CORPORATE ACCOUNT OPENING FORM

FIRST ALLY

(OPTIONS MARKED * ARE COMPULSORY)

A. COMPANY DETAILS

*Full Name of Entity:

*RC Registration Number:

* Nature of Business:

*Entity Type: Plc ☐ Ltd ☐ Partnership ☐ Sole Proprietorship ☐ NGO ☐ Others ☐

*Operating/Registered Address:

Telephone Number: Official Email Address:

Official Website:

B. ANNUAL TURNOVER AND INVESTMENT PURPOSE

*Annual: Less than ₦10M ☐ ₦10M - ₦50M ☐ ₦50M - ₦100M ☐ ₦100M - ₦250M ☐ ₦250M and above ☐

Source of Investment Fund:

Purpose of Investment Fund:

C. PRODUCT/SERVICES REQUIRED

First Ally Asset Management

Money Market Fund ☐ FRN ☐ HYIS ☐ FDIS ☐ PMS ☐ Others ☐

First Ally Trustees Limited

Corporate Trust:

Debenture Trust ☐ Custody Services ☐ Escrow /Nominee Services ☐ Others ☐

Public Trust:

Bond ☐ Collective Investment Scheme ☐ Privately Managed Products ☐ Others ☐

*Dividend Pay-out Options (Please tick as appropriate) : Reinvest ☐ Credit My Designated Account ☐

Applicable to FAAM MMF Account Holders only

D. *BANK ACCOUNT DETAILS

We hereby instruct First Ally Asset Management Limited / First Ally Trustees Limited to transfer all payment due to my/our account:

Bank Name: Account Number:

Account Name:

This is your default/primary bank account on record where funds you have invested with First Ally Asset Management Limited / First Ally Trustees Limited will be sent to when you initiate a withdrawal. Any request to change this account must be communicated in writing to the Company via your email address on record and signed by authourised signatories. This request will be subject to verification before implementation.

E. BENEFICIARY DETAILS - FOR TRUSTEES ONLY

S/N	NAME	ADDRESS	SEX	DATE OF BIRTH	RELATIONSHIP	PHONE NUMBER

F. EMAIL INDEMNITY

We the undersigned_____
with E-mail Address_____ , who has/have an investment account with First Ally Asset Management Limited / First Ally Trustees Limited in the name of _____, hereby authorise First Ally Asset Management Limited / First Ally Trustees Limited to honour, effect any & all instructions/ transactions relating to my account held with them on the basis of my electronic mail (Email).

We consent to indemnify the Company against any losses whatsoever suffered by myself/ourselves or the Company as a result of the Company acting on the basis of the stated email.

We further consent that should I / We or the Company suffer any loss as more fully enumerated above; we shall be liable for the full amount of such loss.

We hereby consent that the provided e-mail will be my preferred means of communication.

Signed this_____ day of_____ 20____ .

NAME	SIGNATURE
NAME	SIGNATURE

G1. *AUTHORISED SIGNATORY PERSONAL INFORMATION - SIGNATORY 1

Title | *Surname

*First Name | Other Names

Affix Passport Photograph of a Joint Partner

*Designation in the Organisation

*Residential Address

*Date of Birth (D D M M Y Y Y Y) * Gender

*Mobile Phone Number | E-mail

*Mother's Maiden Name | Nationality

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

ID Number: | Bank Verification Number:

*Are you a politically exposed person? (Kindly refer to the definition page for the definition/parameters to know your status) Yes ☐ No ☐

*If Yes, please provide details

*Class for Signing: A ☐ B ☐ C ☐

SIGNATURE

G2. *AUTHORISED SIGNATORY PERSONAL INFORMATION - SIGNATORY 2

Title | *Surname

*First Name | Other Names

Affix Passport Photograph of a Joint Partner

*Designation in the Organisation

*Residential Address

*Date of Birth (D D M M Y Y Y Y) * Gender

*Mobile Phone Number | E-mail

*Mother's Maiden Name | Nationality

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

ID Number: | Bank Verification Number:

*Are you a politically exposed person? (Kindly refer to the definition page for the definition/parameters to know your status) Yes ☐ No ☐

*If Yes, please provide details

*Class for Signing: A ☐ B ☐ C ☐

SIGNATURE

NOTE: PLEASE USE ADDITIONAL SHEET IF YOU HAVE MORE THAN TWO SIGNATORIES TO THE ACCOUNT. KINDLY REPRODUCE THIS SHEET AND ATTACH TO THE ACCOUNT OPENING FORM

