



AFFIX ONE
LATEST
PASSPORT (OF
THE SETTLOR,
BENEFICIARIES &
DESIGNATED
REPRESENTATIVE)

INVESTMENT MANAGEMENT TRUST ACCOUNT OPENING FORM

PERSONAL DATA

FULL NAME:

SEX

MARITAL STATUS

DATE OF BIRTH

RESIDENTIAL / MAILING ADDRESS:

TELEPHONE NOS:

E-MAIL ADDRESS:

STATE OF ORIGIN:

LGA:

NATIONALITY:

NEXT OF KIN – Name & Address:

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

S/N	NAME	RELATIONSHIP	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
7			

IDENTIFICATION

INTERNATIONAL PASSPORT	DRIVER'S LICENSE	NATIONAL ID NO
DATE ISSUED	EXPIRY DATE	

Name

Signature

Date