



ASSET MANAGEMENT

RC 1518668

INVESTMENT ACCOUNT

CORPORATE INVESTMENT ACCOUNT OPENING FORM

ASSET MANAGEMENT

RC 1518668

GETTING STARTED

PLEASE COMPLETE AND SIGN THIS ACCOUNT OPENING FORM, ALONG WITH ANY REQUIRED SUPPLEMENTAL FORMS IDENTIFIED THROUGH THIS APPLICATION PROCESS.

IN ORDER TO COMPLETE THIS APPLICATION, YOU WILL NEED SOME OR ALL OF THE FOLLOWING INFORMATION:

- IDENTIFICATION FOR 2 DIRECTORS AND ALL SIGNATORIES (DRIVER'S LICENSE/INTERNATIONAL PASSPORT/NATIONAL ID/PERMANENT VOTERS CARD)
- 1 PASSPORT PHOTOGRAPH EACH FOR ALL SIGNATORIES
- UTILITY BILL FOR 2 DIRECTORS AND ALL SIGNATORIES (BILL/PRE-PAID METER CARD/RECEIPT) NOT OLDER THAN 3 MONTHS
- A COPY OF THE MEMORANDUM AND ARTICLES OF ASSOCIATION (MEMART)
- A COPY OF THE FORM CAC 2 (SHAREHOLDERS) & CAC 7 (DIRECTORS) OR CAC 1.1
- A COPY OF THE CERTIFICATE OF INCORPORATION OF THE ENTITY
- A COPY OF THE BOARD RESOLUTION

COMPANY INFORMATION

COMPANY NAME:

CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER:

DATE OF REGISTRATION: COUNTRY OF REGISTRATION:

BUSINESS TYPE: TAX IDENTIFICATION NUMBER (TIN):

SPECIAL CONTROL UNIT AGAINST MONEY LAUNDERING (SCUML) REG. NO:

COMPANY ADDRESS: ADDRESS:

HOUSE NUMBER STREET NAME

CITY STATE

COUNTRY

EMAIL: WEBSITE (IF ANY):

PHONE NUMBER: ALT PHONE NUMBER:

1. COMPANY SIGNATORY DETAILS

TITLE GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH

SURNAME OTHER NAME

FIRST NAME MOTHER'S MAIDEN NAME

NATIONALITY STATE OF ORIGIN

LGA OF ORIGIN PLACE OF BIRTH

DUAL NATIONALITY YES ☐ NO ☐ IF YES STATE 2ND NATIONALITY

POSITION: CLASS OF SIGNATORY: A ☐ B ☐ C ☐

RESIDENTIAL ADDRESS:

HOUSE NUMBER STREET NAME

STATE

COUNTRY

EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>
ID TYPE:	INTERNATIONAL PASSPORT <input type="checkbox"/>	NATIONAL ID <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/> VOTERS CARD (PVC) <input type="checkbox"/>
ID NO.	<input type="text"/>	ISSUE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BVN	<input type="text"/>	SIGNATURE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. COMPANY SIGNATORY DETAILS

TITLE	<input type="text"/>	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SURNAME	<input type="text"/>	OTHER NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FIRST NAME	<input type="text"/>	MOTHER'S MAIDEN NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
NATIONALITY	<input type="text"/>	STATE OF ORIGIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LGA OF ORIGIN	<input type="text"/>	PLACE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DUAL NATIONALITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES STATE 2ND NATIONALITY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
POSITION:	<input type="text"/>	CLASS OF SIGNATORY: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		
RESIDENTIAL ADDRESS:	<input type="text"/>			
	HOUSE NUMBER	STREET NAME		
	<input type="text"/>			
	STATE			
	<input type="text"/>			
	COUNTRY			

EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>
ID TYPE:	INTERNATIONAL PASSPORT <input type="checkbox"/>	NATIONAL ID <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/> VOTERS CARD (PVC) <input type="checkbox"/>
ID NO.	<input type="text"/>	ISSUE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BVN	<input type="text"/>	SIGNATURE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. COMPANY SIGNATORY DETAILS

