

ACCOUNT OPENING FORM

Individual / Minor / Joint





Application Checklist and Guidelines

Proof of Address (Utility Bill, Tenancy Agreement, etc.)

Means of Identification (Driver's License, International Passport or National ID card)

Recent Passport Photograph

(Not more than 6 months old)

Joint Account Owner

Religion

*If applicant is a minor

Sponsor's means of Identification (Driver's License, International Passport or National ID card). Birth Certificate

Please ensure all required fields marked with * are filled and review the Application Checklist before submitting your form.

Please open the following account(s) (tick all that apply): **Individual Account:**

Fill only the Primary Account Owner section.

Minor Account: Account Owner section.

Joint Account: Fill both the Primary and Joint Account Owner sections.

ARM Investment Products (Select all that apply)

Product Name Product Name Security Type

Amount Amount Amount

Product Name Product Name Security Type

Amount Amount **Amount**

Product Name Product Name Security Type

Amount Amount Amount

Product Name Product Name Security Type

Amount Amount Amount

View the full product list, risk levels, and bank account details at: shorturl.at/To5Jh

Individual Details (Please fill in block letters)

Primary Account Owner Title First name * Surname * Gender * D.O.B. Male **Female** Marital Status * Single Married Others

Title First name * Surname * Gender * D.O.B. Male **Female** Marital Status * Married Others Single

Religion

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Primary Account Owner Joint Account Owner Nationality * Nationality * Nigerian If not Nigerian, please state Nationality If not Nigerian, please state Nationality Nigerian Occupation or Job Title * Occupation or Job Title * Employer/Business name Employer/Business name Mother's Maiden Name * Mother's Maiden Name * If applicant is a minor, please write name of sponsor below Surname * First name * Title Name Sponsor's D.O.B. Relationship with Minor Sponsor's NIN Sponsor's BVN **Contact Details Residential Address Residential Address** Phone Number Phone Number Email Address **Email Address Identification Details** Type of ID * Type of ID * ID Number * ID Number * ID Card Issue Date * ID Card Issue Date *

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ID Card Expiry Date *	ID Card Expiry Date *			
N.I.N. *	N.I.N. *			
B.V.N. *	B.V.N. *			
Politically Exposed Person (PEP) Declaration				
A Politically Exposed Person (PEP) is anyone who holds or has held a senior public position, such as a government official, senior military officer, judge, politician, or executive of a state-owned company.				
For this declaration:				
Immediate family members include a spouse, children, parel	nts, siblings, or close relatives by blood or marriage.			
Close associates are individuals with a close personal or business relationship with a PEP, such as business partners, those involved in major financial dealings, or those benefiting from transactions made by or for the PEP.				
Primary Account Owner	Joint Account Owner			
Are you, a member of your immediate family, or any of your close associates currently or formerly a Politically Exposed Person (PEP)?	Are you, a member of your immediate family, or any of your close associates currently or formerly a Politically Exposed Person (PEP)?			
Yes No If yes, please provide details below:	Yes No If yes, please provide details below:			
This is required by Law.	This is required by Law.			
Name	Name			
Relationship with PEP	Relationship with PEP			
Position of the PEP	Position of the PEP			
Next of Kin Information				
Full Name of Next of Kin *	Full Name of Next of Kin *			

Phone Number *

Address *

Phone Number *

Address *

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Primary Account Owner

Relationship to Next of Kin

Email Address

Joint Account Owner

Relationship to Next of Kin

Email Address

Direct Debit Mandate

Would you like to set up a direct debit

Request for the Direct Debit form.

Source of Funds

Kindly state the source of funds (e.g. salary, dividend certificate, etc.).

Risk Appetite Assessment

Select the statement that best reflects your investment mindset:

I can tolerate some short-term losses for long-term growth.
I'm willing to take more risks for higher long-term returns.
I prefer stability and steady income, even with lower returns.
I just want to save money safely.

Dividend Payment Type

Re-Invest ARM should reinvest the returns on your investment

Payout ARM should pay the returns on your investment into the bank account designated below

If no option is selected, ARM will reinvest your funds.



