

CORPORATE APPLICATION 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 \_\_\_\_\_

KINDLY SELECT FUND(S) YOU WOULD LIKE TO INVEST IN

<input type="checkbox"/> FBN MONEY MARKET FUND	<input type="text" value="₦"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN BOND FUND	<input type="text" value="₦"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN BALANCED FUND	<input type="text" value="₦"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN HALAL FUND	<input type="text" value="₦"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN SMART BETA EQUITY FUND	<input type="text" value="₦"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN DOLLAR FUND	<input type="text" value="\$"/>	WORDS	<input type="text"/>
<input type="checkbox"/> FBN SPECIALIZED DOLLAR FUND	<input type="text" value="\$"/>	WORDS	<input type="text"/>

QUALIFIED INVESTOR ☐ YES ☐ NO

QUALIFIED INVESTOR REFER TO QUALIFIED INSTITUTIONAL INVESTORS, AND HIGH NET WORTH INVESTORS, AS DEFINED BY SEC RULES AND REGULATIONS

TYPE OF PRODUCT	INITIAL INVESTMENT TENOR
<input type="checkbox"/> LIQUIDITY MGT NOTES <input type="checkbox"/> TREASURY BILLS	30 DAY 60 DAY 90 DAYS 180 DAYS
<input type="checkbox"/> OTHERS: _____	365 DAYS INVESTMENT WILL BE AUTOMATICALLY ROLLED OVER EXCEPT OTHERWISE ADVISED

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 / BUSINESS NAME	<input type="text"/>											
CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER	<input type="text"/>											
DATE OF INCORPORATION / REGISTRATION	D	D	M	M	Y	Y	Y	Y	JURISDICTION OF INCORPORATION/ REGISTRATION			
BUSINESS TYPE / NATURE	<input type="text"/>								SECTOR/INDUSTRY <input type="text"/>			
CORPORATE/OPERATING BUSINESS ADDRESS (REGISTERED OFFICE)	<input type="text"/>											
STREET NAME	<input type="text"/>											
CITY/TOWN	<input type="text"/>								LOCAL GOVT. AREA <input type="text"/>			
STATE, COUNTRY	<input type="text"/>											
EMAIL ADDRESS	<input type="text"/>											
WEBSITE (IF ANY)	<input type="text"/>											
CONTACT NUMBER 1	<input type="text"/>								CONTACT NUMBER 2 <input type="text"/>			
PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/> POST <input type="checkbox"/> E-MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> HOLD MAILS											
AVERAGE ANNUAL TURNOVER	<input type="checkbox"/> LESS THAN 50M <input type="checkbox"/> 50M - LESS THAN 500M <input type="checkbox"/> 500M - LESS THAN 5B <input type="checkbox"/> ABOVE 5B											
TAX IDENTIFICATION NUMBER (TIN)	<input type="text"/>											
SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO	<input type="text"/>											

ACCOUNT SIGNATORY'S DETAILS

1 TITLE	<input type="text"/>	SURNAME	<input type="text"/>							
OTHER NAME	<input type="text"/>	FIRST NAME	<input type="text"/>							
MOTHER'S MAIDEN NAME	<input type="text"/>									
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED									



3	TITLE																	SURNAME																			
OTHER NAME																		FIRST NAME																			
MOTHER'S MAIDEN NAME																																					
DATE OF BIRTH	<div>D</div> <div>D</div>		<div>M</div> <div>M</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>				GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F																										
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED																																	
NATIONALITY																	PLACE OF BIRTH																				
STATE OF ORIGIN																	LGA OF STATE OF ORIGIN																				
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	RESIDENT PERMI NO.																																		
PERMIT ISSUE DATE	<div>D</div> <div>D</div>		<div>M</div> <div>M</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>				(IF APPLICABLE)																												
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																																					
ID NUMBER																																					
ID ISSUE DATE	<div>D</div> <div>D</div>		<div>M</div> <div>M</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>				ID EXPIRY DATE	<div>D</div> <div>D</div>		<div>M</div> <div>M</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>																							
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)	<div>COUNTRY CODE</div>		<div>NUMBER</div>														MOBILE NUMBER (2)	<div>COUNTRY CODE</div>		<div>NUMBER</div>																	
E-MAIL ADDRESS																																					
CLASS OF SIGNATORY <small>(PLEASE INDICATE CLASS IN THE BOX PROVIDED)</small>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	SIGNATURE																	DATE	<div>D</div> <div>D</div>		<div>M</div> <div>M</div>		<div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>											

