INDIVIDUAL ACCOUNT OPENING FORM

(INDIVIDUAL ACCOUNT . JOINT ACCOUNT . MINOR)

FIRST ALLY

(OPTIONS MARKED * ARE COMPULSORY)

A. CLIENT PERSONAL DATA- INDIVIDUAL OR GUARDIAN OF A MINOR

Title | *Surname

*First Name | Other Names

Affix Passport Photograph of a Minor

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

* Residential Address

* 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

*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

A1. MINOR - PLEASE COMPLETE THIS SECTION FOR A MINOR. PLEASE MOVE TO PART B IF THIS DOES NOT APPLY TO YOU.

(For the definition of a minor please see definition section

Date of Birth (D D / M M / Y Y Y Y) | Surname

First Name | Other Names

Affix Passport Photograph of a Minor

For a minor account Please provide a signature mandate (Signing rule e.g Father and Mother to operate or Mother to operate etc.)

NAME	SIGNATURE	RELATIONSHIP
NAME	SIGNATURE	RELATIONSHIP

Mandate ☐ Father ☐ Mother ☐ Both ☐ Guardian

A2. JOINT ACCOUNT HOLDER - PARTNER SHOULD COMPLETE THIS SECTION. PLEASE MOVE TO PART B IF THIS DOES NOT APPLY TO YOU.

Title | *Surname

*First Name | Other Names

Affix Passport Photograph of a Joint Partner

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

*Residential Address

* 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

*Are you a politically exposed person? (For the definition of a politically exposed person please see definition section) Yes ☐ No ☐

*If Yes, please provide details

For a Joint Account Please provide a signature mandate (Signing rule)

NAME	SIGNATURE	CATEGORY
NAME	SIGNATURE	CATEGORY

Mandate _____

B. EMPLOYMENT DETAILS AND PURPOSE OF INVESTMENT

*Employment Status: Employed ☐ Self Employed ☐ Retired ☐ Others ☐ _____

Source of Funds: Employment ☐ Business ☐ Others (e.g Rental, Income, Dividend etc.) ☐ _____

*Annual Income: Less than ₦3M ☐ ₦3M - ₦10M ☐ ₦10M - ₦50M ☐ ₦50M and above ☐

Name of Employer: Nature of Business:

Address of Employer:

C. PRODUCT / SERVICES REQUIRED

First Ally Asset Management

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

First Ally Trustees Limited

Children Education Trust ☐ Retirement Plan Trust ☐ Dependent Trust ☐ Diaspora Trust ☐

Living Trust ☐ Family Office ☐ Others ☐ _____

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

Applicable to FAAM MMF Account Holders only

Funding Options: Lump Sum ☐ Monthly ☐ Quarterly ☐ Others ☐ _____

Initial Amount:

Funding Mode (Please tick as appropriate) : Standing Payment Order ☐ Cheques ☐ Fund Transfer ☐

I / We hereby authorize a monthly debit of my Account Number to the tune of ₦/$_____ in favour of First Ally Asset Management Limited / First Ally Trustees Limited on the _____ day of _____

D. *BANK ACCOUNT DETAILS

I / 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: Bank Verification Number:

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. This request will be subject to verification before implementation.

E. *NEXT OF KIN DETAILS

Name: Date of Birth: D D M M Y Y Y Y

Residential Address:

Relationship: Gender:

Email Address: Phone Number:

F. BENEFICIARY DETAILS - FOR TRUSTEES ONLY

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

F. EMAIL IDEMNITY

I / 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).

I / 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.

I / 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.

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

Signed this_____ day of_____ 20____ .

NAME	SIGNATURE
NAME	SIGNATURE

DEFINITION SECTION

A minor refers to someone below the age of 18 years.

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 his/her 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 his/her 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 his/her 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 his/her 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.

First Ally Asset Management MMF Account Holders - agree that I/we am/are at least 18 years old. I/we understand that due to the volatility of the stock market, the prices of quoted securities inclusive in the Mutual Fund may fluctuate. I/we also agree that the past performance of the fund is not necessarily an indication of its future performance. I/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 his/her 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 - I hereby affirm that in line with the relevant laws on Data Protection 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 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 myself and FAAM / FATL. 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 for access, amendment, rectification or cancellation or destruction of my personal data/ information, the right to lodge 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.

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 he/she 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 his/her 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 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 him/her 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 - I/we attest that all information provided herein is accurate and a true representation of my present status. I/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.

NAME	SIGNATURE
NAME	SIGNATURE

ACCOUNT OPENING CHECKLIST

- ☐ Duly Completed Account Opening Form.
- ☐ One recent passport photograph of the account holder(s).
- ☐ Acceptable means of identification:
  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).
- ☐ Proof of Address:
  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 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.
  6. Physical verification of the address by the Relationship Manager.
- ☐ E-mail Indemnity
- ☐ Evidence of accepted Initial deposit for account opening (Deposit Slip, Screenshot of Electronic Fund Transfer etc.)
- ☐ Birth Certificate (For Minors Only)
- ☐ Resident Permit (Foreigners Only)

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
Country of Residence	
Country of Citizenship	
Type/nature of Business/ Occupation	
Source of funds	
Documentary evidence provided	
Correlation between income and proposed investment	
Politically exposed person(s)	
Risk of Suspicious Transaction	
Customer category code	
Justification for risk rating by Compliance Officer	
Name and Signature of Compliance Officer	
Date	

LOW	MEDIUM	MEDIUM-HIGH	HIGH