

## INVESTMENT UPDATE 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 \_\_\_\_\_

**COMPANY DETAIL (PLEASE COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)**

COMPANY / BUSINESS NAME \_\_\_\_\_

CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER \_\_\_\_\_

DATE OF INCORPORATION / REGISTRATION: DD MM YY YY 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 MAILED

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: DD MM YY YY 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 PERMIT NO. (IF APPLICABLE) \_\_\_\_\_

PERMIT ISSUE DATE: DD MM YY YY PERMIT EXPIRY DATE: DD MM YY YY

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: DD MM YY YY ID EXPIRY DATE: DD MM YY YY

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 |
|   |   |   |   |   |   |   |   |

2 TITLE

OTHER 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

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |

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

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 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 |  |  |  |  |  |  |  |  |  | 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

OTHER 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

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)  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

**DETAILS OF DIRECTORS/TRUSTEES/PROMOTER/EXECUTORS/ADMINISTRATOR/PRINCIPAL OFFICERS**

1 TITLE  SURNAME

OTHER NAME  FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH  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  PERMIT EXPIRY DATE

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)  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 (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 |
|   |   |   |   |   |   |   |   |

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 |
|   |   |   |   |   |   |   |   |

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

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

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 |
|   |   |   |   |   |   |   |   |

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 |
|   |   |   |   |   |   |   |   |

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

## 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        | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | 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 | <input type="checkbox"/> M <input type="checkbox"/> F |
| 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"/> |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
| MOTHER'S MAIDEN NAME | <input type="text"/>   |                      |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
| RELATIONSHIP         | <input type="text"/>   |                      |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
| MOBILE PHONE NUMBER  | <input type="text"/>   | EMAIL ADDRESS        | <input type="text"/> |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
|                      | COUNTRY CODE   | NUMBER               |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
| CONTACT ADDRESS      | <input type="text"/>   |                      |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
|                      | HOUSE NUMBER   | STREET NAME          |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
|                      | CITY/TOWN  |                      | LOCAL GOVT. AREA     |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |
|                      | STATE, COUNTRY   |                      |                      |                      |                      |                      |                      |   |   |                      |                      |                      |                      |                      |                      |                      |                      |        |   |

## INVESTMENT RETURNS

### TYPE OF PRODUCT

LIQUIDITY MGT NOTES  TREASURY BILLS

OTHERS:

### INITIAL INVESTMENT TENOR

30 DAYS  60 DAYS  90 DAYS  180 DAYS

365 DAYS \* Investment will be automatically rolled over except otherwise advised

### MODE OF PAYMENT

CHEQUE  ELECTRONIC TRANSFER

CASH IS NOT AN ACCEPTABLE MEANS OF PAYMENT

### BANK DETAILS

We hereby instruct FBN Capital Asset Management Limited to make direct transfer(s) into my account details as shown below

ACCOUNT NAME

BANK NAME

BRANCH NAME

ACCOUNT NUMBER

SORT CODE

## 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 Update

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, order, 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 agree 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 enquiries 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 agrees 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 update 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 forwarder to that address until FBNQAM receives a written notification of I/We’s change of address

#### 11.0 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.

#### 12.0 Operation of Account

- 12.1 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.
- 12.2 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.
- 12.3 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.
- 12.4 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 to collect such funds on behalf of FBNQAM. FBNQAM shall from time to time communicate in writing to I/We the names of officers authorised to receive funds on its behalf.
- 12.5 I/We agree that in the absence of clear disposal instruction, the invested principal amount and interest/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.
- 12.6 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.

#### 13.0 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

the said third-party cheques, draft and/or negotiable instrument.

#### 14.0 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 with and 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 understands the risks inherent in investing in the risks involved 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 acknowledges 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

### 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 10working 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 agree:

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

Note:

- Check that you have completed ALL sections of the application form relevant to you.

| SIGNATURE/THUMBPRINT OF SIGNATORY 1 |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|-------------------------------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
|                                     |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| COMPANY SEAL                        |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| DATE                                | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></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 |  |  |  |  |  |  |  |  |
| D                                   | D   | M | M | Y | Y | Y | Y |   |   |  |  |  |  |  |  |  |  |
|                                     |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |

| SIGNATURE/THUMBPRINT OF SIGNATORY 2 |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
|-------------------------------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
|                                     |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| COMPANY SEAL                        |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |
| DATE                                | <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></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 |  |  |  |  |  |  |  |  |
| 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 update 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                             |  |
| CHECKED BY COMPLIANCE            |  |
| 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.