TITLE																	
OTHER NAME																	
MOTHER'S MAIDEN NAME																	
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F						
NATIONALITY (FOR NON-NIGERIANS)									PLACE OF BIRTH								
OTHER COUNTRY OF TAX RESIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY THE COUNTRIES																
RESIDENCY STATUS	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY																
PERMIT ISSUE DATE	D	D	M	M	Y	Y	Y	Y	RESIDENT PERMIT NO. (IF APPLICABLE)								
PERMIT EXPIRY DATE	D	D	M	M	Y	Y	Y	Y									
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																	
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

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

2	TITLE											SURNAME																																								
	OTHER NAME											FIRST NAME																																								
	MOTHER'S MAIDEN NAME																																																			
	DATE OF BIRTH	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F																													
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
	NATIONALITY (FOR NON-NIGERIANS)											PLACE OF BIRTH																																								
	OTHER COUNTRY OF TAX RESIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE SPECIFY THE COUNTRIES																																																
	RESIDENCY STATUS	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	RESIDENT PERMIT NO. (IF APPLICABLE)																																																
	PERMIT ISSUE DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					PERMIT EXPIRY DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y																
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
	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																																																			
	ID NUMBER																																																			
	ID ISSUE DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					ID EXPIRY DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y																
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
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	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F																													
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
	NATIONALITY (FOR NON-NIGERIANS)											PLACE OF BIRTH																																								
	OTHER COUNTRY OF TAX RESIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE SPECIFY THE COUNTRIES																																																
	RESIDENCY STATUS	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	RESIDENT PERMIT NO. (IF APPLICABLE)																																																
	PERMIT ISSUE DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					PERMIT EXPIRY DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y																
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
	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																																																			
	ID NUMBER																																																			
	ID ISSUE DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					ID EXPIRY DATE	<table border="1"><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table border="1"><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y																
D	D																																																			
M	M																																																			
Y	Y	Y	Y																																																	
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)											MOBILE NUMBER (2)										
	COUNTRY CODE					NUMBER					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	<input type="text"/> D <input type="text"/> <input type="text"/> M <input type="text"/>	<input type="text"/> Y <input type="text"/> <input type="text"/> Y <input type="text"/>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
MOTHER'S MAIDEN NAME	<input type="text"/>		
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"/>	<input type="text"/>	
	CITY/TOWN	LOCAL GOVT. AREA	
	<input type="text"/>	<input type="text"/>	
	STATE, COUNTRY		

## INVESTMENT TYPES & REPAYMENT OPTIONS

<b>FBN MONEY MARKET FUND</b>		
<input type="checkbox"/>	REINVEST IN FUND	<input type="checkbox"/> PAY OUT
<b>FBN BOND FUND</b>		
<input type="checkbox"/>	RE-INVEST IN FUND	<input type="checkbox"/> PAY OUT
<b>FBN BALANCED FUND</b>		
<input type="checkbox"/>	RE-INVEST IN FUND	<input type="checkbox"/> PAY OUT
<b>FBN HALAL FUND</b>		
<input type="checkbox"/>	RE-INVEST IN FUND	<input type="checkbox"/> PAY OUT
<b>FBN SMART BETA EQUITY FUND</b>		
<input type="checkbox"/>	RE-INVEST IN FUND	<input type="checkbox"/> PAY OUT
<b>FBN DOLLAR FUND</b>		
<input type="checkbox"/>	RE-INVEST IN FUND	<input type="checkbox"/> PAY OUT
STATEMENT PREFERENCE		
<input type="checkbox"/>	MONTHLY	<input type="checkbox"/> QUARTERLY

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

## BANK DETAILS NGN

ACCOUNT NAME										
BANK NAME										
ACCOUNT NUMBER										
BANK VERIFICATION NUMBER (BVN)										

## BANK DETAILS USD (\$)

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

STATEMENT PREFERENCE ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY

## TERMS AND CONDITIONS

First Asset Management is a First HoldCo 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:
- To credit reference agencies, any person who may assume our rights under this Agreement, a member of FBN Holdings Group, or
  - 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/We 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				

