



A MEMBER OF FCMB GROUP PLC

AFFIX
PASSPORT
PHOTOGRAPH

INVESTMENT MANAGEMENT TRUST ACCOUNT OPENING FORM

PLEASE FILL ALL DETAILS AS MUCH AS POSSIBLE; ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. NOTE ALL ITEMS MARKED
ASTERISK (*) ARE COMPULSORY

1. PERSONAL INFORMATION

Full Names:

Sex: * Marital Status: * Date of Birth: *

Residential / Mailing Address: *

Telephone Nos: *

Email Address: *

State of Origin: * LGA: *

Nationality: *

Next of Kin- Name & Address: *

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2. FAMILY INFORMATION

Full Names of Spouse(s): *

Residential / Mailing Address: *

Telephone Nos: *

Email Address:

Do you have any Beneficiaries? *

If yes, state their Names and Date of Birth: *

(a) Name: Relationship: Date of birth:

(b) Name: Relationship: Date of birth:

(c) Name: Relationship: Date of birth:

(d) Name: Relationship: Date of birth:



3. IDENTIFICATION

Inter Passport / Driver's Licence/ National I.D No: *.....

Date Issued: *..... Expiry Date: *.....

.....
Name

.....
Signature & Date