Your bank details			
Account Name			
Name of bank	Account number		
For Dollar Investments ONLY (e.g. Dollar funds, foreign equities, Eurobonds) please fill below:			
Beneficiary Bank Address			
Beneficiary Bank Sort Code	Beneficiary Bank Swift Code		
Intermediary Bank name			
Intermediary Bank ABA	Intermediary Bank Swift Code		
Intermediary Bank Address			
Beneficiary Bank Account No	Intermediary Bank Account Number		
Dividends/ Redemption payment will only be made to the bank account details stated above.			

Important Payment Notice

ARM does not accept cash payments through any staff or representatives for any reason, across its Investment, Securities, or Trust businesses. All payments must be made through direct transfer to ARM's designated bank accounts (issued in the name of the product/fund).

ARM will not be liable for any loss arising from non-compliance with this directive.

If you do not receive confirmation within 48 hours of making a payment, please contact ARM Engage at:

\$ 0700ARMENGAGE (0700 2763 64243), +234 201 330 5005, +234 201 271 5002. or reach out to us at **enquiries@arm.com.ng,**

icking below, I/We confirm that:	
I/We agree to adhere to the specified minimum holding period for any selected mutual funds, securities, fixed income instruments, or trusteemanaged portfolios. I accept that early redemption or withdrawal may attract losses, charges, or associated costs.	I/We agree that account statements may be sent—c my risk—to the correspondence address or email I have provided.
I/We hereby authorise ARM and/or its appointed Fund Managers, Securities Agents, or Trustees to honour transaction and redemption instructions sent via electronic mail regarding my investment or trust holdings.	I/We declare that the information provided above is true, complete, and accurate.
I/We understand that, as with all investments in securities, bonds, mutual funds, or trustee-managed products, the value of my investment(s) may fluctuate and is not guaranteed. I acknowledge that past performance is not indicative of future performance.	

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Primary Account Owner	Joint Account Owner
Terms & Conditions	
I agree to the terms and condition YES NO	I agree to the terms and condition YES NO
VISIT ARM.COM.NG TO READ TERMS & CONDITIONS	VISIT ARM.COM.NG TO READ TERMS & CONDITIONS
Important Notice: Kindly be advised that SEC regulations require that we return remitted funds back to the originating account if account opening documentation is not completed within two weeks of receipt of funds by ARM.	Important Notice: Kindly be advised that SEC regulations require that we return remitted funds back to the originating account if account opening documentation is not completed within two weeks of receipt of funds by ARM.
Name	Name
Signature Date	Signature Date
Signature Mandate (for Primary & Joint Account Owner)	
By signing below, I or we authorize and mandate all instructions related to this account to be executed in accordance with the signature(s) provided.	By signing below, I or we authorize and mandate all instructions related to this account to be executed in accordance with the signature(s) provided.
Name	Name
Signature	Signature
Date Date	Date

Individual / Minor / Joint



Primary Account Owner Joint Account Owner Indemnity for Redemption Requests/Instructions I am an investor with ARM and hereby authorise ARM and/or I am an investor with ARM and hereby authorise ARM and/or its appointed Fund Managers, Securities Agents, or Trustees its appointed Fund Managers, Securities Agents, or Trustees to honour redemption requests and instructions sent via to honour redemption requests and instructions sent via electronic mail in respect of my investment or trust holdings. electronic mail in respect of my investment or trust holdings. I confirm the email address provided below as my I confirm the email address provided below as my designated email for this purpose. designated email for this purpose. Name Name Signature Date Signature **Email Email**

ARM Data Privacy Notice

In line with the Nigeria Data Protection Act 2023 (NDPA), ARM is committed to protecting your personal data and ensuring your privacy rights are respected.

We collect and use your data to:

- Comply with legal and regulatory requirements
- Respond to your enquiries and deliver agreed services
- Improve our products, services, and customer experience
- Communicate updates, offers, or research via email, phone, or mail
- Maintain and manage our digital platforms
- Reach you if contact details change

By interacting with us, you consent to the collection, processing, and secure storage of your data. We collect only what is necessary, do not sell your information, and use it only as described in our privacy policy.

For details, visit: www.arm.com.ng