

# Private Wealth/Estate Planning Account Opening Form





\*Date of Birth

 $\mathsf{D} \ \mathsf{D} / \mathsf{M} \ \mathsf{M} / \mathsf{Y} \ \mathsf{Y} \ \mathsf{Y} \ \mathsf{Y}$ 

| Application Checklist  |   |             |                         |  |   |                 |
|--|---|-------------|-------------------------|--|---|-----------------|
| Proof of Address (Utility Bill, Tenancy Agreement, etc.)   | Means of Identifica<br>(Driver's License, Internationa<br>Passport or National ID card) | I           |                         | t Passport Photogr<br>than 6 months old) | aph   |                 |
| Corporation:   |   |             |                         |  |   |                 |
| Certified True Copy of B<br>Authorizing opening of a<br>and designating the pe<br>to sign on behalf of the | ARM account<br>rsons authorized   |             |                         | copy of the<br>incorporation             | Certified Tru Form CAC 7 (particulars of Dire |                 |
| Certified true copy of M<br>& Articles of Association  |   | Prof        | iling Form              |  |   |                 |
| Please note that the service all relevant supporting docu  |   | er ARM re   | eceives the             | e signed account c                       | ppening document                              | and             |
|  |   |             |                         |  |   |                 |
| Account Type   |   |             |                         |  |   |                 |
| Please open the following  | Fill only   | the Primary | ccount<br>Account Owner | section                                  | Joint/Family Acc                              | ount            |
| account(s) (tick all that ap   | ply):<br>Corp   | orate/Ir    | stitution               | al Account                               | Trust/Foundatio                               | n Account       |
| Please complete this form d  | ligitally and upload the re   | equired (   | document                | ts. For assistance, c                    | contact your Relation                         | onship Manager. |
| Discretionary  | Non-Discretionary   | Cui         | rrency                  | Pls specify curre                        | ncy Naira                                     | USD             |
| Type of Trust Revocal  | ble Irrevocat   | ole         |                         |  |   |                 |
| *Purpose of opening Accou  | unt/Portfolio/Trust   |             |                         |  |   |                 |
|  |   |             |                         |  |   |                 |
|  |   |             |                         |  |   |                 |
| Individual Details (Please   | fill in block letters)  |             |                         |  |   |                 |
| ndividual Account Owner  |   |             | Join                    | t Account Owner                          |   |                 |
| Title  |   |             | *Title                  |  |   |                 |
| Surname  |   |             | *Suri                   | name                                     |   |                 |
| First name   |   |             | *Firs                   | t name                                   |   |                 |
| Middle name  |   |             | *Mid                    | dle name                                 |   |                 |

\*Gender

Male

Female

Male

Female

\*Gender

\*Date of Birth

D D/M M/Y Y Y

## **Private Wealth Access** Account Opening Form



| Individual Account Owner                           | Joint Account Owner                                |  |  |  |  |
|--|--|--|--|--|--|
| *Place of Birth                                    | *Place of Birth                                    |  |  |  |  |
|  |  |  |  |  |  |
| *Marital Status                                    | *Marital Status                                    |  |  |  |  |
| Single Married Others Pls state if others          | Single Married Others Pls state if others          |  |  |  |  |
| Religion   | Religion   |  |  |  |  |
|  |  |  |  |  |  |
| *Nationality                                       | *Nationality                                       |  |  |  |  |
| Nigerian If not Nigerian, please state Nationality | Nigerian If not Nigerian, please state Nationality |  |  |  |  |
| *Occupation or Job Title                           | *Occupation or Job Title                           |  |  |  |  |
|  |  |  |  |  |  |
| Employer/Business name                             | Employer/Business name                             |  |  |  |  |
| *Mother's Maiden Name                              | *Mother's Maiden Name                              |  |  |  |  |
|  |  |  |  |  |  |
| *Identification Details                            |  |  |  |  |  |
| *Type of ID  | *Type of ID  |  |  |  |  |
|  |  |  |  |  |  |
| *ID Number   | *ID Number   |  |  |  |  |
|  |  |  |  |  |  |
| *ID Card Issue Date                                | *ID Card Issue Date                                |  |  |  |  |
|  |  |  |  |  |  |
| *ID Card Expiry Date                               | *ID Card Expiry Date                               |  |  |  |  |
|  |  |  |  |  |  |
| *N.I.N.  | *N.I.N.  |  |  |  |  |
| *B.V.N.  | *B.V.N.  |  |  |  |  |
|  |  |  |  |  |  |



