

CONFIDENTIAL

ACCOUNT UPDATE FORM - ENTITIES (INCORPORATED AND NON-INCORPORATED)

MANDATORY - PLEASE COMPLETE THIS SECTION

HOW DID YOU HEAR ABOUT US? RADIO NEWSPAPER BILLBOARD TV INTERNET SOCIAL MEDIA FIRSTBANK FRIEND/FAMILY OTHER _____

COMPANY DETAIL (PLEASE COMPLETE IN BLOCK LETTERS AND TICK WHERE NECESSARY)

COMPANY/BUSINESS NAME

CERTIFICATE OF INCORPORATION/REGISTRATION NUMBER

DATE OF INCORPORATION/REGISTRATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 JURISDICTION OF INCORPORATION/REGISTRATION

BUSINESS TYPE / NATURE SECTOR/INDUSTRY

CORPORATE/OPERATING BUSINESS ADDRESS (REGISTERED OFFICE)

STREET NAME

CITY/TOWN LOCAL GOVT. AREA

STATE, COUNTRY

EMAIL ADDRESS

WEBSITE (IF ANY)

CONTACT NUMBER 1

| | | | | | | | | | | | | | | | |
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 COUNTRY CODE NUMBER CONTACT NUMBER 2

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 COUNTRY CODE NUMBER

PREFERRED MEANS OF COMMUNICATION POST E-MAIL IN PERSON HOLD MAILLS

TAX IDENTIFICATION NUMBER (TIN)

AVERAGE ANNUAL TURNOVER LESS THAN 50M 50M - LESS THAN 500M 500M - LESS THAN 5B ABOVE 5B

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

ACCOUNT SIGNATORY'S DETAILS

1 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

 GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY PLACE OF BIRTH

STATE OF ORIGIN LGA OF STATE OF ORIGIN

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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 PERMIT EXPIRY DATE

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| D | D | M | M | Y | Y | Y | Y |
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OTHER COUNTRY OF TAX RESIDENCE

ID TYPE NATIONAL ID DRIVER'S LICENSE INTERNATIONAL PASSPORT PERMANENT VOTERS' CARD OTHERS

IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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 ID EXPIRY DATE

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

BANK VERIFICATION NO.

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

MOBILE NUMBER (1) MOBILE NUMBER (2)
 COUNTRY CODE NUMBER COUNTRY CODE NUMBER

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED) A B C SIGNATURE DATE

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| D | D | M | M | Y | Y | Y | Y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
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 GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY PLACE OF BIRTH

STATE OF ORIGIN LGA OF STATE OF ORIGIN

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

PERMIT ISSUE DATE

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 PERMIT EXPIRY DATE

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OTHER COUNTRY OF TAX RESIDENCE

ID TYPE NATIONAL ID DRIVER'S LICENSE INTERNATIONAL PASSPORT PERMANENT VOTERS' CARD OTHERS
 IF OTHERS PLEASE SPECIFY

ID NUMBER

ID ISSUE DATE

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| D | D | M | M | Y | Y | Y | Y |
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 ID EXPIRY DATE

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

BANK VERIFICATION NO.

OCCUPATION STATUS/JOB TITLE

POSITION/OFFICE OF THE OFFICER

RESIDENTIAL ADDRESS
 HOUSE NUMBER STREET NAME
 CITY/TOWN LOCAL GOVT. AREA
 STATE, COUNTRY

MOBILE NUMBER (1) MOBILE NUMBER (2)
 COUNTRY CODE NUMBER COUNTRY CODE NUMBER

E-MAIL ADDRESS

CLASS OF SIGNATORY (PLEASE INDICATE CLASS IN THE BOX PROVIDED) A B C SIGNATURE DATE

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D | D | M | M | Y | Y | Y | Y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3 TITLE SURNAME

OTHER NAME FIRST NAME

MOTHER'S MAIDEN NAME

DATE OF BIRTH

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| D | D | M | M | Y | Y | Y | Y |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

 GENDER M F

MARITAL STATUS SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY PLACE OF BIRTH

