

(INDIVIDUAL/JOINT ACCOUNT)

KINDLY INDICATE YOUR PREFERRED TRUST PRODUCT

DIASPORA TRUST  CELEBRITY TRUST  CHILDREN EDUCATION TRUST  TESTAMENTARY TRUST

STANDING PAYMENT ORDER (DEBIT FROM SOURCE)

AMOUNT  ACCOUNT NO.  BANK NAME   
ACCOUNT NAME

KINDLY INDICATE THE DURATION OF THE TRUST

DURATION

(E.g., 6 months, 1 year, 2 years, 3 years, 4 years, 5 years)

PAYMENT INTERVAL

(Weekly, Monthly, Quarterly, Bi-annually, Annually)

KINDLY INDICATE YOUR PREFERRED CURRENCY

NAIRA (N)  POUNDS (GBP)  DOLLAR (\$)  EURO (€)

INDIVIDUAL APPLICANT DETAILS

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

NATIONALITY  DATE OF BIRTH   
Day Month Year OCCUPATION

GENDER  Male  Female STATE OF ORIGIN  TOWN/CITY  MOBILE NUMBER

EMAIL ADDRESS

TAX IDENTIFICATION NUMBER (TIN)  SIGNATURE & DATE (DD/MM/YYYY)

MEANS OF IDENTIFICATION

ID TYPE  ID NUMBER  ID ISSUED DATE  ID EXPIRY DATE

(National ID, Driver's License, International passport etc.)

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

DATE OF BIRTH       NATIONALITY  OCCUPATION   
Day Month Year

GENDER   STATE OF ORIGIN  TOWN/CITY  MOBLE NUMBER   
Male Female

EMAIL

### BENEFICIARY (1)

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

DATE OF BIRTH 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

 MOBILE NUMBER

EMAIL ADDRESS

### BENEFICIARY (2)

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

DATE OF BIRTH 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

 RELATIONSHIP  MOBILE NUMBER

EMAIL ADDRESS

### BENEFICIARY (3)

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

DATE OF BIRTH 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

 MOBILE NUMBER

EMAIL ADDRESS

### BENEFICIARY (4)

SURNAME  NAME  OTHER NAME

RESIDENTIAL ADDRESS

DATE OF BIRTH 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year					

 MOBILE NUMBER

EMAIL ADDRESS

## BANK ACCOUNT DETAILS

ACCOUNT NAME  ACCOUNT NUMBER  BANK NAME

SIGNATURE & DATE (DD/MM/YYYY)

SIGNATURE & DATE (DD/MM/YYYY)

## ATTESTATION

I/We hereby consent to the collection, processing, use and the transfer of personal data to third parties (within or outside Nigeria), for the performance of this contract and any other data processing activities which may arise therefrom between myself/ourselves and PAC Trustees Limited (PACT). I/We affirm that I/We are aware and take cognizance of my/our rights under the relevant Data Protection laws in Nigeria and other terms detailed in the Data Protection and Privacy Policy of PAC Trustees available on [<https://www.pactrustees.com/privacypolicy>]. I/We authorize and consent that any person may be in possession of, or hereafter acquire, any information pertaining to my/our records may disclose such information to PAC Trustees.

## DISCLAIMER

If a transaction is entered into, this Form will be superseded in its entirety by the final documentation, to the exclusion of all prior written and oral communications. The Form should not, therefore, be regarded as containing any representation about the content of such terms or any other matter. Accordingly, PAC Trustees assumes no responsibility for the contents of this Form, or for any written or oral communications in connection with it (or any prospective transaction). If a transaction is entered into, its terms will be found entirely in the final documentation for the transaction and this Form may not be used to construe such terms. PAC Trustees has not independently verified any of the information contained herein. No representation or warranty, expressed or implied, is made as to the accuracy or completeness of the information contained herein or any other written or oral communication transmitted or made available to any recipient. PAC Trustees or any of their representatives expressly disclaim any liability based, in whole or in part, on such information, errors therein or omission therefrom.

## For Office Use Only

ACCOUNT OFFICER

SIGNATURE & DATE

OPERATIONS OFFICER

SIGNATURE & DATE

COMPLIANCE OFFICER

SIGNATURE & DATE

## DOCUMENTATION CHECKLIST

Passport photograph

Recent Utility Bill  
(Not more than 3 months old)

Valid Means of Identification  
(National ID, Drivers License, International Passport, etc.)

Board Resolution

Copy of CAC Forms  
(C07, C02)

**PAC TRUSTEES LIMITED**

A member of PanAfrican Capital Group