

PRIVATE FUNDS INVESTMENT OPTIONS

Investment Options	Amount to be invested (Please, tick as appropriate)
Guaranteed Income Note (GIN) Naira	NGN (₦) ☐
Guaranteed Income Note (GIN) Dollar	USD (\$) ☐
High Net Worth Individual (HNI) Naira	NGN (₦) ☐
High Net Worth Individual (HNI) USD	USD (\$) ☐
	☐
	☐

Are you an existing investor?
Yes ☐ No ☐

Do you want your interest re-invested?
Yes ☐ No ☐

Date:

Who introduced you?

PERSONAL DATA

Title: Mr. ☐ Mrs. ☐ Others:

Gender: Male ☐ Female ☐

Full Name of Individual

Surname

First name

Other name

Residential/Permanent Address:

Mobile Phone Numbers:

OR

Personal Email Address:

Date of Birth

Marital Status

Single ☐ Married ☐ Divorced ☐ Seperated ☐

Place of Birth

State of Origin (Nigerians only)

Nationality

Resident Indicator

Resident ☐ Non Resident ☐

Tax ID Number

Mother's Maiden Name

Religion

Guardian Name (for Minor Only)

ID Type

ID Number

Issue Date:

Expiry Date:

Ultimate Beneficial Owner (UBO)

*Politically Exposed Person (PEP)

Yes ☐ No ☐

If Yes, Please Provide Details

Next of Kin

Surname

First name

Other name

Next of Kin Phone No.

Relationship with Next of Kin

Email Address of Next of Kin

PRIVATE FUNDS ACCOUNT OPENING FORM (INDIVIDUAL)



EMPLOYMENT DETAILS AND PURPOSE OF INVESTMENT

Employment Status	Employed ☐	Self Employed ☐	Retired ☐	Unemployed ☐	Student ☐
Company Name					
Company Office Address					
Telephone				Office:	
Official Email Address					
Official Website Address					
Source of Investment Fund:	Employment ☐	Business ☐	Others:		
Annual Income:	₦1 - ₦5m ☐	₦5 - ₦10m ☐	₦10 - ₦50m ☐	₦50m and above ☐	
Purpose of Investment					

SELF EMPLOYED

Business Name		
Business Address		
Nature of Business		
RC or Business Registration No.		Date of Incorporation

PERSONAL ACCOUNT DETAILS

Account Name:		Bank Name:	
Account No:		BVN	

JOINT ACCOUNT HOLDER(S) (PARTNERS SHOULD PROVIDE THE FOLLOWING DETAILS)

Name(s) of Partner(s) to the Account			
Partner(s) Annual Income:	₦5m - ₦10m ☐	₦10m - ₦50m ☐	₦50m and above ☐
Source of Investment Fund:	Employment ☐	Business ☐	Others:

PRIVATE FUNDS ACCOUNT OPENING FORM
(INDIVIDUAL)



PAYMENT DETAILS

Investment Option	Minimum Initial Investment Amount	Minimum Additional Investment Amount	Minimum Holding Investment Period	Account Name	Bank Account Number
HNI Naira	Contact your Relationship Manager or Client Services Representative	Contact your Relationship Manager or Client Services Representative	Contact your Relationship Manager or Client Services Representative	STANBIC IBTC/AIICO CAPITAL LIMITED-MANAGED FUND	0029596554
HNI Dollar	Contact your Relationship Manager or Client Services Representative	Contact your Relationship Manager or Client Services Representative	Contact your Relationship Manager or Client Services Representative	STANBIC IBTC/AIICO CAPITAL LIMITED-MANAGED FUND	0037518139
GIN Naira	₦ 1,000,000	Contact your Relationship Manager or Client Services Representative	30 Days	STANBIC IBTC / AIICO CAPITAL THIRD PARTY ACCOUNT	0029596437
GIN Dollar	\$ 50,000	Contact your Relationship Manager or Client Services Representative	90 Days	STANBIC IBTC / AIICO CAPITAL THIRD PARTY ACCOUNT	0030550101

EMAIL INDEMNITY

I/We the undersigned with Account Number
and Email Address being a client of AIICO Capital Investment Managers Ltd hereby

authorize to effect any and all transaction relating held with them on the basis of my electronic mail (Email).