STATE OF ORIGIN LGA OF STATE OF ORIGIN

RESIDENCY STATUS PERMANENT TEMPORARY RESIDENT PERMIT NO. (IF APPLICABLE)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|----------------------|----------------------|----------------------|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------|--|---|---|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 2 TITLE | <input type="text"/> | SURNAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER NAME | <input type="text"/> | FIRST NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER'S MAIDEN NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | GENDER | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATIONALITY (FOR NON-NIGERIANS) | <input type="text"/> | | PLACE OF BIRTH <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE TAX RESIDENCY IN OTHER COUNTRIES? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE SPECIFY THE COUNTRIES | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENCY STATUS | <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | RESIDENT PERMIT NO. (IF APPLICABLE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMIT ISSUE DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PERMIT EXPIRY DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID TYPE | <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> PERMANENT VOTERS' CARD <input type="checkbox"/> OTHERS | IF OTHERS PLEASE SPECIFY <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID ISSUE DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ID EXPIRY DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK VERIFICATION NO. | <input type="text"/> | CSCS BIOMETRIC NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | <input type="text"/> | STATUS/JOB TITLE | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSITION/OFFICE OF THE OFFICER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENTIAL ADDRESS | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HOUSE NUMBER | STREET NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CITY/TOWN | LOCAL GOVT. AREA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | STATE, COUNTRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE NUMBER (1) | <input type="text"/> | MOBILE NUMBER (2) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COUNTRY CODE NUMBER | COUNTRY CODE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL ADDRESS | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 3 TITLE | <input type="text"/> | SURNAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER NAME | <input type="text"/> | FIRST NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER'S MAIDEN NAME | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | GENDER | <input type="checkbox"/> M <input type="checkbox"/> F | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NATIONALITY (FOR NON-NIGERIANS) | <input type="text"/> | | PLACE OF BIRTH <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE TAX RESIDENCY IN OTHER COUNTRIES? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PLEASE SPECIFY THE COUNTRIES | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENCY STATUS | <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY | RESIDENT PERMIT NO. (IF APPLICABLE) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMIT ISSUE DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PERMIT EXPIRY DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID TYPE | <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> PERMANENT VOTERS' CARD <input type="checkbox"/> OTHERS | IF OTHERS PLEASE SPECIFY <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ID ISSUE DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ID EXPIRY DATE | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | D | D | M | M | Y | Y | Y | Y | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK VERIFICATION NO. | <input type="text"/> | CSCS BIOMETRIC NUMBER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | <input type="text"/> | STATUS/JOB TITLE | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSITION/OFFICE OF THE OFFICER | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RESIDENTIAL ADDRESS

| | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| HOUSE NUMBER | | | | | | | | STREET NAME | | | | | | | |
| CITY/TOWN | | | | | | | | LOCAL GOVT. AREA | | | | | | | |
| STATE, COUNTRY | | | | | | | | | | | | | | | |

MOBILE NUMBER (1)

| | | | | | | | | | | | |
|--------------|--|--------|--|--|--|--|--|--|--|--|--|
| COUNTRY CODE | | NUMBER | | | | | | | | | |
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MOBILE NUMBER (2)

| | | | | | | | | | | | |
|--------------|--|--------|--|--|--|--|--|--|--|--|--|
| COUNTRY CODE | | NUMBER | | | | | | | | | |
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E-MAIL ADDRESS

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DETAILS OF NEXT OF KIN (SOLE-PROPRIETOR)

TITLE

| | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FIRST NAME | | | | | | | | | | | | | | | |
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SURNAME

| | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| OTHER NAME | | | | | | | | | | | | | | | |
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DATE OF BIRTH

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|----------------------------|----------------------------|--|--|--|--|--|--|
| D | D | M | M | Y | Y | Y | Y | GENDER | | | | | | | |
| | | | | | | | | <input type="checkbox"/> M | <input type="checkbox"/> F | | | | | | |

RELATIONSHIP

| | | | | | | | | | | | | | | | |
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MOBILE PHONE NUMBER

| | | | | | | | | | | | |
|--------------|--|--------|--|--|--|--|--|--|--|--|--|
| COUNTRY CODE | | NUMBER | | | | | | | | | |
|--------------|--|--------|--|--|--|--|--|--|--|--|--|

