## EMERGING AFRICA ASSET MANAGEMENT LIMITED







## **COMPANY/ BUSINESS DETAILS**

PLC Limited Liability Co	mpany 🔲 🛮 Sol	e Proprietorship Part	nership Incorporated Tru	ustees 🗌
Corporate/Business Name:				
Certificate of Incorporation	n/Registration No:			
Tax Identification:				
Date and place of incorpo				
Nature of Business:				
Registered Address:				
Telephone:		Telephone (2): .		
Email Address:	•••••			
Website:				
Exchange on which the co	mpany is listed (if	applicable):		
Name of Regulator (if com	pany is regulated	):		
ANNUAL TURN OVER				
Less than N50 Million N50 Million	150 -N100 Million	N100-N250 Million	N250-N500 Million	Above N500 Million
INVESTMENT OBJECTIVE				
Time Horizon:				
Immediate Access (0-2 year	ars) Short Te	72 – 5 years) 🔲 Inter	mediate Term (5 – 10 years	s) Long Term (10
years above)		_		
Risk Profile				
High risk/High return Potent	ial Medium ris	sk/Medium return poter	ntialLow risk/Low retu	rn potential 🔲
CHOICE OF INVESTMENT				
INSTRUMENT	CURRENCY	ASSET ALLOCATION %	AMOUNT	TENOR
	CURRENCY	ASSET ALLOCATION %	AMOUNT	TENOR
Equity  Money Market				
Short Term Note				
Fixed Income				
Eurobond				
Loroboria	Total			
	Total			
ACCOUNT SIGNATORIES				
Director/Signatory 1				
Title: Name:				
•		tname) (Othernames	´	Affix Passport
Marital status:				
Former Name: Such as maio				
Country of Birth:				
State of Origin:				
Phone Number (1):		Phone Number (2	2):	
E-mail Address:				
Posidontial Address:				



Profession:			
Means of Identification: (specify):		Place of Issue:	
ID Number:	Issue Date:	Expiry Date:	
BVN:	Signatory Class:	: A	D
Signature:	Date:		
Director/Signatory 2			
100	name) (Firstname)	) (Othername	- '
Marital status:			
Former Name: Such as maiden name			
Country of Birth:			
State of Origin:			
Phone Number (1):			
E-mail Address:			
Residential Address:			
Profession:			
Means of Identification: (specify):		Place of Issue:	
ID Number:	Issue Date:	Expiry Date:	
BVN:	Signatory Class:	: A   B   C	D
Signature:	Date:		
Director/Signatory 3			
Title: Name:	name) (Firstname)		
Marital status: [	Date of Birth:	. Gender:	
Former Name: Such as maiden name	e or name previously used:		Affix Passport
Country of Birth:	Nationality:		
State of Origin:			
Phone Number (1):	Phone Number	(2):	
E-mail Address:			
Residential Address:			
Profession:			
Means of Identification: (specify):		Place of Issue:	
ID Number:	Issue Date:	Expiry Date:	



BVN:	Signatory Cla	ass: A B C	D
Signature:	Date:		
SIGNATURE MANDATE (Please note that only the thick account)	ne authorised signature(s) combinatic	on on the signature mandate below would	d be accepted for any transaction on
Name	Position	Signatory Class	Signature
AUTHORISED COMBINATION			
CLIENT'S BANK ACCOUNT DETAILS			
1) Bank Name			
Bank Branch:			
Account Name:			
Account Number:			
2) Bank Name			
Bank Branch:			
Account Name:			
Account Number:			
PRINCIPAL CONTACT PERSON			
Principal Contact Person:			
Designation:	Phon	e Number:	
RISK DISCLOSURE			

- 1. Certain types of investment may not be suitable for all Investors, it is therefore advisable to know your risk profile.
- 2. There is no fixed value and price of investment, the value and price of investments can go down as well as up and on sale and there is a possibility of receiving less than your original investment.



