

## INVESTMENT UPDATE FORM (INDIVIDUAL)

**CONFIDENTIAL**

**MANDATORY - PLEASE COMPLETE THIS SECTION**

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

**PERSONAL INFORMATION**

TITLE	<input type="text"/>	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AFFIX INDIVIDUAL APPLICANT PASSPORT PHOTOGRAPH HERE												
FIRST NAME	<input type="text"/>	OTHER NAME	<input type="text"/>													
SURNAME	<input type="text"/>															
RESIDENTIAL ADDRESS	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td><small>HOUSE NUMBER</small></td> <td><small>STREET NAME</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>CITY/TOWN</small></td> <td><small>LOCAL GOVT. AREA</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2"><small>STATE, COUNTRY</small></td> </tr> </table>				<input type="text"/>	<input type="text"/>	<small>HOUSE NUMBER</small>	<small>STREET NAME</small>	<input type="text"/>	<input type="text"/>	<small>CITY/TOWN</small>	<small>LOCAL GOVT. AREA</small>	<input type="text"/>	<input type="text"/>	<small>STATE, COUNTRY</small>	
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<small>STATE, COUNTRY</small>																
MAILING ADDRESS OUTSIDE NIGERIA	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%;"><input type="text"/></td> </tr> <tr> <td><small>HOUSE NUMBER</small></td> <td><small>STREET NAME</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>CITY/TOWN</small></td> <td><small>LOCAL GOVT. AREA</small></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2"><small>STATE, COUNTRY</small></td> </tr> </table>				<input type="text"/>	<input type="text"/>	<small>HOUSE NUMBER</small>	<small>STREET NAME</small>	<input type="text"/>	<input type="text"/>	<small>CITY/TOWN</small>	<small>LOCAL GOVT. AREA</small>	<input type="text"/>	<input type="text"/>	<small>STATE, COUNTRY</small>	
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DATE OF BIRTH	<table border="0"> <tr> <td><input type="text"/></td><input type="text"/></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
<input type="text"/>																
<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>									

 PLACE AND COUNTRY OF BIRTH |  || MARITAL STATUS | SINGLE  MARRIED  DIVORCED  WIDOWED | | | |
RELIGION (OPTIONAL)		MOTHER'S MAIDEN NAME										
EMAIL ADDRESS												
MOBILE PHONE NUMBER 1				----------------------		<input type="text"/>		----------------------				
COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER	COUNTRY CODE	NUMBER					
MOBILE PHONE NUMBER 2			STATE OF ORIGIN		LGA OF STATE OF ORIGIN							
NATIONALITY												
DO YOU HAVE DUAL CITIZENSHIP?	YES  NO IF YES, PLEASE STATE SECOND NATIONALITY											
DO YOU HAVE IMMIGRANT STATUS IN OR ARE YOU A RESIDENT OF ANOTHER COUNTRY I.E. ARE YOU A PERMANENT RESIDENT, GREEN CARD HOLDER OR RESIDENT ALIEN?	YES  NO IF YES, PLEASE STATE THE COUNTRY											
RESIDENCY STATUS	PERMANENT  TEMPORARY		RESIDENT PERMIT NO. (IF APPLICABLE)									
PERMIT ISSUE DATE				----------------------		<input type="text"/>		----------------------				
D	D	M	M	Y	Y	Y	Y					
PERMIT EXPIRY DATE				----------------------		<input type="text"/>		----------------------				
ID TYPE	INTERNATIONAL PASSPORT  DRIVERS LICENCE  NATIONAL ID CARD  PERMANENT VOTER'S CARD  OTHERS											
IF OTHERS PLEASE SPECIFY												
ID NUMBER												
ID ISSUE DATE				----------------------		<input type="text"/>		----------------------				
D	D	M	M	Y	Y	Y	Y					
		ID EXPIRY DATE				----------------------		<input type="text"/>		----------------------		
D	D	M	M	Y	Y	Y	Y					
		PLACE OF ISSUE										
ONLINE ACCESS TO ACCOUNT	YES  NO											
PREFERRED MEANS OF COMMUNICATION	POST  E-MAIL  IN PERSON  HOLD MAILS											