EMAIL ADDRESS

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CONTACT ADDRESS

| | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| HOUSE NUMBER | | | | | | | | STREET NAME | | | | | | | |
| CITY/TOWN | | | | | | | | LOCAL GOVT. AREA | | | | | | | |
| STATE, COUNTRY | | | | | | | | | | | | | | | |

YOUR INVESTMENT PROFILE

REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION:

OVERALL INVESTMENT OBJECTIVE (PLEASE SELECT ONLY ONE)

- CAPITAL PRESERVATION
MINIMISE THE POTENTIAL FOR ANY LOSS OF PRINCIPAL
- INCOME
PROVIDE CURRENT INCOME RATHER THAN GROWTH OF PRINCIPAL
- GROWTH
INCREASE INVESTMENT VALUE OVER TIME WHILE ACCEPTING PRICE FLUCTUATIONS
- SPECULATION
ASSUME THE HIGHEST DEGREE OF RISK FOR POTENTIALLY HIGHER RETURNS

HOW OFTEN DO YOU TRADE? 0-3 TRADES PER MONTH 4-9 TRADES PER MONTH 10+ TRADES PER MONTH

INVESTMENT EXPERIENCE EXCELLENT GOOD LIMITED NONE

TOTAL ASSETS:

TOTAL ASSET CURRENCY: USD NGN GBP EUR

LESS THAN 50 MILLION 50 MILLION - LESS THAN 500 MILLION 500 MILLION - LESS THAN 5 BILLION ABOVE 5 BILLION

IS YOUR COMPANY QUOTED ON ANY STOCK EXCHANGE? YES NO

IF ANSWER IS YES, INDICATE WHICH STOCK EXCHANGE AND THE STOCK SYMBOL

| | | | | | | | | | | | | | | | |
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WHAT IS THE PURPOSE AND EXPECTED USE OF THE ACCOUNT?

- INVESTMENT ACCOUNT WITH TRANSFERS FOR EXPENSES
 - LONG TERM INVESTMENT - OCCASIONAL TRANSFERS FOR EXPENSES
 - SAVINGS FOR RETIREMENT
 - OTHERS (PLEASE SPECIFY)
- | | | | | | | | | | | | | | | | |
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ADDITIONAL DETAILS

NAME AFFILIATED COMPANY/BODY:

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |

PARENT COMPANY'S COUNTRY OF INCORPORATION

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
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BUSINESS ADDRESS OF PARENT/AFFILIATE COMPANY

| | | | | | | | | | | | | | | | |
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TRADE SETTLEMENTS

Please note that proceeds from sale of securities will be transferred directly to your bank account using the direct cash settlement platform of Central Securities and Clearing System (CSCS). Client's bank details will be provided to CSCS.

Kindly complete the attached Direct Cash Settlement Notification Form to indicate your interest.

BANK DETAILS 1

| | |
|----------------|----------------------|
| ACCOUNT NAME | <input type="text"/> |
| BANK NAME | <input type="text"/> |
| BRANCH NAME | <input type="text"/> |
| ACCOUNT NUMBER | <input type="text"/> |
| SORT CODE | <input type="text"/> |

BANK DETAILS 2

| | |
|----------------|----------------------|
| ACCOUNT NAME | <input type="text"/> |
| BANK NAME | <input type="text"/> |
| BRANCH NAME | <input type="text"/> |
| ACCOUNT NUMBER | <input type="text"/> |
| SORT CODE | <input type="text"/> |

TERMS AND CONDITIONS

FBNQuest Securities Limited is an FBN Holdings Company.

These terms and conditions shall apply to the operation of all FBNQuest Securities Brokerage Account (the Account) and form an integral part of the Agreement with I/We.

1.0 Account Update

I/We have irrevocably requested and FBNQuest Securities has agreed to open an Brokerage Account (the Account) on behalf of I/We.

2.0 Genuineness of Instruments

I/We agree to assume full responsibility for the genuineness, correctness and validity of all endorsement appearing on all cheques, orders, bills, notes, negotiable instruments, share warrants, receipts and other documents deposited for investment purposes.

