## ACCOUNT OPENING FORM (INDIVIDUAL/JOINT ACCOUNT)



SECTION 1 - INVESTMENT INFORMATION							
Investment Value							
EDOCATION TROST		Others (Please specify)					
Products / Services that	USTS BLIC						
SECTION 2 - CLIENT INFORMATION							
	INVESTOR 1						
Surname	Other Name(s)  Male						
Date of Birth D D M M Y Y Y Y	Gender Female						
Town/City	State	Country					
PERMANENT RESIDENCE ADDRESS:							
Town/City	State	Country					
Phone Number	Phone Number (Outside Nigeria)	Email Address					
OTHER PERSONAL DETAILS:	Place of Birth	Country of Birth					
DETAILS.	1.00						
Nationality	Other Nationality(ies)						
TIN (Nigeria)							
CORRESPONDENCE/							
MAILING ADDRESS:							
City/State	Country						
INVESTOR 2 (For Joint Accounts Only)	outre,						
Surname	Other Name(s)						
PERMANENT RESIDENCE ADDRESS:							
Town/City	State	Country					
CORRESPONDENCE/							
MAILING ADDRESS:							
Town/City	State	Country					
Phone Number	Phone Number (Outside Nigeria)	Email Address					
OTHER PERSONAL Date of D D M M Y Y Y Y DETAILS:	Place of Birth	Country of Birth					
JETAILS.		·					
Nationality	Other Nationality(ies)						
T I N (Nigeria)	TIN (Other countries) Please state country						
-							
Other Contact Address, In-Care-Of Address or Hold-Mail Address							
City/State	Country						
*Additional signatories areto complete annexure provided.	Signature Mandate						

Investor's Signature (1)	PECIMEN	Affix Passport Photograph	Investor's Signature (2) (For Joint Accounts)		Affix Passport Photograph		
Date: D D M M Y Y Y Y			Date: D D M M Y	Y Y Y			
CECTION 4 DANIEDET A II	SECTION 4 - BANK DETAILS						
	5						
Bank Account Number		Bank Account Name	1				
Bank	Branch		BVN	CSCS Ac	count Number		
SECTION 5 - NEXT OF KIN							
Surname		Other Name(s)	Relationship				
Permanent Residence Address							
Town/City	Town/City Sta		Country				
Phone Number		Phone Number (Outside N	(Outside Nigeria) Email				
ADDITIONAL INFORMATION:		The contract (contract)					
INVESTOR 1							
1. Are you currently a politically exposed person (PEP) or a relative/close associate of a PEP?:							
Have you ever been a politically exposed person?	Yes No	Have you ever been a poet exposed person?		y Yes No			
Please provide details below:							
Name:		osition Held:	F rom:		То:		
Name:		osition Held:	From:		To:		
Name:		osition Held:	From:		To:		
ATTESTATION  *That if I/We live outside Nigeria, I/We agree to ensure that my account complies with the applicable law or rules which apply where I/We live, including any tax, foreign exchange or capital controls and for all payments, reporting or filing requirements that may apply as a result of my country of citizenship, domicile or residence. I/We agree to provide PACAM with such information and must update my information as reasonably required from time to time, enabling PACAM comply with any applicable law.  *That subject to applicable local laws, I/We agree that PACAM can share my information with regulatory authorities where necessary to establish my tax liability in any jurisdiction.  Where required by regulatory authorities, I/We consent and agree that PACAM may withhold and pay out from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives. In addition, such information may also be shared with other affiliates of the PACAM Group.  *That I/We agree to notify PACAM within 30 (thirty) days if there is a change in any information which I/We have provided to PACAM.							
capital controls and for all payments, reporti with such information and must update my *That subject to applicable local laws, I/We a Where required by regulatory authorities, l applicable laws, regulations, agreements w	y information as re agree that PACAIV I/We consent and with regulators or	easonably required from time to ti 1 can share my information with re agree that PACAM may withhold authorities and directives. In addi	t of my country of citizenship, dor me, enabling PACAM comply with egulatory authorities where necessa and pay out from my account(s) so tion, such information may also b	micile or residence. I/We and any applicable law.  Try to establish my tax liabuch amounts as may be reques to affiliate.	gree to provide PACAM ility in any jurisdiction. uired according to		
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