

PLEASE COMPLETE IN BLOCK LETTERS

<u>rersonal information</u>																											
Title	Mr.			Μ	rs.			Μ	is.			Oth	er														
Full Name of Individual/	s	U	r	n	a	m	e																				
Corporate Applicant																								At Passpo	tach ort Ph		
Full Name of Joint Applicant /Parent or Guardian	s	U	1	n	a	m	e														Ŧ						
Address							1									<u> </u>	1	1			\perp	<u> </u>	<u> </u>	<u> </u>	一	=	\exists
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Mobile Phone Number					!		T			Нс	ome	e/Offi	ce I	Phor	ne N	0.	<u> </u>	Ì			$\overline{\Box}$				T		=
Email Address																										Ī	
Date of Birth			1				1					Gen	der	r:	M	ale				Fem	nale						_
Nationality] s	State	of O	rigin								LC	GA of	f Ori	gin						
Mother's Maiden Name																											
Occupation																									Ĺ	Ì	
Next of Kin Full Name																									T		
Next of Kin Relationship												Phor	ne N	Numl	ber												
Are you a Politically Exposed Perso	on*** or a	Affilio	ated	to a	Polit	ically	Expo	osed	Perso	on?				Ye	S]		No								
If yes, please give details																					_				—		
, , ,																											
Source of Funds:	Tax Identification Number																										
Bank Details																											
BVN											Joir	nt App	olic	ant'	s BV	Ν											
Bank Name		Bank Name (2)																									
Account Name			Account Name (2)																								
Account Number	Account Number (2)																										
Mutual Funds Details																											
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litional units to me Bank Details			additional units to me Fund Bank Details								additional units to me Fund Bank Details																
Name: RAND MERCHANT BANK Number: 1000106197			Bank Name: RAND MERCHANT BANK Acct. Number: 1000106180									Bank Name: RAND MERCHANT BANK Acct. Number: 1000104832															
e: UC TRUSTEES/EA MONEY MARK	ET FUND		Name: UC TRUSTEES/EA BOND FUND Minimum initial subscription is 10,000 units									Name: FBNQ TRUSTEES/EA BALANCED DIVERSITY FUND															
num initial subscription is 5,000 units			Mi	nimun	n initi	al sub	script	ion is	10,00	00 uni	ts					М	inimu	m ii	nitial :	subs	criptic	on is	10,000) units	;		
erging Africa Eurobond Fund								Hal	al Fu	ınd																	
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Name: RAND MERCHANT BANK Number: 1000104825			Bank Name: Rand Merchant Bank Acct. Number: 1000179317																								
e: FBNQ TRUSTEES/EA EUROBOND	FUND		Name: STL Trustees EA Halal Fund																								
um initial subscription is 5 units			Account Type: Custody Swift Address: FIRNNGLA																								



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Other Information											
Are you subscribed to any other Emerging Africa	a Asset Management Limit	ed product? Yes No									
State or Government, Governors, Local Govern	nment Chairmen, Senior Po ortant Political Party Officia	in the past) entrusted with a prominent public fo oliticians, Senior Government Officials, Judicial or als, Members of Royal Families) both in foreign co	Military Officials, Senior								
Signature	Date	Joint Applicant's Signature	Date								
Designation (Corporate Applican	t)	Designation (Corporate Applicant)									
Corporates should please ensure that at least tw	o (2) authorized signatories	s sign, state their designations and append the Co	mmon Company Seal.								
Please indicate signature mandate:											
Email and Telephone Indemnity											
	ate to the best of my/our	hereby declor knowledge. I/We agree that all documents poverify any or all of the information provided.									
Emerging Africa Asset Management Limited in	these circumstances, may	completing this form, any recommendation are beinappropriate to my/our needs. As a result of Management Limited for any loss suffered by me	of the aforementioned,								
, , ,	o a	ted against any losses whatsoever suffered by my anagement Limited acting based on the stated T	0 0								
I/We hereby consent that the e-mail address	ess(es) and telephone no	umber(s) provided in this form will be my/ou	r preferred means of								
Signature:	Joint Applicant's Signat	ure:									
Date:/	Date:										

