



OPTIONS MARKED * ARE COMPULSORY

A. CLIENT PERSONAL DATA- INDIVIDUAL OR GUARDIAN OF A MINOR

Title		* Surname		Ax Passport Photograph of a Minor
* First Name		Other Names		
* Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	* Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
* Residential Address <input type="text"/>				
<input type="text"/>				
* Mobile Phone Number	<input type="text"/>	E-mail	<input type="text"/>	Marital status <input type="text"/>
* Mother's Maiden Name	<input type="text"/>	Nationality	<input type="text"/>	State of Origin <input type="text"/>
ID Type:	International Passport <input type="checkbox"/>	Driver's License <input type="checkbox"/>	National Identity Card <input type="checkbox"/>	Voter's Card <input type="checkbox"/>
ID Number				<input type="text"/>
* Are you a politically exposed person? (Kindly refer to the denition page for the denition/parameters to know your status)				Yes <input type="checkbox"/> No <input type="checkbox"/>
* If Yes, please provide details				<input type="text"/>

A1. MINOR -

PLEASE COMPLETE THIS SECTION FOR A MINOR. PLEASE MOVE TO PART B IF THIS DOES NOT APPLY TO YOU.

(For the denition of a minor please see denition section)

Date of Birth		Surname		Ax Passport Photograph of a Minor
First Name		Other Names		
For a minor account Please provide a signature mandate (Signing rule e.g Father and Mother to operate or Mother to operate etc.)				
NAME	SIGNATURE		RELATIONSHIP	
NAME	SIGNATURE		RELATIONSHIP	
Mandate <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Guardian				

A2. JOINT ACCOUNT HOLDER -

PARTNER SHOULD COMPLETE THIS SECTION. PLEASE MOVE TO PART B IF THIS DOES NOT APPLY TO YOU.

Title		*Surname		Ax Passport Photograph of a Joint Partner
*First Name		Other Names		
*Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	* Gender <input type="text"/>
*Residential Address <input type="text"/>				
<input type="text"/>				
* Mobile Phone Number	<input type="text"/>	E-mail	<input type="text"/>	
* Mother's Maiden Name	<input type="text"/>	Nationality	<input type="text"/>	
ID Type:	International Passport <input type="checkbox"/>	Driver's License <input type="checkbox"/>	National Identity Card <input type="checkbox"/>	Voter's Card <input type="checkbox"/>
ID Number				<input type="text"/>
* Are you a politically exposed person? (For the denition of a politically exposed person please see denition section)				Yes <input type="checkbox"/> No <input type="checkbox"/>
* If Yes, please provide details				<input type="text"/>

For a Joint Account Please provide a signature mandate (Signing rule)

NAME	SIGNATURE	CATEGORY
NAME	SIGNATURE	CATEGORY

Mandate _____

B. EMPLOYMENT DETAILS AND PURPOSE OF INVESTMENT

* Employment Status: Employed Self Employed Retired Others _____

Source of Funds: Employment Business Others (e.g Rental, Income, Dividend etc.) _____

* Annual Income: Less than ₦3M ₦3M - ₦10M ₦10M - ₦50M ₦50M and above

Name of Employer: _____

Nature of Business: _____

Address of Employer: _____

C. PRODUCT / SERVICES REQUIRED

CIA CPA Dollar Fund Others _____

* Dividend Pay-out Options (Please tick as appropriate): Reinvest Credit My Designated Account

Funding Options: Lump Sum Monthly Quarterly Others _____

Initial Amount: _____

Funding Mode (Please tick as appropriate): Standing Payment Order Cheques Fund Transfer

=

D. *BANK ACCOUNT DETAILS

I / We hereby instruct Financial Care Advisers Limited to transfer all payment due to my/our account:

Bank Name: _____

Account Number: _____

Account Name: _____

Bank Verification Number: _____

This is your default/primary bank account on record where funds you have invested with Financial Care Advisers Limited will be sent to when you initiate a withdrawal. Any request to change this account must be communicated in writing to the Company via your email address on record and signed. This request will be subject to verification before implementation.

E. *NEXT OF KIN DETAILS

Name: _____ Date of Birth:

D	D	M	M	Y	Y

Residential Address: _____

Relationship: _____ Gender: _____

Email Address: _____ Phone Number: _____

F. EMAIL IDEMNITY

I / We the undersigned _____ with E-mail Address _____, who has/have an investment account with Financial Care Advisers Limited to honour, effect any & all instructions/ transactions relating to my account held with them on the basis of my electronic mail (Email).

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

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

I hereby consent that the provided e-mail will be my preferred means of communication.

Signed this _____ day of _____ 20____.

NAME	SIGNATURE
NAME	SIGNATURE

DEFINITION SECTION

A Politically Exposed Person is an individual (including family member or close associates of an Individual):

1. who is or have been entrusted with prominent public functions by a foreign country, for example Heads of State or Government, senior politicians, senior government, judicial or military officials, senior executives of State owned corporations and important political party officials;
2. who is or have been entrusted domestically with prominent public functions, for example Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of State owned corporations and important political party officials; and
3. who is or have been entrusted with a prominent function by an international organization and includes members of senior management such as directors, deputy directors and members of the board or equivalent functions other than middle ranking or more junior individuals.