## INVESTMENT ON BEHALF OF MINOR (PERSONS UNDER 18)

TITLE	<input type="text"/>	GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE															
FIRST NAME	<input type="text"/>																		
SURNAME	<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"/>		
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"/>												
RELATIONSHIP TO APPLICANT	<input type="text"/>																		

## 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*

### TAX IDENTIFICATION NUMBER (TIN)

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

### BANK DETAILS 1

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

### BANK DETAILS 2

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

## 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.

### 1.0 Account Update

I have irrevocably requested and FBNQAM has agreed to open an Investment Account (the Account) on behalf of me.

### 2.0 Genuineness of Instruments

I 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 agree to safely operate the account.
- 3.2 I 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 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 agree to indemnify FBNQAM against any loss, damage or liability resulting from his/her non-compliance to the above.

### 4.0 Instructions

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

I 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.

### 5.0 Third-Party enquiries

I 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 mine for investment services or credit facilities. I 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 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 me of any suspension of service, changes regarding the operation of the Account of applicable charges and tariffs payable by me.

### 7.0 Law

These terms and conditions agreed between me 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 my written instruction. Either I or FBNQAM may terminate the operation of the Account upon receipt of 72 hours prior written notice.

### 9.0 Data

9.1 I 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 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.

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

#### 10.0 Contact details

I agree that FBNQAM will use the address and any other details given on the Account update documentation to contact me. I agree to immediately inform FBNQAM of any changes or additions to those details. All notices and correspondence required to be provided by FBNQAM to me will be forwarded to that address until FBNQAM receives a written notification of my change of address

#### 11.0 Fees and Charges

I 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 me.

#### 12.0 Operation of Account

- 12.1 I 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 me to operate the account from time to time, I 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 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 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 me the names of officers authorised to receive funds on its behalf.
- 12.5 I 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 me.
- 12.6 I 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 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 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.

#### 14.0 Right of Set-off

I 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 me combine or consolidate all or any of my 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 agree that FBNQAM shall have no responsibility or any liability to me for any diminution of my 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 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 agree that all instructions on the account shall be duly signed according to the account mandate. I 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 me, whatever the case may be, is associated with additional risks of fraud exposure.

I 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 my 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 me and/or to request verification of documents received by such means.

#### 17.0 Disruption of Service(s)

I 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 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 declare that:

- I am 18 years old or over
- The information given is correct to the best of my knowledge and belief, and I will inform FBNQAM Asset Management Limited of any change in the information given in this form within 10 working days of such change.
- I certify that the funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.

I agree:

- To comply with the minimum holding period(s) of the investments failing which I accept any loss, cost and charge that may arise as a result of my/our redemption
- That a Certificate/Statement in respect of this investment may be sent by email, at my/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 INDIVIDUAL APPLICANT

DATE	

**FOR INTERNAL USE**

**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**

INDIVIDUAL  MINOR  ESTATE ACCOUNT  OTHERS

**REQUIREMENT CHECKLIST**

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
a.	Duly completed and signed account update form (all fields must be completed)				
b.	Duly completed and signed specimen signature card, where required				
c.	Two (2) clear passport-size photographs each, with the client's name written on the reverse side				
d.	The Sighted, Notarised or Certified copy of the means of identity (evidence of identity) of the client				
e.	The Sighted, Notarised or Certified copy of the proof of residential address (evidence of residential address) of the client				
f.	The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian				
g.	The Sighted, Notarised or Certified copy of the power of attorney (where applicable)				
h.	The tax identification number of the client, if available. The Sighted, Notarised or Certified copy of the tax certificate or tax card may also be provided, if available				
i.	Letter of introduction from the relevant Diplomatic Mission/International Organisation certifying the accredited status of the potential client (where applicable)				

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.