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
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		APPROVED BY OPERATIONS	
SIGNATURE		SIGNATURE	
DATE		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 First HoldCo

	ASSET ALLOCATION	INITIAL INVESTMENT	ADDITIONAL INVESTMENT	MINIMUM HOLDING PERIOD	BANK DETAILS
FBN MONEY MARKET FUND	<ul style="list-style-type: none"> <li>10%-75% is invested in Bank tenured placements</li> <li>25%-100% is invested in Treasury bills and short-government securities</li> <li>10%-75% is invested in other money market securities</li> </ul>	₦ 5,000.00	₦ 5,000.00	30 Days Penalty for early withdrawal: 20% in income earned for withdrawals under 30 days	<b>Bank:</b> Citi Bank <b>Account Name:</b> FBNMM FD/INVEST1 FIN SV/COLLECTION <b>Account No:</b> 0011584086
FBN BOND FUND	<ul style="list-style-type: none"> <li>15%-75% is invested in FGN bonds</li> <li>0%-30% is invested in State government bonds</li> <li>0%-30% is invested in Corporate bonds</li> <li>0%-15% is invested in Eurobonds</li> <li>25%-75% is invested in Money market securities</li> </ul>	₦ 50,000.00	₦ 10,000.00	90 Days Penalty for early withdrawal: 20% in income earned for withdrawals under 90 days	<b>Bank:</b> Citi Bank <b>Account Name:</b> FBN FI FD/INVEST1 FIN SV/ COLLECTION <b>Account No:</b> 0011584093
FBN BALANCED FUND	<ul style="list-style-type: none"> <li>40%-60% is invested in Equities</li> <li>20%-40% is invested in bonds</li> <li>20%-60% is invested in Money Market securities</li> </ul>	₦ 50,000.00	₦ 10,000.00	180 Days Penalty for early withdrawal: 1% of redemption value for redemption within 180 days	<b>Bank:</b> Citi Bank <b>Account Name:</b> FBNBAL FD/LEADWAY CAP&TRST/COLL.ACC <b>Account No:</b> 0011584103
FBN HALAL FUND	<ul style="list-style-type: none"> <li>10%-85% is invested in Sovereign and Sub-Sovereign Sukuk</li> <li>0% - 70% is invested in Corporate Sukuk</li> <li>0% - 80% is invested in Shari'ah Compliant Fixed Term Investment</li> <li>0% - 30% is invested in Cash and Cash equivalents</li> <li>0% - 15% is invested in Other Shari'ah Compliant Mutual Funds</li> <li>0% - 15% is invested in Dollar denominated Shari'ah Complaint Sukuk issued by a Nigerian issuer</li> <li>0% - 55% is invested in Shari'ah Compliant Fixed income Contracts</li> </ul>	₦ 5,000.00	₦ 1,000.00	90 Days Penalty for early withdrawal: 20% of income earned for withdrawals earlier than 90 days	<b>Bank:</b> Standard Chartered Bank <b>Account Name:</b> STANBIC IBTC TRUSTEE ACCT/FBN HALAL FUND /COLLECTION ACCT <b>Account No:</b> 0003821134
FBN SMART BETA FUND	<ul style="list-style-type: none"> <li>0%-25% is invested in Money Market securities</li> <li>75%-100% is invested in Equities</li> </ul>	₦ 50,000.00	₦ 10,000.00	90 Days Penalty for early withdrawal: 20% in income earned for withdrawals under 90 days	<b>Bank:</b> Standard Chartered Bank <b>Account Name:</b> STANBIC IBTC TRUSTEE ACCT/FBN SMARTBETA FUND /COLLECTION ACCT <b>Account No:</b> 0003821127
FBN DOLLAR FUND	<ul style="list-style-type: none"> <li>70%-80% is invested in Nigerian Sovereign Eurobonds</li> <li>0%-10% is invested in Nigerian non-USD denominated fixed income instruments</li> <li>0%-20% is invested in other external funds of similar characteristics</li> <li>0%-30% is invested in Money Market Instrument</li> </ul>	I (institutional) unit class: US\$ 100,000  R (retail) unit class: US\$ 1,000	I (institutional) unit class: US\$ 10,000  R (retail) unit class: US\$ 1,000	180 Days Penalty for early withdrawal: 1% of redemption value for withdrawals earlier than 180 days	<b>Bank:</b> Standard Chartered Bank <b>Account Name:</b> STANBIC IBTC TRUSTEE ACCT/FBN DOLLAR FUND USD/COLLECTION ACCT <b>Account Number:</b> 0003825613 USD

