RECORD UPDATE FORM (INDIVIDUAL/JOINT ACCOUNT)



SECTION 1 – GENERAL INFORMATION								
Date: D D M M Y Y Y Y Account Manager: Control No. (Internal):								
		ARM Trustees	Others (Please specify)					
SECTION 2 – CUSTOMER INFORMATION								
INVESTOR 1								
PERMANENT	Other Name(s)							
RESIDENCE ADDRESS:								
Town/City	State		Country					
CORRESPONDENCE/ MAILING ADDRESS:								
Town/City State			Country					
Phone Number OTHER	Phone (Outside Nigeria)		Email Address					
PERSONAL Date of D D M M Y Y Y Y	Place of Birth		Country of Birth					
Nationality	Other Nationality(i	ies)						
TIMOR	TINLOUL	Pl	6 116 2 2 2 1					
Any standing instruction to Yes	TIN (Other countri	es. Please state country) Do you have a Power of Attorney or Signatory Authority granted	Social Security Number Yes					
transfer funds to an account maintained outside Nigeria? No If yes, which country?		to a person outside Nigeria?	No If yes, which country?					
Other Contact Address, In-Care-Of Address or Hold-Mail Address								
ity/State Country								
INVESTOR 2 (For Joint Accounts Only)								
Surname	Other Name(s)							
PERMANENT RESIDENCE ADDRESS:								
Town/City	State		Country					
CORRESPONDENCE/ MAILING ADDRESS:								
Tours /City	Charles		Cauchini					
Town/City	State		Country					
Phone Number OTHER	Phone (Outside Nigeria)		Email Address					
PERSONAL Date of D D M M Y Y Y Y DETAILS:	Place of Birth		Country of Birth					
Nationality	Other Nationality(ies)							
TIN (Nigeria)	TIN (Other countri	es. Please state country)	Social Security Number					
Any standing instruction to transfer funds to an account maintained outside Nigeria? No If yes, which country?		Do you have a Power of Attorney or Signatory Authority granted to a person outside Nigeria?	Yes No If yes, which country?					
Other Contact Address, In-Care-Of Address or Hold-Mail Address								
City/State	Country							

SECTION 3 – BANK DETAILS								
Bank Account Number	Bank Account Name							
Bank	Branch		BVN Number		CSCS Account Number			
SECTION 4 – SIGNATURE SPECIMEN								
Investor's Signature (1)	Date: D D M	M Y Y Y	Investor's Signature (2) (For Joint Accounts)		Date: D D M M Y Y Y Y			
SECTION 5 – NEXT OF KIN								
Surname		Other Name(s)						
Permanent Residence Address								
Town/City		State Country						
Phone Number		Phone (Outside Nigeria)		Email				
KYC CHECKLIST								
Passport Photograph		Recent Utility Bill (No	t more than 3 months old)					
Valid Means of ID (Voters' Card, International Passport,								
Drivers' Licence and National ID	Card)							
Do you hold a senior public office (i public office includes persons who l	n or outside Niger	ia), or have a close bus	iness or personal connection	to such a pe	erson? (A person who holds a senior			
government-owned companies, me	mbers of royal fan	nilies, etc.). If yes, plea	se state the source of the ass	sets or funds	to be invested.			
Kindly submit the completed form				nd a scanne	ed copy by email to			
enquiries@arminvestmentcenter You can also update your informa								
Thank you for your co-ope	ration.							
y 2								
FOR OFFICIAL USE ONLY								
TOR OTHER OSE ONE								
Customer Service Office	 er	Operation	s Manager		Compliance Officer			
Date: D D M M Y Y Y	Y	Date: D D M	M Y Y Y Y	Dat	te: D D M M Y Y Y			