3.0 Safe Operation of Account

- I/We agree to safely operate the account.
- I/We agree to assume full responsibility and ensure safe custody of all print and electronic correspondence issued to/or by FBNQuest Securities regarding the account.
- I/We agree to notify FBNQuest Securities immediately whenever he/she knows or has any reason to suspect that an unauthorised person has access to any print or electronic correspondence issued to or by FBNQuest Securities regarding the account.
- I/We agree to indemnify FBNQuest Securities against any loss, damage or liability resulting from his/her non-compliance to the above.

4.0 Instructions

I/We authorise FBNQuest Securities to honour all written instructions issued on the Account provided such orders are executed in accordance with the Account mandate. I/We agree that FBNQuest Securities may refuse to act on any instruction if:

- It doubts the authenticity of the instruction or does not consider it to be sufficiently clear.
- It believes that doing so might cause a breach of any law, regulation, code, order or contractual obligation binding on FBNQuest Securities or I/We.

5.0 Third-Party enquiries

I/We agree and authorise FBNQuest Securities without reservation to make third-party enquires about his/her person and business now or at any time in the future prior to considering any request of I/We for investment services or credit facilities. I/We agree and authorise FBNQuest Securities without reservation to make third-party enquiries about his/her person and business now or at any time in future in order to satisfy all required Know your Customer ("KYC") obligations statutorily imposed from time to time on Financial Institutions in the Federal Republic of Nigeria.

6.0 Variation

6.1 I/We agree that FBNQuest Securities in its sole discretion may at any time suspend or vary the terms and conditions of the operation of the Account. FBNQuest Securities will however promptly notify I/We of any suspension of service, changes regarding the operation of the Account of applicable charges and tariffs payable by I/We.

7.0 Law

These terms and conditions agreed between I/We and FBNQuest Securities shall be

read and interpreted in accordance with the laws of the Federal Republic of Nigeria.

8.0 Termination

It is agreed that FBNQuest Securities shall terminate the operation of the Account upon receipt of I/We's written instruction. Either I/We or FBNQuest Securities may terminate the operation of the Account upon receipt of 72 hours prior written notice.

9.0 Data

- I/We agree that FBNQSQ may use the information disclosed in connection or as a result of operating the Account ("Data") for assessment and analysis and to identify products and services (including those supplied by third parties) which may be relevant to us. We may disclose data:
 - To credit reference agencies, any person who may assume our rights under this Agreement, a member of FBN Holdings Group, or
 - If we have a right or duty to disclose or are compelled to do so by law.
- I/We consent to the processing of personal data in line with FBNQuest Data Privacy Policy (<https://fbnquest.com/quicklinks/policies/privacy-policy/>).

10.0 Contact details

I/We agree that FBNQuest Securities will use the address and any other details given on the Account Update documentation to contact I/We. I/We agree to immediately inform FBNQuest Securities of any changes or additions to those details. All notices and correspondence required to be provided by FBNQuest Securities to I/We will be forwarded to that address until FBNQuest Securities receives a written notification of I/We's change of address

11.0 Fees and Charges

I/We agree that FBNQuest Securities shall set-off against the account any pre-advised charge(s), tariff(s), deductions or costs associated with the operation of the account by I/We.

12.0 Operation of Account

- I/We agree that the operation of the account is subject to compliance by FBNQuest Securities with all laws, regulations, administrative rules and orders which may from time to time be authorised by the Federal Government of Nigeria and/or any other regulatory authorities in Nigeria.
- In consideration of FBNQuest Securities allowing I/We to operate the account from time to time, I/We hereby undertake to hold FBNQuest Securities harmless and keep FBNQuest Securities indemnified from all losses, costs, or damages FBNQuest Securities may sustain or be put to.
- I/We agree that FBNQuest Securities is under no obligation to honour any withdrawal order on the account unless there are sufficient funds in the account to cover the value of the said withdrawal thereby rendering such instruction or order invalid and of no effect.
- I/We agree that FBNQuest Securities will accept no liability whatsoever for funds handed to members of its staff outside office hours or outside the FBNQuest Securities office premises, except those officers have been pre-authorised by FBNQuest Securities. FBNQuest Securities shall from time to time communicate in writing to I/We the names of officers authorised to receive funds on its behalf.
- I/We agree that in the absence of clear disposal instruction of unutilised funds in I/We's account, FBNQuest Securities may at its discretion hold the funds in a non-interest bearing account pending further instructions from I/We.
- I/We agree that FBNQuest Securities shall not be liable for any loss or damages sustained by him/her by reason of the operation of the account provided such loss or damages was not caused or facilitated by FBNQuest Securities or any of its

staff action on its instruction.

