



INDIVIDUAL ACCOUNT OPENING FORM

Investment Banking ■ Asset Management ■ Securities Trading ■ Trustees

PERSONAL DATA

All fields in this section are compulsory

Title: _____

Surname: _____

First Name: _____

Others: _____

Gender: Male Female

Date of Birth (dd/mm/yy): _____

Marital Status: Single Married Divorced Seperated

Mother's Maiden Name: _____

Custodian Name (for Minors Only): _____

Occupation: _____

Residential/Permanent Address: _____

Nationality : _____ Residency Status: Resident Non-Resident

Mobile Phone: _____

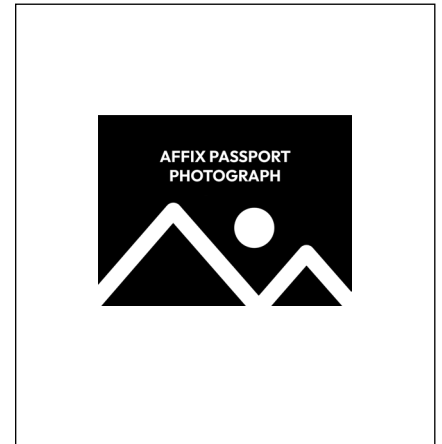
Personal E-Mail Address: _____

ID Type: International Passport Driver's License National ID Card Voter's Card

ID Number: _____

Politically Exposed Person (PEP): Yes No

Please Provide Details if Yes : _____



JOINT ACCOUNT HOLDER(S) (Partners should provide the following details)

Name(s) of partner(s) to the account: _____

Partner(s) Annual Income: Below ₺3M ₺3M - ₺10M ₺10M - ₺50M ₺50M and above

Source of Investment Fund: Employment Business Others: _____

EMPLOYMENT DETAILS

Employment Status: Full-time Self-employed Retired Others: _____

Company Name: _____

Company / Office Address _____

Annual Income: Less than ₺3M ₺3M - ₺10M ₺10M - ₺50M ₺50M and above

Source of Investment Fund: Employment Business Others: _____

Self Employed

Business Name: _____

Business Address: _____

Annual Turnover: _____

Nature of Business: _____

RC or Business Registration No. and Date of Incorporation/Registration: _____

Other Sources of Income

BANK ACCOUNT DETAILS

Bank Name: _____

Account Name: _____

Account Number: _____

Bank Verification Number (BVN): _____

Bank Branch and date the account was opened: _____

NEXT OF KIN DETAILS

Name: _____

Date of Birth: _____ Relationship: _____ Phone Number: _____

Address: _____

Email: _____

ASSET MANAGEMENT

Mutual Funds

Sukuk Fund

Equity Fund

Stable Income Fund

Money Market Fund

Balanced Fund

Fixed Income Fund

Wealth for Women Fund

Eurobond Fund

Portfolio Management Service

Short Term Investment

Children Education Fund

Global Fixed Income Fund

Others

Dividend Payout Options (Please tick as appropriate): Reinvest Credit my account

I/We, hereby authorize a monthly debit of my/our account number _____ to the tune of _____ in favour of United Capital Asset Management Ltd on the _____ day of _____ payments made in favour of United Capital Asset Management must be lodged and receipted by a stamped teller (where necessary).

TRUSTEES

Private Trust

Private Investment Trust

Education Trust

Other Trust Services

Escrow Services

Diaspora Trust

Wills

Living Trust

Others: _____

***For these other services, kindly contact our Trust Advisors at trustees@unitedcapitalplcgroup.com**

I/We, hereby authorize a monthly debit of my/our account number _____ to the tune of _____ in favour of United Capital Trustees Ltd on the _____ day of _____ payments made in favour of United Capital Trustees Ltd must be lodged and receipted by a stamped teller (where necessary).

BENEFICIARY DETAILS - FOR TRUSTEES ONLY

i. Name: _____

Date of Birth: _____ Relationship: _____ Phone Number: _____

Address: _____

Email: _____

ii. Name: _____
Date of Birth: _____ Relationship: _____ Phone Number: _____
Address: _____
Email: _____

iii. Name: _____
Date of Birth: _____ Relationship: _____ Phone Number: _____
Address: _____
Email: _____

APPOINTMENT OF TRUSTEE

The Settlor hereby appoints United Capital Trustees Limited (hereinafter referred to as The Trustee) to manage the Private investment trust account, with full authority to deposit, withdraw, and transfer funds to beneficiaries or third parties, endorse cheques and other instruments payable to the trust, and execute all necessary documents. The Trustee is also authorized to distribute the funds to the beneficiary(ies) upon the demise of the Settlor.

