



A MEMBER OF FCMB GROUP PLC

AFFIX  
PASSPORT  
PHOTOGRAPH

### INVESTMENT MANAGEMENT TRUST ACCOUNT OPENING FORM

PLEASE FILL ALL DETAILS AS MUCH AS POSSIBLE; ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. NOTE ALL ITEMS MARKED  
ASTERISK (\*) ARE COMPULSORY

#### 1. PERSONAL INFORMATION

Full Names:  
Sex: \* ..... Marital Status: \* ..... Date of Birth: \* .....  
Residential / Mailing Address: \* .....  
Telephone Nos: \* .....  
Email Address: \* .....  
State of Origin: \* ..... LGA: \* .....  
Nationality: \* .....  
Next of Kin- Name & Address: \* .....  
.....

#### 2. FAMILY INFORMATION

Full Names of Spouse(s): \* .....  
Residential / Mailing Address: \* .....  
Telephone Nos. \* .....  
Email Address: .....  
Do you have any Beneficiaries? \* .....  
If yes, state their Names and Date of Birth: \*  
(a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(c) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(d) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### 3. IDENTIFICATION

Inter Passport / Driver's Licence/ National I.D No: \* .....  
Date Issued: \* ..... Expiry Date: \* .....

.....  
Name

.....  
Signature & Date



FCMB TRUSTEES LIMITED  
A MEMBER OF FCMB GROUP PLC

**The Managing Director**  
FCMB Trustees Limited  
17A Tinubu Street,  
Lagos.

Dear Sir/Madam,

**Request for Investment Savings in the INVESTMENT MANAGEMENT TRUST**

Kindly invest on my behalf the sum of \_\_\_\_\_ (₦ Naira)  
in your Investment Management Trust.

The agreed investment return of \_\_\_\_\_ will apply.

Principal will be provided by way of:  Cheque Deposit  Cash Deposit  Transfer

Trust Period on investment:  1 month  2 months  3months  6months  12months

**\*Optional:**

- Additional Investment will be made -  Monthly  Quarterly  Bi-annually

**\*Please execute this action at prevailing terms**

Upon completion of the Trust Period, the Trust shall-

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| I. Make payment of <b>both</b> Principal and return to Beneficiary(ies) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| II. Make payment of Investment return <b>only</b> to Beneficiary(ies):  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| III. Re-invest entire Principal after payment of returns:               | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**\*Declaration by Applicant**

I/We understand that liquidation made before the expiration of the Trust Period is subject to a penalty charge on returns accrued as at the date of liquidation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_