

INDIVIDUAL ACCOUNT OPENING FORM

AIICO CAPITAL

A. PERSONAL DATA

*Individual / Guardian Personal Details (Options marked * are compulsory)**** Title:** Mr. / Mrs. / Ms. / Dr. / Chief Other (Specify) _____Surname: First Name: Other Names: **Gender:** Male Female * Date of Birth (dd/mm/yyyy): **Marital Status:** Single Married Divorced Separated Religion: Place/Country of Birth: State of Origin: (Nigerians Only): * Guardian Name (for Minor Only): * Mother's Maiden Name: * Residential/Permanent Address: Contact/Postal Address: * Nationality: * Telephone Number(s): * Politically Exposed Person (PEP): Yes No Please Provide Details if Yes: _____**AFFIX PASSPORT
PHOTOGRAPH****Resident Indicator:** Resident Non-Resident * Personal E-mail Address: **ID Type:** International Passport Driver's License National ID Card Voter's Card ID Number: Ultimate Beneficiary Owner (UBO) * Politically Exposed Person (PEP): Yes No Please Provide Details if Yes: _____

B. EMPLOYMENT DETAILS AND PURPOSE OF INVESTMENT

Employment Status: Full Time Self Employed Retired Other Company Name: Company/Office Address: Office E-Mail: Office Telephone Number: Official Website Address: * **Annual Income:** ₦1 - 5m ₦5m - ₦10m ₦10m - ₦50m ₦50m and above * **Source of Investment Fund:** Employment Business Others Purpose Of Investment: Purpose Of Investment:

SELF EMPLOYED

Business Name: Business Address: Nature Of Business: RC or Business Registration No. and Date of Incorporation/Registration: **Bank Name:** **Account Name:** **Account Number:** **Bank Verification Number (BVN):**

C. NEXT OF KIN DETAILS

S/N	NAME	ADDRESS	SEX	DATE OF BIRTH	RELATIONSHIP	PHONE NUMBER
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. EMAIL INDEMNITY

I/We the undersigned _____ with Account Number _____ and E-mail Address _____ being a client of AIICO Capital Limited hereby authorize to effect any & all transactions relating to my account held with them on the basis of my electronic mail (Email).

I/We consent to indemnify the AIICO Capital Limited against any losses whatsoever suffered by myself/ourselves or AIICO Capital Limited as a result of AIICO Capital Limited acting on the basis of the stated email.

I/We further consent that should I/We or the AIICO Capital Limited suffer any loss as more fully enumerated above; i/we shall be liable for the full amount of such loss.

I/We hereby consent that the provided e-mail will be my/our preferred means of communication and that i/we will always notify AIICO Capital Limited of any change in the email as earlier provided through a duly executed letter based on my/our signature mandate.

Signed this _____ day of _____ 20 _____

Authorised Signatory:

Authorised Signatory:

E. DECLARATION

I _____ hereby confirm that all the information herein stated are true and guarantees that I can be held responsible for any false declaration.

Signature & Date:

TERMS AND CONDITIONS

The Terms and Conditions set below shall be binding on the Account holder(s):

Instruction - the Client agrees that his/her instruction is subject to the Rules and Regulations of the Securities and Exchange Commission (SEC) and The Investment and Securities Act 2007 and all other relevant Rules and Regulations covering the operations of Capital Market Operators.

Anti - Money Laundering - the Client agrees that all his/her transactions will be subject to all relevant Anti-Money Laundering Laws and Regulations.

Third Party Payment - the Client agrees that payments of proceeds of investments from his/her account shall be made ONLY to the Client.

Update - the Client agrees to notify the AIICO Capital Limited immediately, of any change in the details provided to the Company or at the request of the Company, update his/her records through KYC update form.

AIICO Capital Limited Account Holders specifically agree that in consideration for the services provided by the AIICO Capital Limited, the Company shall be entitled to charge a fee/commission on each transaction asset out and as amended from time to time in writing (including e-mail).

The Client agrees to pay the fees and commission as advised accordingly.

I/we attest that all information provided herein is accurate and a true representation of my present status. I/we hereby state that the funds and source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity.

Signature & Date:

Signature & Date:

For Joint Account _____

Signature Mandate (Signing Rule)

ACCOUNT OPENING REQUIREMENTS

- Duly Completed Account Opening Form.
- Acceptable means of identification (Valid (current) driver's license/ International Passport/National ID, Voters card) bearing the identity of the account holder(s).
- Two recent passport photographs
- Copy of Utility Bill (PHCN, Telephone bill, Water Corporation bill, Waste bill etc.) not more than 3 months old showing residential address of account holder.
- E-mail Indemnity (where applicable)
- Evidence of accepted Initial deposit for account opening (Cheque, Deposit slip, Screenshot of Electronic Fund Transfer)
- Birth Certificate (For Minors Only)
- Resident Permit (Foreigners Only)

FOR OFFICIAL PURPOSE ONLY

Client's File Number:

Introduced By:

Product Code:

Account Received By: Signature & Date:

Compliance Officer:



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