FBN SPECIALIZED DOLLAR FUND	<ul style="list-style-type: none"> <li>• 80-100% Nigeria Assets</li> <li>• Sovereign and corporate eurobond 50-80%</li> <li>• Money Market instruments (cash, call and tenured deposits, commercial papers and mutual fund) 5-50%</li> <li>• 0-2% non-Nigeria Asset Non-Nigeria EURO BONDS 0-20%</li> <li>• Other Dollar denominated debt (US treasuries) 0-5%</li> <li>• Other Dollar denominated debt FUND/ETF 0-10%</li> <li>• Gold- based EFT 0-10%</li> </ul>	USD 10,000	USD1,000	180 Days	<b>Bank:</b> Standard Chartered Bank Nigeria, Lagos Sovereign and corporate eurobond 50-80% <b>Account Name:</b> STANBIC IBTC TRUSTEES / FBN SPECIALIZED DOLLAR FUND money market instrument (cash, call and tenured) <b>Account Number:</b> 0005513624
--------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	----------	----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PAST PERFORMANCE IS NOT A GUIDE TO THE FUTURE. THE PRICE OF INVESTMENTS AND THE INCOME FROM THEM MAY FALL AS WELL AS RISE AND INVESTORS MAY NOT GET BACK THE FULL AMOUNT INVESTED.

Please email a scanned copy of this completed form with other relevant documents to [ccu@fbnquestmb.com](mailto: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.

## 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 [invest@first-assetmanagement.com](mailto:invest@first-assetmanagement.com) or submit hard copies to any First Asset Management offices in Lagos, Abuja or Port Harcourt, or any First Bank of Nigeria branch nationwide.

A First HoldCo Company

## SIGNATURE/MANDATE CARD

ACCOUNT NO.

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

ACCOUNT NAME

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

TELEPHONE NO.

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

MANDATE

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

(AUTHORISED

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

COMBINATION)

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

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

NAME

(MR/MRS/MISS/MS.)

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

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

CLASS

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

SIGNATURE

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

DATE

D	D	M	M	Y	Y	Y	Y

NAME

(MR/MRS/MISS/MS.)

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

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

CLASS

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

SIGNATURE

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

DATE

D	D	M	M	Y	Y	Y	Y

NAME

(MR/MRS/MISS/MS.)

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

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

CLASS

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

SIGNATURE

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

DATE:

D	D	M	M	Y	Y	Y	Y

AFFIX  
PASSPORT  
PHOTOGRAP  
HERE

AFFIX  
PASSPORT  
PHOTOGRAP  
HERE

AFFIX  
PASSPORT  
PHOTOGRAP  
HERE



## SIGNATURE/MANDATE CARD CONTINUATION

ACCOUNT NO.

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

NAME  
(MR/MRS/MISS/MS.)



CLASS

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME  
(MR/MRS/MISS/MS.)



CLASS

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME  
(MR/MRS/MISS/MS.)



CLASS

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

NAME  
(MR/MRS/MISS/MS.)



CLASS

SIGNATURE

DATE

D	D	M	M	Y	Y	Y	Y

AFFIX  
PASSPORT  
PHOTOGRAPH  
HERE

AFFIX  
PASSPORT  
PHOTOGRAPH  
HERE

AFFIX  
PASSPORT  
PHOTOGRAPH  
HERE

AFFIX  
PASSPORT  
PHOTOGRAPH  
HERE

## IMPORTANT

- All investment transfers must be made ONLY to the officially designated accounts. Customers will be responsible for any transfers made to individual or third-party accounts.
- 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 [cc@fbnquestmb.com](mailto:cc@fbnquestmb.com) or submit hard copies to any of the FBNQuest Asset Management offices in Lagos, Abuja and Port Harcourt.