I/We consent to indemnify AIICO Capital Investment Managers Ltd against any losses whatsoever suffered by myself/ourselves or AIICO Capital Investment Managers Ltd as a result of AIICO Capital Investment Managers Ltd acting on the basis of the stated email.

I/We further consent that should I/We or AIICO Capital Investment Managers Ltd suffer any loss as more fully enumerated above, I/we shall be liable for the full amount of such loss.

I/We hereby consent that the provided e-mail will be my/our preferred means of communication and that I/We will always notify AIICO Capital Investment Managers Ltd of any change in the email as earlier provided through a duly executed letter based on my/our signature mandate.

Signed this day of 20

Authorized Signatory	Authorized Signatory

DECLARATION

I/We hereby confirm that all the information herein stated are true and guarantees
that I can be held responsible for any false declaration.

Signature & Date	Signature & Date

PRIVATE FUNDS ACCOUNT OPENING FORM (INDIVIDUAL)



TERMS AND CONDITIONS

The Terms and Conditions set forth below shall be binding on the Account holder(s):

The Client agrees that his/her instruction is subject to the Rules and Regulations of the Securities and Exchange Commission (SEC) and The Investment and Securities Act 2025 and all other relevant Rules and Regulations covering the operations of Capital Market Operators.

The Client agrees that all his/her transactions will be subject to all relevant Anti-Money Laundering Laws and Regulations.

The Client agrees that payments of proceeds of investments from his/her account shall be made ONLY to the Client.

The Client agrees to notify AIICO Capital Investment Managers Ltd immediately, of any change in the details provided to the Company or at the request of the Company, update his/her records.

I/We attest that all information provided herein is accurate and a true representation of my present status. I/We hereby state that the funds and source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity

Signature/Date	Signature/Date

For Joint Account: Signature Mandate (Signing rule)

ACCOUNT OPENING REQUIREMENTS

- ☐ *Duly Completed Account Opening Form
- ☐ *Acceptable means of identification (Valid (current) driver's license/ International Passport/National ID. Voters card) bearing the identity of the account holder(s).
- ☐ *Two recent passport photographs
- ☐ *Proof of address e.g. copy of Utility Bill not more than 3 months old showing residential address of account holder
- ☐ *E-mail Idemnity (where applicable)
- ☐ *Evidence of accepted Initial deposit for account opening (Cheque, Deposit slip, Screenshot of Electronic Fund Transfer)
- ☐ *Birth Certificate (For Minors Only)
- ☐ *Resident Permit (Foreigners Only)

FOR OFFICIAL PURPOSE ONLY

Client's File Number:			
Introduced By:			
Product Code:			
Account Received By:	NAME:	SIGNATURE:	DATE:
Approved By:			
Compliance Officer:			

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DATA PROTECTION

By ticking YES below, I hereby affirm that in line with the relevant Data Protection laws in Nigeria, I consent to the collection and processing of my personal data or information in the absence of any fraud, duress, undue influence or coercion, for the purpose of this account opening and other necessary data processing activities which may arise therefore, including the performance of the relationship between myself and AIICO Capital Investment Managers Limited.

I affirm that I have the requisite capacity under the law to consent to the collection and processing of my personal data.

I affirm that I am aware and take cognizance of my rights under the relevant Data Protection laws in Nigeria which include the right to request access, amendment, rectification, cancellation or destruction of my personal data information, the right to lodge a complaint with the relevant authority as well as the right to object to the processing of my personal data.

I consent to the processing of my personal data (within or outside Nigeria), including transfer of my personal data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

I further consent to the sharing and processing of my personal data among AIICO Capital Investment Managers Limited, its subsidiaries, affiliates, and parent group companies, to enable the group to offer other financial products and services that may be of interest to me.

Yes ☐ No ☐

HOW DID YOU HEAR ABOUT US?

Social media ☐ Market Storm ☐ Radio Jingle ☐ Billboard ☐ Google ☐ Referral ☐ TV ☐ Sponsored Event ☐

Others