- 3. Pass performance rating is good, but it is not a guarantee to future performance.
- 4. Be aware that fixed deposit instruments do carry some degree of risk which is dependent on the increase and decline of interest rate, inflation rate, and fluctuation of prices due to economic factors.
- 5. Fluctuation in exchange rate can affect foreign currency dominated investment, this could have a positive or adverse effect on the client's return upon the conversion into local or any other currency, of dividends or interest received, or proceeds from the sale of such securities, funds or other property. In the case of cross-currency financing.

We		have read and fully understood the terms of
		hereby affirm that we are acting solely for our account for the purpose of this
Name:		Signature& Date
Name:		Signature& Date
CLIENT'S AUTHORIZATION	& EMAIL INDEMNITY	
We, the undersigned (Nar	me):	
being a client of Emergin	g Africa Asset Mana	gement Limited, owner and operator of an account in the name of
Limited to effect any and	all transactions rela Trustees, a certified o	ement Limited, hereby authorize Emerging Africa Asset Management ting to our account held with them in accordance with the resolution copy of which is attached hereto, and on the basis of our the following;
Telephone number to be	used by me/us is	
(Any change in this numb	er will be communic	ated officially to Emerging Africa Asset Management Limited)
Email instructions must em	nanate from	
		only
by myself/ourselves or Eme Limited acting based on t We agree that the set-of hereby declare that the in For payment or transfer in numeric form and in wor Management Limited suff loss.	erging Africa Asset Methe stated Telephone of conditions receive information given is constructions, beneficial teles will be provided for any loss as more to the structions of the structions	a Asset Management Limited against any losses whatsoever suffered anagement Limited as a result of Emerging Africa Asset Management enumber and e-mail address.  d and signed by us shall apply as expressly set out therein, and we orrect and is the basis for the opening of the Account.  ry's full names and account number, including the amount written in on each instruction. We agree that if We or Emerging Africa Asset fully enumerated above; we shall be liable for the full amount of such will be our preferred means of communication.
Signed this day	of	20
Authorized Signatory		Authorized Signatory
Authorized Signatory		Authorized Signatory



## **RELEVANT ATTACHMENTS** (Please provide the following to facilitate the opening of the Wealth Management Account)

1	Board resolution authorizing account opening	
2	Certificate of Incorporation of the company	
3	CTC Memorandum and Articles of Association	
4	CTC of C07 (Particulars of Directors of the company)	
5	CTC of Form C02 (Allotment of Shares of the company)	
6	2 Passport sized photographs of each signatory to the account, with each signatory's name and signature on the reverse side.	
7	Resident Permit (s) for Non-Nigerian signatories and directors	
8	Copy of valid proof of identity of all signatories and directors	
9	Recent (within the last 3 months) utility bill for the company.	
10	Recent (within the last 3 months) utility bill for all signatories and directors	
11	2 independents 3rd party satisfactory references	

FOR OFFICIAL PURPOSE	ONLY:		
Client's File No:		Product Code:	
Introduced By:			
Account Received By:	(Name, Signature, Date)	Approval By:(Name, Signature, Date)	
AUTHORIZATION TO OF	PEN ACCOUNT		
Risk Management Unit	······	Date	
Compliance Unit		Date	



## NIGERIA DATA PROTECTION REGULATION DATA SUBJECT CONSENT FORM

I hereby grant Emerging Africa Capital Limited and all its third-party processors authority to process my personal data, for the purpose of;

<ul> <li>Opening an account</li> <li>Receiving transaction alert</li> <li>Accessing the company on-line customer portal</li> <li>Receiving investment updates and newsletters</li> <li>Receiving email, promotions and marketing materials</li> <li>Rectification of my personal data</li> <li>Financial Services Education</li> <li>Asset and portfolio management</li> <li>Research and statistical purpose</li> </ul>
I am aware this is necessary for Emerging Africa Capital Limited legitimate interest to process persono information for the purpose of processing my request.
I consent to Emerging Africa Capital Limited using my personal data for the purposes described in thi notice and understand that I can withdraw my consent at any time using the Data Subject Consen Withdrawal Form.
Name of Individual providing Consent:
Address of Individual providing Consent:
Signature:
Date:
Office use only: Endorsed by Data Protection Officer:
Name:
Signature:
Date: