



ACCOUNT OPENING FORM

Affix Passport



PERSONAL DETAILS

Title: Name:
(Surname) (Firstname) (Othernames)

Marital status: Maiden Name (if applicable)

Mother's Maiden Name: Gender:

Date of Birth: Country of Birth:

Religion: Nationality:

State of Origin: LGA of Origin:

Phone Number (1): Phone Number (2):

Best time to call: BVN.....

E-mail Address:

Residential Address:

.....

Correspondence Address (if different from above):

.....

Means of Identification: (specify): Place of Issue:

ID Number: Issue Date: Expiry Date:

JOINT APPLICANT

Name:
(Surname) (Firstname) (Othernames)

Maiden Name (if applicable) Mother's Maiden Name:

Gender: Date of Birth: Relationship:

Country of Birth: Nationality:

State of Origin: LGA of Origin:

Religion: Nationality:

Phone Number (1): Phone Number (2):

Best time to call: BVN.....

E-mail Address:

Residential Address:

.....

Correspondence Address (if different from above):

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Means of Identification: (specify): Place of Issue:

ID Number: Issue Date: Expiry Date:

DETAILS OF NEXT OF KIN

Next of Kin: Relationship:

Phone Number (1): Phone Number (2):

E-mail Address:

Home Address:

EMPLOYMENT DETAILS

PRINCIPAL	JOINT APPLICANT (if applicable)
Employment Status: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>	Employment Status: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
Self Employed <input type="checkbox"/> Retired: <input type="checkbox"/> Others (Specify)	Self Employed <input type="checkbox"/> Retired: <input type="checkbox"/> Others (Specify)
Occupation/Specialty:	Occupation/Specialty:
Employer/Business Name:	Employer/Business Name:
Employer/Business Address:	Employer/Business Address:
Official Email Address:	Official Email Address:

INVESTMENT OBJECTIVE

- Capital Preservation
- Steady stream of income
- Capital Appreciation
- Income as well as capital appreciation

Investment Time Horizon

0-1 year 2-5 Years 5-10 Years 10-15 Years 15-20 Years 20+ Years

Risk Profile

High risk/High return Potential Medium risk/Medium return potential Low risk/Low return potential

CHOICE OF INVESTMENT

INSTRUMENT	CURRENCY	ASSET ALLOCATION %	AMOUNT	TENOR
Equities				
Money Market				
Short Term Note				
Fixed Income				
Eurobond				
	Total			

CONFIRMATION

I confirm that Emerging Africa Asset Management Limited should manage my assets in line with my preferred asset allocation stated above.

Name:

Signature: Date:

Name:

Signature: Date:

INVESTMENT 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 Online Transfer

BANK ACCOUNT DETAILS

Bank Name 1: Account Type:

Account Name: Account No:

Bank Name 2: Account Type:

Account Name: Account No:

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. Past performance is not a guarantee as 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.

I/we have read and fully understood the terms of the offer and the risk disclosure statement. I/We also hereby affirm that I/we am/are acting solely for my/our account for the purpose of this investment.

Name: Signature & Date

Name: Signature & Date

DECLARATION & EMAIL INDEMNITY

I/We, the undersigned (Name): _____ hereby declare that the information provided in this form is complete and accurate to the best of my/our knowledge, I/ We agree that all documents provided are valid and authentic and Emerging Africa Asset Management Limited is authorized to verify any or all of the information provided by us.

I/We understand and acknowledge that by not fully and accurately completing this form, any recommendation and/or advice given by Emerging Africa Asset Management Limited in these circumstances, may be inappropriate to my/our needs. As a result of the aforementioned, I/We may lose the right to seek compensation from Emerging Africa Asset Management Limited for any loss suffered by me/us as a consequence of such actions.

We further agree to indemnify Emerging Africa Asset Management Limited against any losses whatsoever suffered by ourselves or Emerging Africa Asset Management Limited as a result of Emerging Africa Asset Management 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. I/We agree that if I/We or Emerging Africa Asset Management Limited suffer any loss as more fully enumerated above; I/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_____

.....
Authorized Signatory

.....
Authorized Signatory

ACCOUNT OPENING REQUIREMENTS

- Passport photograph (For all Applicant)
- Copy of picture page of means of identification (e.g. International Passport, Driver's License etc.) (For all Applicant)
- Proof of Residence (e.g. utility bill not older than 3 months) (For all Applicant)

FOR OFFICIAL PURPOSE ONLY:

For Official Purpose Only

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

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

Compliance Unit: _____
(Name, Signature and Date)