H. SIGNING MANDATE

*Please specify the signature mandate (signing rule) for this account

I. PRIMARY CONTACT PERSON

Title | *Surname

*First Name | Other Names

Affix Passport Photograph of a Joint Partner

*Designation in the Organisation

*Residential Address

*Date of Birth (D D M M Y Y Y Y) | * Gender

*Mobile Phone Number | E-mail

*Mother's Maiden Name | Nationality

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

K. BOARD RESOLUTION - KINDLY ADOPT THIS TEMPLATE AND REPRODUCE ON THE LETTERHEAD OF YOUR ORGANISATION. THIS DOES NOT APPLY TO A SOLE PROPRIETORSHIP

At the meeting of the Board of Directors/Partners/Board of Trustees of_____ held on the _____ day of _____ , 20 _____ at _____

The following resolutions were duly proposed and passed:

1. That the Company/Partnership/Association should open a _____ account with First Ally Asset Management Limited / First Ally Trustees Limited as per the terms and conditions contained and as may from time to time be contained in the First Ally Asset Management Limited/ First Ally Trustees Limited's Account Opening Forms and policies for the said account.

2. That in furtherance of the above, the following persons are hereby authorized to execute all relevant documents on behalf of the company, operate the account and serve as the signatories to the account as specified in the account opening mandate.

   a. Name_____Signature Specimen_____Class_____

b. Name_____Signature Specimen_____Class_____

c. Name_____Signature Specimen_____Class_____

d. Name_____Signature Specimen_____Class_____

3. The signing mandate shall be "_____"
to sign on behalf of the Company/Partnership/Association.

Dated this _____day of_____

DIRECTOR/TRUSTEE/PARTNER	DIRECTOR/SECRETARY
NAME	NAME
SIGNATURE	SIGNATURE

DEFINITION SECTION

A Politically Exposed Person is an individual (including family member or close associates of an Individual):

1. who is or have been entrusted with prominent public functions by a foreign country, for example Heads of State or Government, senior politicians, senior government, judicial or military officials, senior executives of State owned corporations and important political party officials;
2. who is or have been entrusted domestically with prominent public functions, for example Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of State owned corporations and important political party officials; and
3. who is or have been entrusted with a prominent function by an international organization and includes members of senior management such as directors, deputy directors and members of the board or equivalent functions other than middle ranking or more junior individuals.

FAAM means First Ally Asset Management, FATL means First Ally Trustees Limited

TERMS AND CONDITIONS

Investment - the Client agrees that its mandate is subject to the Rules and Regulations of the Securities and Exchange Commission (SEC), The Investment and Securities Act 2007 and all other relevant Rules and Regulations covering the operations of Capital Market Operators.

Non-disclosure - the Client agrees to keep confidential information about the Company and its investment practices and the Company in turn agrees not to divulge the Client's information to any third party except as required as part of performance of its duty or by law.

Anti-Money Laundering - the Client agrees that all its transactions will be subject to all relevant Anti-Money Laundering Laws and Regulations.

Third Party Payment - the Client agrees that payments of proceeds of investments from its account shall be made ONLY to the Client.

Update - the Client agrees to notify the Company immediately, of any change in the details provided to the Company or at the request of the Company, update its records. All notices and correspondence required to be provided by FAAM / FATL to the client will be forwarded to that address until FAAM / FATL receives a written notification of the clients' change of address.

Account Statements - the Client will receive monthly statement of accounts and at any time on the client's request. The Client however undertakes to report to the Company any errors in the investment certificate issued, within 3 (three) business days of receipt. Where no objection is raised within the period stipulated above, the statement and investment certificate shall be deemed accepted by the Account Holder.

FAAM MMF Account Holders - agree that we understand that due to the volatility of the stock market, the prices of quoted securities inclusive in the Mutual Fund may fluctuate. We also agree that the past performance of the fund is not necessarily an indication of its future performance. We understand that Mutual Funds are more suited for medium to long term investments. Short term investors may not fully realize the value of their investments at liquidation or redemption.

First Ally Trustees Limited Account Holders - specifically agree that the Company will execute its mandates within the first 24 hours of the request, except in cases of delay beyond the Company's control due to system failure, Force Majeure, or other unforeseen circumstances.

Data Protection - We hereby affirm that in line with the relevant laws on Data Protection in Nigeria, We consent to the collection and processing of our personal data/information in the absence of any fraud, duress, undue influence or coercion for the purpose of forming the basis of this account opening and other necessary data processing activities which may arise therefrom, including for the performance of the relationship between ourselves and FAAM / FATL. We affirm that we have the requisite capacity under the law to consent to the collection and processing of our personal data. We affirm that we aware and take cognizance of our rights under the relevant Data Protection Laws in Nigeria which include the right to request for access, amendment, rectification or cancellation or destruction of our personal data/ information, the right to lodge complaint with the relevant authority as well as the right to object to the processing of our personal data. We further consent to the processing of our personal data (within or outside Nigeria),including transfer of our 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.