FCA means **Financial Care Advisers**.

TERMS AND CONDITIONS

Risk Profile: All investments involve an element of risk to capital and/or income and there will be periods when the short-term returns differ from the long

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

Non-disclosure - the Client agrees to keep confidential information about the Company and its investment practices and the Company in turn agrees not to divulge the Client's information to any third party except as required as part of performance of its duty or by law.

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 Company immediately, of any change in the details provided to the Company or at the request of the Company, update his/her records. All notices and correspondence required to be provided by FCA to the client will be forwarded to that address until FCA receives a written notification of the clients' change of address.

Account Statements - the Client will receive monthly statement of accounts and at any time on the client's request. The Client however undertakes to report to the Company any errors in the investment certificate issued, within 3 (three) business days of receipt. Where no objection is raised within the period stipulated above, the statement and investment certificate shall be deemed accepted by the Account Holder.

FCA Account Holders - agree that we understand that due to the volatility of the stock market, the prices of quoted securities inclusive in the Mutual Fund may fluctuate. We also agree that the past performance of the fund is not necessarily an indication of its future performance. We understand that Mutual Funds are more suited for medium to long term investments. Short term investors may not fully realize the value of their investments at liquidation or redemption.

Data Protection - We hereby arm that in line with the relevant laws on Data Protection in Nigeria, We consent to the collection and processing of our personal data/information in the absence of any fraud, duress, undue influence or coercion for the purpose of forming the basis of this account opening and other necessary data processing activities which may arise therefrom, including for the performance of the relationship between ourselves and FCA. We arm that we have the requisite capacity under the law to consent to the collection and processing of our personal data. We arm that we aware and take cognizance of our rights under the relevant Data Protection Laws in Nigeria which include the right to request for access, amendment, rectification or cancellation or destruction of our personal data/ information, the right to lodge complaint with the relevant authority as well as the right to object to the processing of our personal data. I further consent to the processing of our personal data (within or outside Nigeria), including transfer of our personal data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Operation of Account - The client agrees to safely operate the account. The client agrees to assume full responsibility and ensure safe custody of all print and electronic correspondence issued to/or by FCA regarding the account. The client agrees to notify FCA immediately whenever he/she knows or has any reason to suspect that an unauthorized person has access to any print or electronic correspondence issued to or by FCA regarding the account. The client agrees to indemnify FCA against any loss, damage or liability resulting from our non-compliance to the above. The client agrees that FCA 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. The client agrees that FCA will accept no liability whatsoever for funds handed to members of its staff outside office hours or outside the FCA to collect such funds on behalf of FCA shall from time to time communicate in writing to the client the names of officers authorized to receive funds on its behalf. The client agrees that in the absence of clear disposal instruction, the invested principal amount and interest / income at maturity will be liquidated and FCA may at its discretion hold the funds in a non-interest-bearing account pending further instructions from the client. The client agrees that FCA 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 FCA or any of its staff action on its instruction.

General - We attest that all information provided herein is accurate and a true representation of our present status. We hereby state that the funds and source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity. By signing below, you arm that you have read the Terms and Conditions and that you understand these Terms and Conditions and agree to be bound by them.

AUTHORISED SIGNATORY

NAME	SIGNATURE
NAME	SIGNATURE

ACCOUNT OPENING CHECKLIST

- Duly Completed Account Opening Form.
- One recent passport photograph of all Directors/Sole Proprietor/Trustees
- One recent passport photograph of all Signatories
- Acceptable means of identification of all Directors/Sole Proprietor/Trustees
- Acceptable means of identification of all signatories.
- Proof of Address of all Directors/Sole Proprietor/Trustees
- Proof of Address of all Signatories
- E-mail Indemnity (where applicable)
- Evidence of accepted Initial deposit for account opening (Deposit Slip, Screenshot of Electronic Fund Transfer etc)
- Form CAC.1 (for companies incorporated from 2017)- replaced Form CAC 2 and 7

5. Tenancy Agreement showing residential address of account holder.

6. Physical verification of the address by the Relationship Manager.

- E-mail Indemnity
- Birth Certificate (For Minors Only)
- Resident Permit (Foreigners Only)
-

FOR INTERNAL USE ONLY

KYC already verified Yes No

Deferred Document	Regularised Date	Deferred Document	Regularised Date

ACCOUNT OPENING APPROVAL

Client's File Number: _____

Relationship Manager: _____
Name, Signature & Date.

Operations Officer: _____
Name, Signature & Date.

CUSTOMER ANTI-MONEY LAUNDERING RISK CATEGORIZATION FORM

PARAMETERS	RISK RATING				
Country of Residence					
Country of Citizenship					
Type/nature of Business/ Occupation					
Source of funds					
Documentary evidence provided					
Correlation between income and proposed investment					
Politically exposed person(s)					
Risk of Suspicious Transaction					
Customer category code	<table border="1"><tr><td>LOW</td><td>MEDIUM</td><td>MEDIUM-HIGH</td><td>HIGH</td></tr></table>	LOW	MEDIUM	MEDIUM-HIGH	HIGH
LOW	MEDIUM	MEDIUM-HIGH	HIGH		
Justification for risk rating by Compliance Officer					
Name and Signature of Compliance Officer					
Date					