



PARTNERSHIP SUBSCRIPTION FORM

REQUIRMENTS	
CONTACT INFORMATION	Mandatory
PARTNERSHIP PACKAGE	Mandatory
PARTNERSHIP CONTRACT	Mandatory

KYC DOCUMENTATION
1 PASSPORT PHOTOGRAPH OF PARTNER
COPY OF GOVERNMENT ISSUE IDENTITY (Driver's licence, International passport, National ID card, Permanent Voter's Card)
PROOF OF ADDRESS OF APPLICANT E.G UTILITY BILL (I.e telephone bill, PHCN, LAWMA, etc not older than 3 months)

Note: For foreign Clients all documents should be notarized by (I) the embassy, consulate or high commission of the country of issue, (II) notary public or court of competent jurisdiction, or (iii) senior public servant or their equivalent in the private sector and the individual/institution undertaking the certification must be capable of being contacted.

NAME OF PARTNER

Name:

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Full name of receiving staff: _____

Signature of receiving staff: _____

Date: _____

PERSONAL DETAILS OF PARTNER (S)*

[illegible][illegible]

C	*NEXT OF KIN*																																																												
TITLE (MR, MRS, MS, CHIEF,...)									GENDER (M/F)																																																				
FIRST NAME																																																													
MIDDLE NAME																																																													
SURNAME																																																													
RESIDENTIAL ADDRESS LINE 1																																																													
RESIDENTIAL ADDRESS LINE 2																																																													
POSTAL ADDRESS																																																													
DATE OF BIRTH (DD-MM-YYYY)																																																													
MARITAL STATUS																																																													
EMAIL ADDRESS																																																													
MOBILE PHONE																																																													
RELATIONSHIP																																																													
COUNTRY OF BIRTH																																																													
NATIONALITY																																																													
STATE OF ORIGIN																																																													

D		*BANK DETAILS*	
BANK ACCOUNT NUMBER			
ACCOUNT NAME			
BANK NAME			
BRANCH NAME			
BRANCH SHORT CODE			
BANK ADDRESS LINE 1			
BANK ADDRESS LINE 2			
BANK TELEPHONE			

Kindly note that incentives/rewards (if any) would be paid into the bank account details provided by you in this form. Therefore, in absence of written instructions to the contrary, PORK MONEY shall continue to transfer all proceeds into the bank account details provided. PORK MONEY will not be liable for any loss that arises due to incorrect information provided by you nor will PORK MONEY be liable for any delays experienced in transferring or withdrawing the revenue where such delays are as a result of dormancy or inactivity of the Bank Account details on our records.

PART E: DECLARATION BY PARTNER (S)*

I/We declare that:
-I/We am 18years old or over;
I/We agree:
-To comply with the minimum tenor (s) of the package, failing which I accept any loss, cost and charges that may arise as a result of my redemption.
-I/We understand that in the event that I am unable to furnish PORKMONEY with all the required KYC documentation, I shall not hold PORKMONEY liable for any diminution, loss of interest or transfer charges in the event that my partnership is revoke.
-I/We have read and agreed with the terms and conditions of PORKMONEY partnership contract.
'I hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent and authorize PORKMONEY to share my information with tax authorities where necessary to establish my tax liability in any jurisdiction. I consent and agree that the PORKMONEY may withhold such amounts as may be required by law for the purpose of fulfilling tax obligations].
I agree to notify PORKMONEY within 30 calendar days if there is a change in any information which I have provided to PORKMONEY".

*Signature of Member	Date	*Signature of Member	Date

F PAYMENT DETAILS

ALL PAYMENTS SHOULD BE MADE TO:

BANK - GUARANTEE TRUST BANK
ACCOUNT NAME - DIVERGENT ENTERPRISE LIMITED
ACCOUNT NUMBER - 0337393292

Upon payment confirmation a reciept of payment would be issued to you.

FOR OFFICAL USE ONLY

PMN1 NGN250,000	PMN2 NGN500,000	PMN3 NGN1,000,000	PMN4 NGN5,000,000
<ul style="list-style-type: none"> ● 5 Weaners (4 Gilts, and 1 Boar ● Feed till maturation ● Vaccination ● 20% return on capital ● Contract period- 11 months 	<ul style="list-style-type: none"> ● 10 Weaners (8 Gilts, and 2 Boar ● Feed till maturation ● Vaccination ● 25% return on capital ● Contract period- 11 months 	<ul style="list-style-type: none"> ● 20 Weaners (16 Gilts, and 4 Boar ● Feed till maturation ● Vaccination ● 30% return on capital ● Contract period- 11 months 	<ul style="list-style-type: none"> ● 100 Weaners (80 Gilts, and 20 Boar ● Feed till maturation ● Vaccination ● 35% return on capital ● Contract period- 11 months

PARTNERSHIP PACKAGE

Full name of receiving staff: _____

Signature of receiving staff: _____

Date: _____