13.0 Indemnity for Third-Party Instruments

I/We agree that in consideration of FBNQuest Securities issuing or accepting third-party Bank cheques, Bank drafts and/or other negotiable instruments from time to time, I/We hereby irrevocably undertake to fully indemnify FBNQuest Securities against all losses, expenses, costs, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third-party cheques, draft and/or negotiable instrument.

14.0 Right of Set-off

I/We agree that in addition to any general lien or similar right to which FBNQuest Securities may be entitled by law, FBNQuest Securities may at any time and without prior notice to I/We combine or consolidate all or any of I/We's accounts with and liabilities to FBNQuest Securities or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

15.0 Investment Risk Warning

15.1 I/We agree that FBNQuest Securities shall have no responsibility or any liability to I/We for any diminution of I/We's portfolio due to any future governmental order, levy, law, tax, embargo, moratorium or imposts or depreciation in value of stocks due to inflation or the unavailability of funds due to exchange restrictions on convertibility, requisitions, involuntary transfers, seizure of any character, exercise of military or usurped powers, or other similar causes beyond the control of FBNQuest Securities and that any or all funds standing to the credit of the account will be payable only in such local currencies as may then be in circulation in the Federal Republic of Nigeria.

15.2 I/We by entering into this agreement hereby understands the risks inherent in securities trading and that the value of shares may fall as well as rise and that past performance of shares is not a guide to future performance. Further to regulatory requirements, FBNQuest Securities maintains a Risk Disclosure Documents. I/We hereby acknowledges that the maintenance of the Account is subject to the Risk Disclosure Document annexed to this form.

16.0 Acceptable Instructions

I/We agree that all instructions on the account shall be duly signed according to the account mandate. I/We hereby acknowledges that the use of facsimile, untested telexes, photocopied letters, electronic mails (on the letter head or otherwise) or

other unsecured means of communication to convey instructions not backed by a duly signed original letter from I/We, whatever the case may be, is associated with additional risks of fraud exposure.

I/We shall execute an indemnity form in consideration of FBNQuest Securities agreeing to accept and act upon any such instructions, communication and documents by facsimile, untested telexes, electronic mails or photocopied letters issued according to the account mandate unaccompanied by an original copy of I/We's duly signed letter, irrevocably undertaking to indemnify FBNQuest Securities and hold it harmless from and against all cost (including but without limitation to legal fees and expenses, claims, losses, liabilities and damages.

FBNQuest Securities shall have absolute discretion, for any reason whatsoever, to act or not to act, upon documentation received by facsimile, untested telex, electronic mail or photocopied letter unaccompanied by a duly signed original copy of a letter issued by I/We and / or to request verification of documents received by such means.

17.0 Disruption of Service(s)

I/We agree that FBNQuest Securities shall have no liability for failure to provide any agreed service(s) due to reasons beyond its reasonable control. These reasons include but are not limited to industrial action, failure of electricity supply, riots, civil commotion, political unrest or armed insurrection.

18.0 Regulatory Disclosure

I/We agree and authorise FBNQuest Securities Limited to disclose any or all of its information in compliance with any regulatory disclosure obligations statutorily imposed from time to time on Financial Institutions operating in the Federal Republic of Nigeria

19.0 Dispute Resolution Mechanism

In the event of a complaint, clients can lodge a formal complaint by writing to the Managing Director, FBNQuest Securities Limited or emailing sec-traders@fbnquestmb.com. However, where I/We feels the complaint has not been properly dealt with, I/We may escalate the complaint to the Nigerian Stock Exchange (the "NSE") in furtherance of Article 125 of the NSE Rules and Regulations Governing Dealing Members which states that the NSE has power to adjudicate disputes between clients and dealing member firms.

