PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

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 ($)	☐
High Net Worth Individual (HNI) Naira	NGN (₦)	☐
High Net Worth Individual (HNI) USD	USD ($)	☐
		☐
		☐

Date:

Who introduced you?

Are you an existing investor?
Yes ☐ No ☐

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

COMPANY DETAILS

Full Name of Company:

RC Number ☐☐☐☐☐☐☐☐☐☐☐☐ Date of Incorporation D D M M Y Y Y Y

Phone Number ☐☐☐☐☐☐☐☐☐☐☐

Tax ID Number:

Company Type: Limited Liabillity ☐ Partnership ☐ Sole Proprietor ☐ Others:

Company Registered Address:

Ultimate Beneficial Owner(s)

ANNUAL TURNOVER

Less than ₦50 Million ☐ ₦50M - ₦400M ☐ ₦400M - ₦900M ☐ Above ₦900M ☐

Nature of Business:

Purpose of Investment:

BANK ACCOUNT DETAILS

Account Name: Bank Name:

Account No: ☐☐☐☐☐☐☐☐☐☐

PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

AUTHORIZED SIGNATORY PERSONAL INFORMATION 1

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement): (Surname)

(First Name) | (Other Name)

Date of Birth: D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN:

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type: | ID Number:

Issue Date: D D M M Y Y Y Y | Expiry Date: D D M M Y Y Y Y

Occupation: | Signatory Class: A ☐ B ☐

Are you a Politically Exposed Person? Yes ☐ No ☐ | NIN:

If "Yes" please provide details

Signature: | Date:

AUTHORIZED SIGNATORY PERSONAL INFORMATION 2

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement): (Surname)

(First Name) | (Other Name)

Date of Birth: D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

ID Type	ID Number:
Issue Date: D D M M Y Y Y Y	Expiry Date: D D M M Y Y Y Y
Occupation:	Signatory Class: A ☐ B ☐
Are you a Politically Exposed Person? Yes ☐ No ☐	NIN:
If "Yes" please provide details:	
Signature:	Date:

AUTHORIZED SIGNATORY PERSONAL INFORMATION 3

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement): (Surname)

(First Name) | (Other Name)

Date of Birth D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type:	ID Number:
Issue Date: D D M M Y Y Y Y	Expiry Date: D D M M Y Y Y Y
Occupation:	Signatory Class: A ☐ B ☐
Are you a Politically Exposed Person? Yes ☐ No ☐	NIN:
If "Yes" please provide details:	
Signature:	Date:

PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

AUTHORIZED SIGNATORY PERSONAL INFORMATION 4

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement: (Surname)

(First Name) | (Other Name)

Date of Birth D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type: | ID Number:

Issue Date: D D M M Y Y Y Y | Expiry Date: D D M M Y Y Y Y

Occupation: | Signatory Class: A ☐ B ☐

Are you a Politically Exposed Person? Yes ☐ No ☐ | NIN:

If "Yes" please provide details:

Signature: | Date:

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

Units of the chosen fund(s) will be purchased at the prevailing offer price, on the day the completed subscription form, KYC and payment or evidence of payment are received. Note that all payments shall either be deposited or transferred into the Fund account provided above, before 12:00pm. Inflows received after 12:00pm will be given value at the next business day.

PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

EMAIL INDEMNITY

I/We the undersigned _____ with Account Number _____

and Email Address _____ consent to indemnify AIICO Capital Investment

Managers Limited against any losses whatsoever suffered by myself/ourselves or AIICO Capital Investment Managers Limited as a result of AIICO Capital Investment Managers Limited acting on the basis of the stated email. I/We further consent that should I/We or AIICO Capital Investment Managers Limited suffer any loss as more fully enumerated above; I/We shall be liable for the full amount of such loss.

Signed this _____ day of _____ 20 _____

Authorized Signatory	Authorized Signatory

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

Signature/Date	Signature/Date

PRIVATE FUNDS ACCOUNT OPENING FORM (CORPORATE)

KYC CHECKLIST

- ☐ *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 accont holder(s).
- ☐ *Two recent passport photographs
- ☐ *Proof of address e.g. utility bill not more than 3 months old showing residential address of account holder
- ☐ *Certified True Copy of the Memorandum and Article of Association
- ☐ *Certified True Copy of Certificate of Incorporation
- ☐ *Evidence of accepted Initial deposit for account opening (Cheque, Deposit slip, Screenshot of Electronic Fund Transfer
- ☐ *Board Resolution:
  - (a) Authorizing the opening of an Account with the AIICO Capital Limited
  - (b) The list of authorized signatories to the account and their respective signature specimen
- ☐ *Form CAC2 (Statement of Share Capital and Return of Allotment of Shares).
- ☐ *Form CAC 7 (Particulars of Directors).
- ☐ *Status Report

FOR OFFICIAL USE ONLY

Client's File Number:	
Introduced By:	
Product Code:	
Account Received By:	NAME: SIGNATURE: DATE:
Approved By:	
Compliance Officer:	
Risk Profile:	Low Risk ☐ Medium Risk ☐ High Risk ☐