PRIVATE FUNDS ACCOUNT OPENING FORM (INDIVIDUAL)

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 ☐

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: D D M M Y Y Y Y

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: D D M M Y Y Y Y

Expiry Date: D D M M Y Y Y Y

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:

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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: ☐		

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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 idemnify 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

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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 accont 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:			