

INDIVIDUAL ACCOUNT APPLICATION FORM

Guidance Notes:

1. Complete the form in full
2. You will need to supply documents confirming your identity and verifying your address as well as authorised persons/ signatories to the account.
3. Please contact your Client relationship officer if you have any questions in regards to completing this form.

Please select the type of application required:

INDIVIDUAL APPLICATION

JOINT APPLICATION

MONEY MARKET PORTFOLIO

WEALTH MANAGEMENT

PERSONAL DETAILS – INDIVIDUAL

Title: (Mr. / Mrs. / Ms/Other): _____

First Name: _____

Middle Name: _____

Surname: _____

Date of Birth (DD/MM/YY): _____

Nationality: _____

State Of Origin: _____

Identification No. /Type: _____

Marital Status: Single: Married: Divorced: Separated:

Telephone No: _____ Email: _____

Residential Address: _____

Mailing Address (If Different): _____

Name of Next Of Kin: _____ Relationship: _____

Next of Kin Contact Details (Telephone & Email): _____

EMPLOYMENT DETAILS

Name of Employer: _____

Employer/ Trading Address: _____

Occupation: _____

PERSONAL DETAILS – JOINT APPLICATION

Title: (Mr/Mrs/Ms/Other): _____ First Name: _____

Middle Name: _____ Surname: _____

Date of Birth (DD/MM/YY): _____ Nationality: _____

State Of Origin: _____

Marital Status: Single: Married: Divorced: Separated:

Telephone No.: _____ Email: _____

Residential Address: _____

Mailing Address (If Different): _____

Name of Next Of Kin: _____ Relationship: _____

Next Of Kin Contact Details (Telephone & Email): _____

EMPLOYMENT DETAILS

Name of Employer (or if self-employed state trading name): _____

Employer/ Trading Address: _____

Occupation: _____

INVESTOR'S PROFILE

Purpose of Invest: _____

Product or Sector to Exclude: _____

My Investment Timeframe is:

- Short Term 1-2years Medium Term (3 -5years)
- Long Term (Above 5 years)

Which outcome is most important to you for an investor portfolio?

- Preserving Capital Long-term growth and capital gains
- Generating Income

Which of the following asset classes have you owned previously or do you now own?

- Bank Deposit Unit Trust/Mutual Funds
- Treasury Bills Individual Company Shares

Which of the following best describes your main objective in investing?

- The education of my children Investment of Surplus Cash
- Capital Growth and Returns My Retirement

BANK ACCOUNT DETAILS

A/C Name: _____ A/C Number: _____

Bank Name & Address _____

BVN _____ Sources of Fund: _____

Politically exposed persons (peps) are defined as persons who currently hold/have held prominent Public functions (including political appointments e.g. high-ranking member of judiciary, member of senate, member of the House of representatives, ambassador, government official, or royal families, etc) as well as their close associations and relatives.

Please state if any of you or any family member(s) or close relative fall under this definition of PEP.

- 1) Name _____ Role _____ Date: From _____ To _____
- 2) Name _____ Role _____ Date: From _____ To _____

ATTESTATION

I/We hereby confirm that all the information provided is precise and correct and shall advise Inverness of any changes that may occur to any of the data stipulated herein.

Name: _____

Name: _____

Signatory & Date: _____

Signatory & Date: _____

KYC (KNOW YOUR CLIENT) AND ACCOUNT DOCUMENT CHECKLIST

Inverness Wealth Management Limited is required by law to establish the identity and confirm the address of every prospective client. In order for us to progress your application please provide:

- 1 item from the address confirmation list for each applicant - 1 item from the proof of identification list for each applicant
- Completed and signed application form - 1 passport photograph of each applicant

Address Confirmation – Please provide any one of the following. Please select the relevant box*		
	Individual	Joint
Record of Home Visit/ Search Report		
Current Driver’s License		
Public Utility Bill		
Tenancy Agreement		
Voter’s Registration Card		
Bank Statement		
National ID card		
Others (Please specify)		

Proof of Identification – Please provide any one of the following. Please select the relevant box*		
	Individual	Joint
Current International Passport:		
Current Driver’s License		
Residence Permit (For foreigners:		
Inland Revenue Tax Certificate		
Voter’s Registration Card		
Birth Certificate/ Sworn declaration of age		
National ID card		
Others (please specify)		

Date Received: _____ CRO Name: _____

FOR OFFICIAL USE ONLY

RISK ASSESSMENT

Complete section ‘High Risk’ if the client is:

- A politically exposed person (PEP)
- Non Nigerian residents domiciled in a high risk jurisdiction (FATF non co-operative country jurisdiction or country subject to sanctions)

Complete section ‘Low Risk’ for all other clients.

LOW RISK:

Approvals to establish relationship and open account (please print name and sign below)

CRO: _____

Business Head: _____

Compliance Officer: _____

HIGH RISK:

Rationale for high risk classification: _____

Approvals to establish relationship and open account (please print name and sign below)

CRO: _____

Business Head: _____

Senior Manager (Director): _____

Compliance officer: _____

CONTACT US

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