Operation of Account - The client agrees to safely operate the account. The client agrees to assume full responsibility and ensure safe custody of all print and electronic correspondence issued to/or by FAAM / FATL regarding the account. The client agrees to notify FAAM / FATL immediately whenever it knows or has any reason to suspect that an unauthorized person has access to any print or electronic correspondence issued to or by FAAM / FATL regarding the account. The client agrees to indemnify FAAM / FATL against any loss, damage or liability resulting from our non-compliance to the above. The client agrees that FAAM / FATL 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. FAAM / FATL shall from time to time communicate in writing to the client the names of officers authorized to receive funds on its behalf. The client agrees that in the absence of clear disposal instruction, the invested principal amount and interest /income at maturity will be liquidated and FAAM / FATL may at its discretion hold the funds in a non-interest-bearing account pending further instructions from the client. The client agrees that FAAM / FATL shall not be liable for any loss or damages sustained by it by reason of the operation of the investment provided such loss or damages was not caused or facilitated by FAAM / FATL or any of its staff action on its instruction.

General - We attest that all information provided herein is accurate and a true representation of our present status. We hereby state that the funds and source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity. By signing below, you affirm that you have read the Terms and Conditions and that you understand these Terms and Conditions and agree to be bound by them.

AUTHORISED SIGNATORY

NAME	SIGNATURE
NAME	SIGNATURE

ACCOUNT OPENING CHECKLIST

- ☐ Duly Completed Account Opening Form.
- ☐ One recent passport photograph of all Signatories
- ☐ Acceptable means of identification* of all signatories
- ☐ Proof of Address of all Signatories
- ☐ E-mail Indemnity (where applicable)
- ☐ Evidence of accepted Initial deposit for account opening (Deposit Slip, Screenshot of Electronic Fund Transfer etc)
- ☐ Form CAC.1 (for companies incorporated from 2017)- replaced Form CAC 2 and 7
- ☐ Recent Statement of Share Capital and Return of Allotment of Shares filed at the Corporate Affairs Commission
- ☐ Particulars of Directors filed at the Corporate Affairs Commission
- ☐ Copy of the Certificate of Incorporation of the Entity
- ☐ Copy of the Memorandum and Articles of Association/ Constitution/ Bye Laws
- ☐ Board Resolution/ Members Resolution signed by a Director/Partner/Trustee and Secretary
  - Authorizing the opening of an account with the Company (Included in the account opening form)
  - Appointing and listing the authorized signatories to the account and their signature specimen
  - Specifying the signing mandate

* 1. Valid (current) driver's license, bearing the identity of the account holder(s).
2. Valid (current) Voters Card, bearing the identity of the account holder(s).
3. Valid (current) International Passport, bearing the identity of the account holder(s).
4. Valid (current) National Identity Card/NIN Slip bearing the identity of the account holder(s).

** 1. Copy of Recent utility bill (e.g. PHCN, NITEL, Smile, Swift, Main One, etc.)-not more than 3 months old showing residential address of account holder.
2. Copy of Current Drivers Licence issued by FRSC- Provided that the Client will be required to provide another means of identification.
3. Copy of Bank statement or passbook showing residential address of account holder
4. Solicitor's letter confirming recent house purchase or search report from the Land Registry
5. Tenancy Agreement showing residential address of account holder

FOR INTERNAL USE ONLY

KYC already verified Yes ☐ No ☐

Deferred Document	Regularised Date	Deferred Document	Regularised Date

ACCOUNT OPENING APPROVAL

Client's File Number: _____

Relationship Manager: _____
Name , Signature & Date.

Operations Officer: _____
Name , Signature & Date.

CUSTOMER ANTI-MONEY LAUNDERING RISK CATEGORISATION FORM

PARAMETERS	RISK RATING[1]
Country of Incorporation	
Country of Citizenship & Residence for Signatories	
Country of Citizenship & Residence for Signatories for Directors/Trustees?Partners	
Type/Nature of Business	
Source of funds	
Documentary Evidence Provided	
Correlation between income and proposed investment	
Politically exposed person(s)	
Risk of Suspicious Transaction	
Complex legal arrangements such as unregulated investment vehicles or special purpose vehicles[2]	
Companies that have nominee-shareholders[3]	
Customer category code	
Justification for risk rating by Compliance Officer	
Name and Signature of Compliance Officer	
Date	

LOW	MEDIUM	MEDIUM-HIGH	HIGH

[1] **A Rating of 1 to 2 is considered Low; 3 is Medium; 4 is Medium-High; and 5 is High**
[2] Applicable to Corporate Clients only
[3] Applicable to Corporate Clients only