TITLE	<input type="text"/>	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SURNAME	<input type="text"/>	OTHER NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FIRST NAME	<input type="text"/>	MOTHER'S MAIDEN NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
NATIONALITY	<input type="text"/>	STATE OF ORIGIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
LGA OF ORIGIN	<input type="text"/>	PLACE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DUAL NATIONALITY	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES STATE 2ND NATIONALITY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
POSITION:	<input type="text"/>	CLASS OF SIGNATORY: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		
RESIDENTIAL ADDRESS:	<input type="text"/>			
	HOUSE NUMBER	STREET NAME		
	<input type="text"/>			
	STATE			
	<input type="text"/>			
	COUNTRY			

EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>
ID TYPE:	INTERNATIONAL PASSPORT <input type="checkbox"/>	NATIONAL ID <input type="checkbox"/>	DRIVER'S LICENSE <input type="checkbox"/> VOTERS CARD (PVC) <input type="checkbox"/>
ID NO.	<input type="text"/>	ISSUE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BVN	<input type="text"/>	SIGNATURE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. COMPANY DIRECTOR DETAILS

TITLE	<input type="text"/>	GENDER: MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	DATE OF BIRTH	<input type="text"/>
SURNAME	<input type="text"/>	OTHER NAME	<input type="text"/>				
FIRST NAME	<input type="text"/>	MOTHER'S MAIDEN NAME	<input type="text"/>				
NATIONALITY	<input type="text"/>	STATE OF ORIGIN	<input type="text"/>				
LGA OF ORIGIN	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>				
DUAL NATIONALITY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES STATE 2ND NATIONALITY	<input type="text"/>			
POSITION:	<input type="text"/>	CLASS OF SIGNATORY: A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>
RESIDENTIAL ADDRESS:	<input type="text"/>						
	HOUSE NUMBER		STREET NAME				
<input type="text"/>							
STATE							
<input type="text"/>							
COUNTRY							
EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>				
ID TYPE:	INTERNATIONAL PASSPORT <input type="checkbox"/>	NATIONAL ID	<input type="checkbox"/>	DRIVER'S LICENSE	<input type="checkbox"/>	VOTERS CARD (PVC)	<input type="checkbox"/>
ID NO.	<input type="text"/>	ISSUE DATE	<input type="text"/>	EXPIRY DATE	<input type="text"/>		
BVN	<input type="text"/>						

2. COMPANY DIRECTOR DETAILS

TITLE	<input type="text"/>	GENDER: MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	DATE OF BIRTH	<input type="text"/>
SURNAME	<input type="text"/>	OTHER NAME	<input type="text"/>				
FIRST NAME	<input type="text"/>	MOTHER'S MAIDEN NAME	<input type="text"/>				
NATIONALITY	<input type="text"/>	STATE OF ORIGIN	<input type="text"/>				
LGA OF ORIGIN	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>				
DUAL NATIONALITY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES STATE 2ND NATIONALITY	<input type="text"/>			
POSITION:	<input type="text"/>	CLASS OF SIGNATORY: A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>
RESIDENTIAL ADDRESS:	<input type="text"/>						
	HOUSE NUMBER		STREET NAME				
<input type="text"/>							
STATE							
<input type="text"/>							
COUNTRY							
EMAIL	<input type="text"/>	PHONE NUMBER	<input type="text"/>				
ID TYPE:	INTERNATIONAL PASSPORT <input type="checkbox"/>	NATIONAL ID	<input type="checkbox"/>	DRIVER'S LICENSE	<input type="checkbox"/>	VOTERS CARD (PVC)	<input type="checkbox"/>
ID NO.	<input type="text"/>	ISSUE DATE	<input type="text"/>	EXPIRY DATE	<input type="text"/>		
BVN	<input type="text"/>						

COMPANY INVESTMENT PROFILE

WHAT IS THE PURPOSE OF OPENING THIS ACCOUNT?

LONG TERM INVESTMENT:	<input type="checkbox"/>	SAVING FOR RETIREMENT:	<input type="checkbox"/>	INCOME GENERATION:	<input type="checkbox"/>
CAPITAL PRESERVATION:	<input type="checkbox"/>	OTHERS (PLEASE SPECIFY):	<input type="text"/>		

SETTLEMENT INSTRUCTION(S)

PLEASE NOTE THAT PROCEEDS FROM SALE OF SECURITIES WILL BE TRANSFERRED DIRECTLY TO THE COMPANY'S BANK ACCOUNT USING THE DIRECT CASH SETTLEMENT PLATFORM OF CENTRAL SECURITIES AND CLEARING SYSTEM (CSCS).

