

CLIENT REQUEST FORM FOR PRIVATE TRUST



For Official Use Only

TRUST ACCOUNT NAME:

TRUST ACCOUNT NUMBER:

Name Choice for Account:
(Choose a name for this account)

Alternative Name Choice for Account:
(Choose a name for this account)

Account Type: Individual

Joint:

PERSONAL DETAILS (Full name, as it appears in your means of Identification)

Settlor 1		Settlor 2 <input type="checkbox"/>	
<i>Affix Passport photograph</i>	Title:	Title:	<i>Affix Passport photograph</i>
	First Name:	First Name:	
	Middle Name:	Middle Name:	
	Surname:	Surname:	
	Gender:	Gender:	
	Marital Status:	Marital Status:	
Mother's Maiden Name:	Mother's Maiden Name:	Mother's Maiden Name:	
Maiden Name:	Maiden Name:	Maiden Name:	
Date of Birth:	Date of Birth:	Date of Birth:	Relationship:
Nationality:	Nationality:	Nationality:	
State of Origin:	State of Origin:	State of Origin:	
LGA of Origin:	LGA of Origin:	LGA of Origin:	
Residential Address:	Residential Address:	Residential Address:	
City: State:	City: State:	City: State:	
Country: Postal Code:	Country: Postal Code:	Country: Postal Code:	
Mobile 1: Mobile 2:	Mobile 1: Mobile 2:	Mobile 1: Mobile 2:	
Correspondence Address:	Correspondence Address:	Correspondence Address:	
City: State:	City: State:	City: State:	
Country: Postal Code:	Country: Postal Code:	Country: Postal Code:	
Mobile 1: Mobile 2:	Mobile 1: Mobile 2:	Mobile 1: Mobile 2:	
Email Address 1:	Email Address 1:	Email Address 1:	
Email Address 2:	Email Address 2:	Email Address 2:	
ID Type (A valid ID):	ID Type (A valid ID):	ID Type (A valid ID):	
ID Number:	ID Number:	ID Number:	
Issue Date: Expiry Date:	Issue Date: Expiry Date:	Issue Date: Expiry Date:	
Place of Issue:	Place of Issue:	Place of Issue:	
BVN:	BVN:	BVN:	
Employment Status:	Employment Status:	Employment Status:	
Employer:	Employer:	Employer:	
Employer's Address:	Employer's Address:	Employer's Address:	
Official Website:	Official Website:	Official Website:	
Office Line:	Office Line:	Office Line:	
Year (s) Spent in Occupation:	Year (s) Spent in Occupation:	Year (s) Spent in Occupation:	

TRUST SERVICES REQUIRED

 Family Trust Living Trust Testamentary Trust Personal Savings Trust Charitable Trust

 Nominee Services Offshore Trust Others:

*Purpose of Trust:

*Proposed Commencement of Trust:

*Duration of Trust:

FUNDING FREQUENCY

 Lump sum Monthly Quarterly Semi Annually Annually Others:

Amount:

Amount in Words:

Funding Mode (Tick as Appropriate)

 SPO (Standing Payment Order) Cheques Cash Others:

BENEFICIARY (IES)

<i>Affix Passport photograph</i>	BENEFICIARY 1	BENEFICIARY 2	<i>Affix Passport photograph</i>
	Title:	Title:	
	First Name:	First Name:	
	Middle Name:	Middle Name:	
	Surname:	Surname:	
	Gender:	Gender:	
Marital Status:	Marital Status:		
Date of Birth:		Date of Birth:	
Relationship: Nationality:		Relationship: Nationality:	
Residential Address:		Residential Address:	
City: State:		City: State:	
Country: Postal Code:		Country: Postal Code:	
Dialling Code: Mobile:		Dialling Code: Mobile:	
Email:		Email:	
ID Type (A valid ID):		ID Type (A valid ID):	
ID Number:		ID Number:	
Issue Date: Expiry Date:		Issue Date: Expiry Date:	
Place of Issue:		Place of Issue:	
% of Benefit:		% of Benefit:	
<i>Affix Passport photograph</i>	BENEFICIARY 3	BENEFICIARY 4	<i>Affix Passport photograph</i>
	Title:	Title:	
	First Name:	First Name:	
	Middle Name:	Middle Name:	
	Surname:	Surname:	
	Gender:	Gender:	
Marital Status:	Marital Status:		
Date of Birth:		Date of Birth:	
Relationship: Nationality:		Relationship: Nationality:	
Residential Address:		Residential Address:	
City: State:		City: State:	

Country:	Postal Code:	Country:	Postal Code:
Dialling Code:	Mobile 1:	Dialling Code:	Mobile 1:
Email:		Email:	
ID Type (A valid ID):		ID Type (A valid ID):	
ID Number:		ID Number:	
Issue Date:	Expiry Date:	Issue Date:	Expiry Date:
Place of Issue:		Place of Issue:	
% of Benefit:		% of Benefit:	

NEXT OF KIN

Title: Name:
(Surname) (Firstname) (Othernames)
 Gender: Date of Birth: Relationship to Settlor :
 Marital Status: Married Single Others: Nationality:
 Residential Address:
 Mobile Phone Number (1) : (2)
 E-mail:

BANK ACCOUNT DETAILS

Bank Name 1: Account Type:
 Account Name: Account No:
 Bank Name 1: Account Type:
 Account Name: Account No:

DECLARATION & EMAIL INDEMNITY

I/We, the undersigned (Name): _____ hereby declare that the above information is true, that I/we have read and understood what the EAC Trustees Limited Private Trust is all about, and we agree that this Application shall be the basis of a Trust, relationship between EAC Trustees Limited, ourselves and the named Beneficiaries. We agree that all documents provided are valid and authentic and EAC Trustees Limited is authorized to verify any or all of the information provided by us.
 We further agree to indemnify EAC Trustees Limited against any losses whatsoever suffered by ourselves or EAC Trustees Limited as a result of EAC Trustees Limited acting based on the stated Telephone number and e-mail address.
 For payment or transfer instructions, beneficiary's full names and account number, including the amount written in numeric form and in words will be provided on each instruction. We agree that if We or EAC TRUSTEES LTD suffer any loss as more fully enumerated above; we shall be liable for the full amount of such loss.

Telephone number to be used by us/is/are _____

Email instructions must emanate from _____

_____ only
 We hereby consent that the provided e-mail address (es) and telephone number will be our preferred means of communication.

Signed this day _____ of _____ 20_____

Settlor 1

Settlor 2

SIGNATURE MANDATE FOR ACCOUNT (Please note that only the authorised signature(s) combination on the signature mandate below would be accepted for any transactions on this account)

Name	Signature
Signature Mandate:	

ACCOUNT OPENING REQUIREMENTS

S/N	ACCOUNT OPENING REQUIREMENTS	CHECK
1	Duly Completed Account Opening Form	
2	Acceptable means of identification (Valid driver's license/ International Passport/National ID, Voters card) bearing the identity of the Account holder and the Joint Applicant (s).	
3	Proof of Address (PHCN, Telephone bill, Water Corporation bill, Waste bill etc..) not older than 3 months for the account holder and joint applicant (if applicable.)	
4	Resident Permit and work permit (Foreigners Only)	
5	A recent passport photograph for the Applicant(s) and Beneficiary(ies)	
6	Acceptable means of identification of the Beneficiaries (Minor - Birth Certificate or International Passport) (Adult - Valid driver's license/ International Passport/National ID, Voters card)	

For Official Purpose Only

Account Received By: _____
(Name, Signature and Date)

Risk Management Unit: _____
(Name, Signature and Date)

Compliance Unit: _____
(Name, Signature and Date)