This appointment remains in effect until the Settlor provides written notice of revocation or modification.

Settlor Name: _____ Settlor Signature: _____
Date: _____

SECURITIES

Brokerage Account FGN Savings Bond Treasury Bill Securities Fixed Income

Others: _____

I/We, hereby authorize a monthly debit of my/our account number _____ to the tune of _____ in favour of United Capital Securities Ltd on the _____ day of _____ payments made in favour of United Capital Securities Ltd must be lodged and receipted by a stamped teller (where necessary).

CSCS DIRECT SETTLEMENT FORM - FOR SECURITIES BUSINESS UNIT ONLY

Account Type (Please tick appropriately): Personal Corporate

Client's Details

Name of Client (Surname first) or Company's Name: _____

Date of Birth/CAC No: _____

Mother's Maiden Name (where applicable): _____

Address: _____

CSCS Account Number: _____

Clearing House Number: _____

Telephone No 1: _____ Telephone No 2: _____

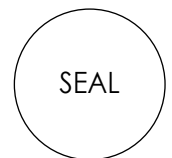
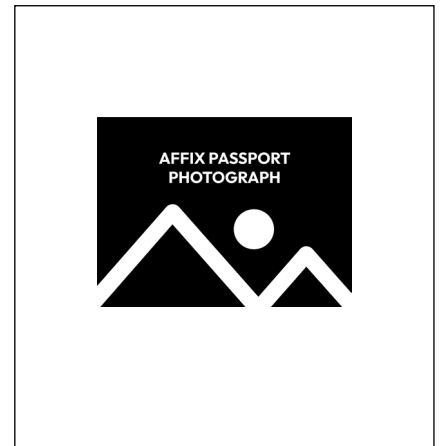
E-Mail Address 1: _____

E-Mail Address 2: _____

Do you opt for direct settlement into your bank account? Yes: No:

Signature 1: _____ Signature 2: _____

For corporate accounts, two authorized signatories must sign with their passport photograph affixed and the company's seal appended on this form).



Client's Bank Details (Settlement Banks Only)

Bank Name: _____

Bank Branch: _____

Account Number: _____

Bank Verification Number (BVN): _____

Account Type (Please tick appropriately): Current Savings

ACCOUNT OPENING TERMS & CONDITIONS

PLEASE READ THESE TERMS AND CONDITIONS CAREFULLY BEFORE YOU PROCEED. BY SIGNING THIS ACCOUNT OPENING APPLICATION FORM, YOU UNCONDITIONALLY ACCEPT THESE TERMS AND CONDITIONS AND YOU AGREE TO ABIDE BY THEM.

1. DEFINITIONS

In these Terms and Conditions, the following italicised words shall have the meanings ascribed below:

"Affiliate" means any entity that controls, is controlled by, or is under common control with United Capital Plc.

"Account" refers to United Capital Securities Limited (UCSL) Account, United Capital Asset Management Limited (UCAML) Account, and/or United Capital Trustees Limited (UCTL) Account.

"Applicable Law" means all laws in effect now and hereafter, including statutes, rules, regulations, directions, bye-laws, notifications, policies, ordinances, and judgments having the force of law.

"Business Day" means any day other than Saturday, Sunday, or a public holiday in Nigeria when Commercial Banks in Lagos are generally open.

"Compliance" Customers must comply with all applicable laws concerning anti-money laundering, combating terrorism financing, and countering proliferation financing (AML/CFT/CPF). This includes Know Your Customer (KYC) and Customer Due Diligence (CDD) obligations.

"Customer" refers to you.

"Force Majeure Event" We are not liable for failure to perform our obligations due to circumstances beyond our control including acts of God, natural disasters, pandemics, terrorist attacks, civil unrest, war, government sanctions, industrial disputes, and electronic system failures.

"Governing Law" These terms and conditions are governed by the laws of Nigeria.

"Governmental Authority" means any governmental or regulatory body at any level, including state-owned entities.

"Instruction" means any request made by you regarding your account.

