counter, issue cheques in the name of the issuer of the cheque, or the name of the depositor as the case may be, which cheques shall be retained in FBNQAM's possession until picked up by I/We.
- For the avoidance of doubt, no returns or interests/rental income shall be earned on the funds in respect of (a) and (b) above.
- 11.3 I/We understand and agree that no Account shall be opened where incomplete KYC documentation has been provided by I/We. For the avoidance of doubt, the Account shall only be opened, upon receipt of COMPLETE KYC documentation.

12.0 Fees and Charges

I/We agree that FBNQAM shall set-off against the account any pre-advised charge(s), tariff(s), deductions or costs associated with the operation of the account by I/We.

13.0 Operation of Account

- 13.1 I/We agree that the operation of the account is subject to compliance by FBNQAM 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.
- 13.2 In consideration of FBNQAM allowing I/We to operate the account from time to time, I/We hereby undertake to hold FBNQAM harmless and keep FBNQAM indemnified from all losses, costs, or damages FBNQAM may sustain or be put to.
- 13.3 I/We agree that FBNQAM 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.

- 13.4 I/We agree that FBNQAM will accept no liability whatsoever for funds handed to members of its staff outside office hours or outside the FBNQAM office premises, except those officers have been pre-authorised by FBNQAM. FBNQAM shall from time to time communicate in writing to I/We the names of officers authorised to receive funds on its behalf.
- 13.5 I/We agree that in the absence of clear disposal instruction, the invested principal amount and interest/rental income at maturity will be liquidated and FBNQAM may at its discretion hold the funds in a non-interest bearing account pending further instructions from I/We.
- 13.6 I/We agree that FBNQAM 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 FBNQAM or any of its staff action on its instruction.

14.0 Indemnity for Third-Party Instruments

I/We agree that in consideration of FBNQAM issuing or accepting third-party Bank cheques, Bank drafts and/or other negotiable instruments from time to time, I/We hereby irrevocably undertake to fully indemnify FBNQAM 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.

15.0 Right of Set-off

I/We agree that in addition to any general lien or similar right to which FBNQAM may be entitled by law, FBNQAM may at any time and without prior notice to I/We combine or consolidate all or any of I/We's accounts without liabilities to FBNQAM 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 I/We agree that FBNQAM shall have no responsibility or any liability to I/We for any diminution of I/We'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 FBNQAM 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 I/We by entering into this agreement hereby understand 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

I/We agree that all instructions on the account shall be duly signed according to the account mandate. I/We hereby acknowledge 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 I/We, whatever the case may be, is associated with additional risks of fraud exposure. I/We shall execute an indemnity form in consideration of FBNQAM 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 I/Wes duly signed letter, irrevocably undertaking to indemnify FBNQAM and hold it harmless from and against all cost (including but without limitation to legal fees and expenses, claims, losses, liabilities and damages).

FBNQAM 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 I/We and/or to request verification of documents received by such means.

17.0 Disruption of Service(s)

I/We agree that FBNQAM 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

I/We agree and authorise FBNQAM 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

I/We declare that:

- The entity is duly registered under the relevant laws.
- The information given is correct to the best of our knowledge and belief, and we will inform FBNQuest Asset Management Limited of any change in the information given in this form within 10 working days of such change.
- The funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.
- I/We have attached a bank draft/cheque/evidence of fund(s) transfer in the name of the preferred fund ticked above to FBNQuest Asset Management Limited with our name, address and day time telephone number written at the back or have forwarded evidence of payment.
- I/We understand that as with stock market investments, the value of our investment(s) in equity-based funds may go up or down and that past performance is not necessarily an indication of future performance.

I/We agree:

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

Note:

- Before signing this application form, you should read the prospectus of your chosen fund(s).
- Check that you have completed ALL sections of the application form relevant to you.

SIGNATURE/THUMBPRINT OF SIGNATORY 1

COMPANY SEAL	

DATE

D	D	M	M	Y	Y	Y	Y

SIGNATURE/THUMBPRINT OF SIGNATORY 2

COMPANY SEAL	

DATE

D	D	M	M	Y	Y	Y	Y

FOR INTERNAL USE

REQUIREMENT CHECKLIST

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
a.	Duly completed and signed account opening form (all relevant fields must be completed)				
b.	Duly completed and signed specimen signature card(s), where required				
c.	Board or Partnership Resolution / Mandate letter / Approval letter (for Public Sector Organisations)				
d.	Two (2) clear passport-size photographs of each signatory, with names written on the reverse side				
e.	The Sighted, Notarised or Certified copy of the Certificate of Registration				
f.	The Sighted, Notarised or Certified copy of the Memorandum & Articles of Association (MEMART) or its equivalent, Partnership Deed (Partnership constitution), the club, society, association or charity's constitution or its equivalent				
g.	The copy of the enabling Act/Decree (where applicable)				
h.	The Sighted, Notarised or Certified copy of the regulatory or supervisory license to operate, if any				
i.	The Sighted, Notarised or Certified copy of the Particulars of Shareholders or its equivalent				
j.	The Sighted, Notarised or Certified copy of the Particulars of Directors or its equivalent				
k.	The Sighted, Notarised or Certified copy of the proof of registered address of the company				
l.	The Sighted, Notarised or Certified copy of the means of identity and proof of address of all signatories to the account, at least two (2) Directors and each individual shareholder with at least 5% interest, or partner as applicable				
m.	The Sighted, Notarised or Certified copy of the incorporation documents of corporate shareholders with at least 5% interest				
n.	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian signatory, director and/or shareholder with at least 5% interest				
o.	Search Report (where applicable)				
p.	The Sighted, Notarised or Certified Copy of the Certificate issued by the Special Control Unit against Money Laundering (SCUML) - (where applicable)				
q.	Tax Identification Number (TIN), if any				
r.	Duly completed KYC/AML questionnaire on FBNQAM's letterhead (for Financial Institutions)				
s.	Latest Annual Accounts and Report of the company, if any				

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 REGISTERED PARTNERSHIP REGISTERED BUSINESS OTHERS

VERIFIED BY RELATIONSHIP MANAGER	
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.

IMPORTANT

- Redemption proceeds will be credited to your stated bank account within three to five business days.
- It is advisable to consult your Financial Advisor or Solicitor to ensure proper understanding before investing in any of the fund(s).
- A copy of this form will be given to you as evidence of your subscription.
- Please note that the units of the chosen fund(s) will be purchased at the prevailing offer price on the day the evidence of funds transfer and subscription form is received.

Please email a scanned copy of this completed form with other relevant documents to ccu@fbnquestmb.com or submit hard copies to any of the FBNQuest Asset Management offices in Lagos, Abuja or Port Harcourt, or any First Bank of Nigeria branch nationwide.