

Institutional Account Opening Form





| Proof of Address (Utility Bill, Tenancy Agreement, etc.) | Means of Identification (Driver's License, International Passport or National ID card) | n Recent Passport Photogra (Not more than 6 months old) | ıph |
|---|--|--|---|
| orporation: | | | |
| Certified True Copy of Boo Authorizing opening of AR and designating the perso to sign on behalf of the Co | M account ons authorized | Certified true copy of the certificate of incorporation | Certified True Copy of Form CAC 7 (particulars of Directors of company) |
| Certified True Copy of Form CAC 2 | | Certified True Copy of Memoranc & Articles of Association | dum |

| Account Type | | | | | | | | |
|---|-------------------|---------------------------|--------|--|-------|-----|--|--|
| Please open the following account(s) (tick all that apply): | | Investment Management | | Trusteeship Services | | | | |
| Please complete this form digitally and upload the required documents. For assistance, contact your Relationship Manager. | | Securities Scheme Account | | All of the above (Consolidated HoldCo Account) | | | | |
| | | | | No of Employees | | | | |
| Discretionary | Non-Discretionary | y Currency | Pls sp | ecify currency | Naira | USD | | |

| Corporate/Institutional Account Details (if selected) |
|---|
| |
| *Registered Company/Institution Name |
| *RC Number |
| *Registered Address |
| Type of Utility Bill |
| Issue Date |
| Country of Incorporation Nature of Business |
| Sector/Industry |
| Operating Address (if different) |
| Website |
| *Date of Incorporation |



| Contact Details (Prime | ary Contact Perso | on) | | |
|---|-----------------------|------------------|-----------------------------------|-------------------------|
| Name | | | | |
| Position | | | | |
| | | | | Dhana |
| Email Address | | | | Phone |
| Address | | | | |
| | | | | |
| Your bank details | | | | |
| *Account Name | | | | |
| *Bank Name | | | *Accou | unt number |
| | | | | |
| Dividends/ Redemption po | dyment will only be r | nade to the bank | account detai | ils stated above. |
| Investment Profile | | | | |
| | | | | |
| Risk Tolerance | Conservative | Moderate | Aggressive | |
| *Source of Funds | Salary | Dividend | Gift | Others |
| Pls state if others | | | | |
| | | | | |
| | | | | |
| Authorised Signatories | s | | | |
| Authorised Signatories | s | | | |
| | s | | | *Gender Male Female |
| Signatory A | s | | * | *Gender Male Female |
| Signatory A *Name | s | | * | |
| *Name *Designation | | | | Phone Phone |
| *Name *Designation *Type of ID | | *Issue D | *ID Card | *ID Number |
| *Name *Designation *Type of ID *ID Card Issue Date | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N | | *Issue D | *ID Card | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N. *Address Signatory B *Name *Designation *Type of ID | | *Issue D | *ID Card ate | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N. *Address *Signatory B *Name *Designation *Type of ID *ID Card Issue Date | | | *ID Card ate *B.V.N. | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N. *Address *Signatory B *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill | | *Issue D | *ID Card ate *B.V.N. | *ID Number Expiry Date |
| *Name *Designation *Type of ID *ID Card Issue Date *Type of Utility Bill *N.I.N. *Address *Signatory B *Name *Designation *Type of ID *ID Card Issue Date | | | *ID Card ate *B.V.N. | *ID Number Expiry Date |



| Mandate section for signatory combinations | | | | | | | | |
|--|----------------|--------------|------------------|---------------------|--|--|--|--|
| Mandate Instruction: | Either to sign | Both to sign | Other (specify): | Pls state if others | | | | |
| Other (specify): Pls sto | ate if others | | | | | | | |
| Signature A | Date | JY Y Y Y | Signature B | Date D D/M M/Y Y Y | | | | |

| Clien | Client Declaration & Authorization | | | | | |
|---------|--|--|---|--|--|--|
| By clic | king below, I/We confirm that: | | | | | |
| | I/We confirm that the information provided is true and complete. | | I/We agree that account statements may be sent—at my risk—to the correspondence address or email I have provided. | | | |
| | I/We agree to the terms and conditions of ARM and its subsidiaries. | | 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. | | I/We consent to data sharing within ARM for service optimization. | | | |

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, parents, 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.

Signatory A

Are you, a member of your immediate family, or any of your close associates currently or formerly a Politically Exposed Person (PEP)?

| Exposed Pers | on (PEP)? | , , , |
|-----------------|----------------|---------------------------------------|
| Yes | No | If yes, please provide details below: |
| The PEP declara | ition is requi | red by Law. |
| *Name | | |
| | | |
| *Relationship | with PEP | |
| | | |
| *Position of th | ne PEP | |
| | | |

Signatory B Are you, a member of your immediate family, or any of your close associates currently or formerly a Politically Exposed Person (PEP)? Yes No The PEP declaration is required by Law. *Name *Relationship with PEP *Position of the PEP



| ame A | | Name B | |
|---|---|---|--------------------|
| | | | |
| Signature A | Date D D/M M/Y Y Y | Signature B | Date D D/M M/Y Y Y |
| | | | |
| | | | |
| | | | |
| | | | |
| | unia Burand Bardamarki ma Barmark | /m | |
| • | onic Based Redemption Requests | | |
| m an investor with AR | conic Based Redemption Requests Mand hereby authorise ARM and/or its equests and instructions sent via electro | appointed Fund Manage | |
| m an investor with AR honour redemption re | RM and hereby authorise ARM and/or its | appointed Fund Manage onic media in respect of r | |
| m an investor with AR honour redemption re | RM and hereby authorise ARM and/or its equests and instructions sent via electro | appointed Fund Manage onic media in respect of r | |

| Terms & Conditions | | | | | | | | |
|---|--------------|---------|---|-----------------------|---------------------------------------|--|--|--|
| I agree to the terms ar | nd condition | YES NO | | VISIT ARM.COM.NG/PRIV | ACY-NOTICE 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. | | | | | | | | |
| *Name | | | | *Name | | | | |
| *Signature A | Date D D/ | M / Y Y | Υ | *Signature B | Date D D/M M/Y Y Y | | | |
| | | | | | | | | |

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