"KYC/CDD Information" means you must provide identification and CDD documents as required to comply with AML/CFT/CPF laws.

"United Capital", "we", "us", and "our" shall mean UCAML, UCTL or UCSL as the case may be, for the relevant account.

GENERAL TERMS

2. CUSTOMER OBLIGATIONS:

- i. You must provide accurate and up-to-date KYC/CDD information and comply with all applicable AML/CFT/CPF laws.
- ii. You must be at least 18 (eighteen) years to be eligible to open and use an account with us, You acknowledge that in order to open an account and continuously operate said account, You must provide us with correct and updated KYC/CDD Information upon request in order to comply with AML/CFT/CPF Laws.
- iii. We shall process your personal data contained in the KYC/CDD Information provided to us in accordance with our Privacy Policy available at <http://unitedcapitalplcgroup.com/privacy-policy/>

3. RIGHT OF SET-OFF AND SECURITY

- i. United Capital may at any time combine or merge any of your accounts with us to set-off, lien or counter claim towards the full or partial discharge of any debt, obligation or liability owed by you to United Capital whether actual or contingent.
- ii. If the liabilities to be set off are expressed in different currencies, United Capital may convert either liability at a market rate of exchange for the purpose of set-off.
- iii. You hereby grant to United Capital a lien and security interest in all Your Accounts in order to secure any and all of Your obligations and liabilities to United Capital.

4. INDEMNIFICATION: You agree to indemnify United Capital and its Affiliates against any claims resulting from your negligence, violation of Applicable Laws, breach of warranties or failure to comply with these Terms and Conditions.

5. UNITED CAPITAL RIGHTS: We reserve the right to refuse account opening or terminate the account opening process if you do not comply with these terms or applicable laws.

DATA PROTECTION

"By ticking **YES** below, I hereby affirm that in line with the relevant Data Protection laws in Nigeria, I consent to the collection and processing of my personal data/information in the absence of any fraud, duress, undue influence or coercion, for the purpose of this account opening and other necessary data processing activities which may arise therefrom, including the performance of the relationship between myself and United Capital. I affirm that I have the requisite capacity under the law to consent to the collection and processing of my personal data. I affirm that I am aware and take cognizance of my rights under the relevant Data Protection laws in Nigeria which include the right to request access , amendment , rectification, cancellation or destruction of my personal data information, the right to lodge a complaint with the relevant authority as well as the right to object to the processing of my personal data.

I further consent to the processing of my personal data (within or outside Nigeria), including transfer of my personal data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage."

Yes: No:

SELF-CERTIFICATION FOR INDIVIDUAL TAX RESIDENCY

Are you tax resident in Nigeria? Yes: No:

Do you have a Tax Identification Number? Yes: No:

If **yes**, please provide Tax Identification Number: **N-** _____

If **no**, please state reason: _____

Client's Name: _____

Client's Signature: _____

Date: _____

EMAIL INDEMNITY

I/We, the undersigned _____ with
E-mail Address _____ hereby authorize UCAML/UCTL/UCSL
(hereinafter referred to as the "**Company**") to effect any and all transactions relating to my/our account held with them on the basis of my/our electronic mail (**Email**). I/We consent to indemnify the Company against any losses whatsoever suffered by me/us or the Company as a result of the Company acting on the basis of the stated email. I/We further consent that should I/We or the Company suffer any loss as more fully enumerated above; I/We shall be liable for the full amount of such loss. I/We hereby consent that the provided e-mail will be my/our preferred means of communication.

ACCOUNT OPENING REQUIREMENTS

- Duly Completed Account Opening Form
- Acceptable means of identification (Valid (current) Driver's License/International Passport/National ID/Voter's Card) bearing the identity of the account holder(s).
- Two recent passport photographs.
- Copy of utility bill (PHCN, telephone bill, water corporation bill, waste bill e.t.c) not more than 3 months old showing client's address on the form.
- Email indemnity
- Evidence of accepted initial deposit for account opening (Cheque, Deposit Slip, screenshot of Electronic Fund Transfer).
- Birth certificate (For minors only).
- Residence Permit (Foreigner's only).
- Notarised Valid ID (Foreigner's only).
- Notarised Utility Bill (as applicable).

FOR OFFICIAL PURPOSE ONLY

Client's ID: _____

Introduced By: _____

Product Code: _____

Account Received By: _____

Approved By: _____

Compliance Officer: _____