COMPANY'S BANK DETAILS WILL BE PROVIDED TO CSCS. THE SETTLEMENT ACCOUNT MUST BE IN THE SAME NAME AS THE ACCOUNT DESCRIPTION FOR THE BROKERAGE ACCOUNT

BANK NAME BRANCH:
ACCOUNT NAME
ACCOUNT NUMBER

NEXT OF KIN

TITLE GENDER: MALE ☐ FEMALE ☐ TITLE DATE OF BIRTH
SURNAME OTHER NAME
FIRST NAME RELATIONSHIP
PHONE NUMBER EMAIL:
RESIDENTIAL ADDRESS:
HOUSE NUMBER STREET NAME

CITY STATE

COUNTRY

TERMS AND CONDITIONS

- DEFINITIONS IN THIS AGREEMENT:** "NOVAMBLAM" shall mean NOVAMBL Asset Management Limited; the "Client" shall mean any person or persons, including a corporate body for whom an account is held by NOVAMBLAM whether individually or jointly with some other person.
- STATEMENTS OF ACCOUNT:** A statement of account will be issued at the end of each quarter and a full report detailing the performance of the client's investments will be issued half yearly.
- TAXES:** Any taxes or duties levied on the Clients holding or on any security furnished by the Client, shall be charged to the Client notwithstanding that demand for payment is made only after the account has been closed.
- APPROVAL OF STATEMENTS:** Any objection to a statement of account or report on investment must be made to NOVAMBLAM immediately upon receipt of the same and must reach NOVAMBLAM no later than six weeks from the date on which the statement was sent out by NOVAMBLAM. On the expiration of this period, all statements of account and reports shall be deemed to have been approved.
- CORRESPONDENCE:** Any communication from NOVAMBLAM to the Client shall be deemed to be validly delivered to the client if sent to the latest address indicated to NOVAMBLAM for this purpose by the client. The date indicated on copies of correspondence or on mailing records of NOVAMBLAM is presumed to be the date of delivery. In the absence of written instructions regarding the dispatch of correspondence, NOVAMBLAM will retain in its possession all correspondence concerning the client and shall be deemed validly delivered to the client as of the date they bear. Unless otherwise instructed in writing, NOVAMBLAM will destroy correspondence retained by it, including any cheques or instruments returned or unpaid, 3 years following the date thereof, NOVAMBLAM accepts no liability in respect of its retention of any correspondence for a client.
- PAYMENT OF INDEBTEDNESS AND COSTS OF COLLECTION.** The client shall at all times be liable for the payment upon demand of any indebtedness or other obligations owing in the client's account and the client shall be liable to NOVAMBLAM for any deficiency remaining in any such account in the event of a total or partial liquidation. The costs of collection of any indebtedness owing from the account of a client including any legal costs shall, to the extent permitted by the applicable laws and regulations, be borne by the client.
- MEANS OF TRANSPORTATION AND OF TRANSMISSION.** Provided that NOVAMBLAM has acted reasonably and prudently, it shall not be liable for any risks or damage resulting from the use of the postal service, telegraph, telephone, telex or any other system of transmission or means Of transportation, in particular, by reason of loss, delay, mistake, misunderstandings, distortions, omissions Or duplications. At its sole discretion, NOVAMBLAM may suspend the execution of any instructions given by telephone, telegraph, facsimile or telex until receipt of legible written confirmation,
- FOREIGN CURRENCY ACCOUNTS.** Foreign currency investments shall be made in the name of NOVAMBLAM but for the account of, and at the risk of the client. The client shall bear all risks and costs with respect to such investments, including those resulting from statutory, fiscal or other measures introduced in the relevant Countries restricting freedom of disposal. A client may dispose of foreign currency holdings only by requesting redemption or transfers in the relevant foreign currency or such other currency as the client shall elect.
- SIGNATURES.** Signatures are compared against specimens held by NOVAMBLAM and further examination is not required. NOVAMBLAM assumes no liability, in the absence of gross negligence, for failing to notice falsifications. The client is required to furnish NOVAMBLAM with a list of persons authorized to sign on its/his/her behalf, together with specimens of their signatures, and to inform NOVAMBLAM in writing of any change in that list or in those signatures. Until it receives notice of any change, NOVAMBLAM is entitled to treat previously authorized signatures as valid.
- JOINT ACCOUNTS.** Where an account is held in the name of

and assigns of the client.

