

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)	
*If applicant is a minor	Sponsor's means of Identification (Driver's License, International Passport or National ID card).	Birth Certificate	<i>Please ensure all required fields marked with * are filled and review the Application Checklist before submitting your form.</i>
Please open the following account(s) (tick all that apply):	Individual Account: Fill only the Primary Account Owner section.	Minor Account: Fill only the Primary 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

Kindly copy and paste link below to 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 *

MaleFemale

Date of Birth

Marital Status *

SingleMarriedOthersPls state if others

Religion

Joint Account Owner

Title

First name *

Surname *

Gender *

MaleFemale

Date of Birth

Marital Status *

SingleMarriedOthersPls state if others

Religion



Primary Account Owner

Nationality *

Nigerian	If not Nigerian, please state Nationality
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Occupation or Job Title *

Employer/Business name

Mother's Maiden Name *

State of Origin *

Joint Account Owner

Nationality *

Nigerian	If not Nigerian, please state Nationality
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Occupation or Job Title *

Employer/Business name

Mother's Maiden Name *

State of Origin *

If applicant is a minor, please write name of sponsor below

First name *		Surname *																					
Title	Name																						
Relationship with Minor		Sponsor's D.O.B.	<table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>			/			/					D	D		M	M		Y	Y	Y	Y
		/			/																		
D	D		M	M		Y	Y	Y	Y														
Sponsor's BVN		Sponsor's NIN																					

Contact Details

Residential Address

Phone Number

Email Address

Residential Address

Phone Number

Email Address

Identification Details

Type of ID *

ID Card Expiry Date *

Type of ID *

ID Card Expiry Date *



N.I.N. *

B.V.N. *

N.I.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, 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

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:
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This is required by Law.

Name

Relationship with PEP

Position of the PEP

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)?

Yes	No	If yes, please provide details below:
-----	----	---------------------------------------

This is required by Law.

Name

Relationship with PEP

Position of the PEP

Next of Kin Information

Full Name of Next of Kin *

Full Name of Next of Kin *



Phone Number *

Address *

Relationship to Next of Kin

Email Address

Phone Number *

Address *

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.

Retail Account Opening Form

Individual / Minor / Joint



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. Redemption within 30 days from the date of subscription will attract a penalty fee of 20% of the interest payable on the units redeemed on the day of redemption (FOR MUTUAL FUNDS ONLY)

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**,

Client Declaration & Authorization

By clicking 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 trustee-managed portfolios. I accept that early redemption or withdrawal may attract losses, charges, or associated costs.	I/We agree that account statements may be sent—at 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.	



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 WWW.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.

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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

/ /



Primary Account Owner

Joint Account Owner

Indemnity for 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 mail 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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Email

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 mail 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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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