Office Address: 25A Bourdillon Road, Ikoyi, Lagos
E-mail Address: assetmanagement@emergingafricagroup.com; customerservice@emergingafricagroup.com
Website: www.emergingafricagroup.com
Telephone: +234 704 805 2489

EMERGING

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KYC Checklist	
<u>Individual</u>	<u>Corporate</u>
Passport Photograph	Board Resolution authorizing opening of account and appointed signatories
Proof of Address (e.g. LAWMA Bill, Electricity Bill - valid within 3 months)	Signature Mandate
Valid Means of Identification (e.g. Driver's License, International Passport)	Form CO2 and CO7, Certificate of Incorporation and MEMART
Birth Certificate (for minors)	Valid means of identification of Directors and Signatories
	Proof of Address of the Company and Signatories
	Passport Photograph of Directors and Signatories
Parent/Legal Guardian Consent I am the parent/legal guardian of is required for Emerging Africa Asset Limited to provide financial services	and I understand that my permission and authorization to my child/ward.
I further understand that Emerging Africa Asset Management Limited investment management services to my child/ward unless I provide my p	I will not be permitted to provide financial advisory, capital raising and permission by signing this form.
 To allow Emerging Africa Asset Management Limited to open of that Emerging Africa Asset Management Limited and I will procedures; and To receive newsletters, e-mails, and public enlightenment mate Rectification of clients' data; Research and statistical purpose; and Profiling client data on Emerging Africa Asset Management Linited to open of the procedures; 	comply with all of banking, investment and financial services rules and erials; mited website and portals; and Retention and disclosure any of the client mited affiliates, its authorized third parties and service providers, and others
I, the undersigned, certify that I am the parent or legal guardian of t decisions for my child/legal ward that effect his/her well- being.	the child/legal ward (named above) and that I have the right to make
I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.	, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I
Name of Parent/Legal Guardian	Date and Signature of Parent/Legal Guardian
Official Use Only:	

Signature and Date: ____

Office Address: 25A Bourdillon Road, Ikoyi, Lagos
E-mail Address: assetmanagement@emergingafricagroup.com; customerservice@emergingafricagroup.com
Website: www.emergingafricagroup.com
Telephone: +234 704 805 2489

Endorsed by

Name: __

Data Protection Officer:



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Nigeria Data Protection Regulation Data Subject Consent

Emerging Africa Asset Management Limited will process the above data, along with any other data you subsequently give us, in line with the Nigerian Data Protection Regulation 2019. The data will be used to give you statements and provide the company's products and services to you; for internal assessment and analysis; for the detection and prevention of fraud and other criminal activities which the company is under legal obligation to report; to develop and improve the company's services; for direct marketing, such as to inform you, by mail, telephone, e-mail or other electronic means, about other products and services, provided by the company, the company's affiliate or merchant partners, in order to improve your overall customer experience and for research purposes. For more information, please read our Privacy Notice on our website www.emergingafricagroup.com.

Please note that your personal data may be disclosed to, exchanged with or processed by employees of the company. You have the right to be informed by the company, at your request, about the personal data held by the company about you that is processed and to request to correct such information where necessary. Should the data you provided to the company change, the company must be informed without undue delay. I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.

We will retain information about you after the closure of your account, if the investment relationship has terminated or if your application is declined or abandoned. For as long as permitted for legal, regulatory, fraud prevention and legitimate business purposes.

I hereby grant Emerging Africa Asset Manageme	ent Limited and all its third-party	processors authority to process my pe	rsonal data, for the purpose of;
 Opening an account Receiving transaction alert Accessing the company on-line custom Receiving investment updates and new Receiving email, promotions and market Rectification of my personal data Financial Services Education Asset and portfolio management Research and statistical purpose 	vsletters		
I am aware this is necessary for Emerging Afric processing my request.	ca Asset Management Limited	legitimate interest to process persor	nal information for the purpose of
I consent to Emerging Africa Management Limite my consent at any time using the Data Subject C		ne purposes described in this notice a	nd understand that I can withdraw
Name of Individual providing Consent:	Date	Signature	
Address of Individual providing Consent:			
Official Use Only:			
Endorsed by Data Protection Officer:			
Name:	Signo	ture and Date:	

25A Bourdillon Road, Ikovi, Lagos Office Address:

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Website: www.emergingafricagroup.com

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