| *Contact Details   |                              |
|--|------------------------------|
| *Residential Address   | *Residential Address         |
|  |                              |
|  |                              |
| **************************************                       | +DI 11 1                     |
| *Phone Number  | *Phone Number                |
|  |                              |
| *Email Address   | *Email Address               |
|  |                              |
|  |                              |
| Next of Kin Information                                      |                              |
| *Full Name of Next of Kin                                    | *F. II Name a of Nach of Kin |
| Full Name of Next of Kin                                     | *Full Name of Next of Kin    |
|  |                              |
| *Gender  | *Gender                      |
| Male Female  | Male Female                  |
| Phone Number   | Phone Number                 |
|  |                              |
| *Address   | *Address                     |
|  |                              |
|  |                              |
| *Relationship to Next of Kin                                 | *Relationship to Next of Kin |
|  |                              |
| Email Address  | Email Address                |
|  |                              |
|  |                              |
| Joint/Family Account or Trust (Please fill in block letters) |                              |
| *Relationship of Account/Trust holders                       |                              |
| Mandate Instruction: Either to sign Both to sign             |                              |
| Other (specify): Pls state if others                         |                              |
| Signature A  | Signature B                  |
| Date   | Date                         |
| D D/M M/Y Y Y  | D D/M M/Y Y Y                |
|  |                              |



| Corporate / Institutional Account Details (if selected) |         |                    |  |  |  |  |
|---|---------|--------------------|--|--|--|--|
| *Company Name   |         |                    |  |  |  |  |
| *RC Number  | TIN/VAT |                    |  |  |  |  |
| Registered Address                                      |         |                    |  |  |  |  |
| Mailing Address   |         |                    |  |  |  |  |
| Country of Incorporation                                |         | Nature of Business |  |  |  |  |

| Investment Profile    |            |           |       |         |                 |  |
|-----------------------|------------|-----------|-------|---------|-----------------|--|
| Investment Objective: | Growth     | Income    | Prese | rvation | Legacy Planning |  |
| Investment Horizon:   | <1 year    | 1–3 years | 3-5 y | ears    | 5+ years        |  |
| Risk Tolerance        | Conservati | ve Mode   | erate | Aggres  | sive            |  |
| *Source of Funds      | Salary     | Dividend  | ı     | Gift    | Others          |  |
| Pls state if others   |            |           |       |         |                 |  |

# Please explain how your overall Assets are held using the table below:

| Assets   | Currency | Value | Details (Please provide as much details as you can and continue on a separate sheet |
|--|----------|-------|---|
| Shares   |          |       | Name and location of companies.   |
| (private companies entities)   |          |       | Number of Shares held:  |
| Stock market<br>Investments Equities<br>and fixed Income<br>Investment |          |       | Investment/Funds<br>name and quantity<br>held                                       |
| Bank Deposits and<br>Investment  |          |       | Please indicate bank name(s).   |
| Other Financial Assets.  |          |       | (Eg- Pension and<br>Retirement funds,<br>Education plans)                           |
| Private & Residential<br>Real Estate Assets                            |          |       | Brief description and location (eg. Block of flats in Ikoyi).                       |
| Commercial Real<br>Estate Assets                                       |          |       | Brief description and location (eg. 2 Shops in Oluwole Urban Mall Lagos).           |
| Others (please specify).   |          |       |   |



### 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.

| 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:  |  |  |  |
| The PEP declaration is required by Law.   | The PEP declaration is required by Law.   |  |  |  |
| *Name   | *Name   |  |  |  |
| *Relationship with PEP  | *Relationship with PEP  |  |  |  |
| *Position of the PEP  | *Position of the PEP  |  |  |  |
| Your bank details   |   |  |  |  |
| *Account Name   |   |  |  |  |
| *Bank Name  | *Account number   |  |  |  |
| For Dollar Investments ONLY (e.g. Dollar funds, foreign equitie   | es, Eurobonds) please fill below:   |  |  |  |
| Beneficiary Bank Address  |   |  |  |  |
| Beneficiary   | Bank Account Number   |  |  |  |
| Beneficiary Bank Sort Code  | Beneficiary Bank Swift Code   |  |  |  |
| Intermediary Bank Name  |   |  |  |  |
| Intermediary Bank ABA   | Intermediary Bank Swift Code 🔲 🔲 🔲 🔲  |  |  |  |
| Intermediary Bank Address   |   |  |  |  |
|   | Intermediary Bank Account Number  |  |  |  |
| Dividends/ Redemption payment will only be made to the bank   | c account details stated above.   |  |  |  |



| Client Declaration & Authorization   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| By clicking 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.   |  |  |  |  |  |

### Terms & Conditions - VISIT ARM.COM.NG/PRIVACY-POLICY 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.

| I agree to the terms and condition | YES | NO | I agree to the terms and condition YES NO |
|------------------------------------|-----|----|---|
| *Name                              |     |    | *Name                                     |
|                                    |     |    |   |
| *Signature                         |     |    | *Signature                                |
|                                    |     |    |   |
|                                    |     |    |   |
| *Date                              |     |    | *Date                                     |
| D D/M M/Y Y Y                      |     |    | D D/M M/Y Y Y                             |
|                                    |     |    |   |

# Signature Mandate (for Primary & Joint Account/Trust 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. Name A Name B Signature A Date Diff MM/Y Y Y Y



### Indemnity for Electronic Based Redemption Requests/Instructions

I am an investor with ARM and hereby authorise ARM and/or its appointed Fund Managers, Securities Agents, or Trustees to honour redemption requests and instructions sent via electronic media in respect of my investment or trust holdings. I confirm the email address provided below as my designated email for this purpose.

| Name      |                       |       |  |
|-----------|-----------------------|-------|--|
| Signature | Date  D D M M Y Y Y Y | 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