DECLARATION

We declare that:

- The entity is duly registered under the relevant laws
- The information given is correct to the best of our knowledge and belief, and we will inform FBNQuest Securities of any change in the information given in this form within 10 working days of such change
- The funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity
- We agree to be bound by the Terms and Conditions contained herein.

| SIGNATURE/THUMBPRINT OF SIGNATORY 1 | |
|-------------------------------------|--|
| | |
| COMPANY SEAL | |

DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

| SIGNATURE/THUMBPRINT OF SIGNATORY 2 | |
|-------------------------------------|--|
| | |
| COMPANY SEAL | |

DATE

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
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FOR INTERNAL USE

AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS AND FINANCIALLY EXPOSED PERSONS

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS POLITICALLY EXPOSED? YES NO

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDERS FINANCIALLY EXPOSED? YES NO

RISK ASSESSMENT PROFILE

HIGH RISK - CATEGORY A MEDIUM RISK - CATEGORY B LOW RISK - CATEGORY C

CUSTOMER KYC CATEGORY

CORPORATE CLIENTS - LOCAL FI/FOREIGN FI/LOCAL NON FI/FOREIGN NON FI REGISTERED PARTNERSHIP REGISTERED BUSINESS OTHERS

REQUIREMENT CHECKLIST

| S/N | DOCUMENTS REQUIRED | CHECKED | DEFERRED | WAIVED |
|-----|--|---------|----------|--------|
| a. | Duly completed and signed account Update form (all relevant fields must be completed) | | | |
| b. | Duly completed and signed specimen signature card(s), where required | | | |
| c. | Board or Partnership Resolution / Mandate letter / Approval letter (for Public Sector Organisations) | | | |
| d. | Two (2) clear passport-size photographs of each signatory, with names written on the reverse side | | | |
| e. | The Sighted, Notarised or Certified copy of the Certificate of Registration | | | |
| f. | The Sighted, Notarised or Certified copy of the Partnership Deed (Partnership constitution), the club, society, association or charity's Constitution or its equivalent | | | |
| g. | The copy of the enabling Act/Decree (where applicable) | | | |
| h. | The Sighted, Notarised or Certified copy of the regulatory or supervisory license to operate, if any | | | |
| i. | The Sighted, Notarised or Certified copy of the Memorandum & Articles of Association (MEMART) or its equivalent | | | |
| j. | The Sighted, Notarised or Certified copy of the Particulars of Shareholders or its equivalent | | | |
| k. | The Sighted, Notarised or Certified copy of the Particulars of Directors or its equivalent | | | |
| l. | The Sighted, Notarised or Certified copy of the proof of registered address of the company | | | |
| m. | The Sighted, Notarised or Certified copy of the means of identity and proof of address of all signatories to the account, at least two (2) Directors and each individual shareholder with at least 5% interest, or partner as applicable | | | |
| n. | The Sighted, Notarised or Certified copy of the incorporation documents of corporate shareholders with at least 5% interest | | | |
| o. | The Sighted, Notarised or Certified copy of the valid residence permit of a resident non-Nigerian signatory, director and/or shareholder with at least 5% interest | | | |
| p. | Search Report (where applicable) | | | |
| q. | The Sighted, Notarised or Certified Copy of the Certificate issued by the Special Control Unit Against Money Laundering (SCUML) - (where applicable) | | | |
| r. | Tax Identification Number (TIN), if any | | | |
| s. | KYC/AML questionnaire duly completed on FBNQuest Securities letterhead (for Financial Institutions) | | | |
| t. | Latest Annual Accounts and Report of the company, if any | | | |
| u. | Bankers Confirmation | | | |

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| VERIFIED BY RELATIONSHIP MANAGER | |
| SIGNATURE | |
| DATE | |
| CHECKED BY COMPLIANCE | |
| SIGNATURE | |
| DATE | |

| | |
|------------------------|--|
| APPROVED BY OPERATIONS | |
| SIGNATURE | |
| DATE | |