18. **ARBITRATION.** All disputes arising out Of, or in connection with this Agreement, including any question as to its validity or termination shall be finally settled by a single Arbitrator appointed by both parties, pursuant to the Arbitration and Conciliation Act, Cap Alb, Laws Of the Federation of Nigeria, 2004,
19. **MEDIATION.** At anytime before the issue Of Arbitration, the parties may agree to refer the dispute to Mediation, in accordance with the Lagos or the Abuja Multi-Door Courthouse (LMDC or AMDC) Mediation Procedure Rules as contained in the Practice Direction of both courthouses. Where the dispute is not settled by mediation, the parties may continue with Arbitration.
20. **MODIFICATIONS AND AMENDMENTS.** NOVAMBLAM reserves the right to modify or amend any provision Of the Agreement. Such modification or amendment shall take effect from the date specified by NOVAMBLAM on notice of the same to the client.
21. **SEVERABILITY OF PROVISIONS.** Any provision of this Agreement, Which is unenforceable in any jurisdiction, shall, as to such jurisdiction, be ineffective to the extent of such unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of the provision in any Other jurisdiction,
22. **REGULATORY DISCLOSURE.** NOVAMBLAM is subject to the provisions of the Money Laundering Prohibition Act 2004, the Economic and Financial Crimes Commission (Establishment) Act 2002, the National Drug Law Enforcement Ageng Act Of 1995 and Other legislation which may be implemented from time to time to combat money laundering and Other economic crimes. NOVAMBLAM is required to comply with the provi sions of these legislation and all similar legislation, especially those relating to disclosure and Suspicious reporting.
23. **INTERPRETATION.** The headings contained in this Agreement are inserted for convenience only and shall not affect the construction Of this Agreement.
24. **PAYMENT.** Cheques and payments should be made in favour Of NOVAMBLAM alone and not in favour of an agent/representative. NOVAMBLAM agents/representatives are not authorized to receive cash from the Client.
25. The Client warrants, undertakes and confirms that all information contained in this document and all attachments annexed hereto is complete and Correct in all respects and the Client undertakes to notify Asset & Resource Management Company Limited of any material changes or events as and When they occur. Furthermore, the Client hereby authorizes Asset & Resource Management Company Limited to obtain independent verification of any information provided by the Client or obtain such further information, or make such further enquiries as NOVAMBLAM may at its discretion require.

DECLARATION

I/We declare that

- The information given is correct to the best of my/our knowledge and belief, and I/We will inform YUDERB Investment & Securities Ltd of any change in the information given.
- I/We are 18 years old or over.
- I/We understand that as with stock market investments, the value of my/our investment(s) may go up or down and that past performance is not necessarily an indication of future performance.
- I/We agree to be bound by the Terms and Conditions contained herein.
- I certify that the funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.

Note: Check that you have completed ALL sections of the application form relevant to you

SIGNATURE:

DATE:

--	--	--	--	--	--	--	--

MANDATE

NAME:

DATE:

SIGNATURE:

PLEASE AFFIX
PASSPORT
PHOTOGRAPH
HERE

NAME:

DATE:

SIGNATURE:

PLEASE AFFIX
PASSPORT
PHOTOGRAPH
HERE

OFFICIAL USE ONLY

IS ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS A POLITICALLY EXPOSED PERSON?

YES

☐

NO

☐

IS ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS A POLITICALLY EXPOSED PERSON?

YES

☐

NO

☐

IF YES STATE THE RELATIONSHIP:

CUSTOMER RISK LEVEL:

HIGH

☐

MEDIUM

☐

LOW

☐

ACCOUNT VERIFICATION

ACCOUNT VERIFIED BY RELATIONSHIP MANAGER:

SIGNATURE:

DATE:

CHECKED BY COMPLIANCE:

SIGNATURE:

DATE:

TREATED BY OPERATIONS:

SIGNATURE AND DATE:

