



FINANCIAL TRUST COMPANY NIGERIA LIMITED

(Member of The Nigerian Stock Exchange)

CORPORATE ACCOUNT OPENING FORM

COMPANY DETAILS:

Company Name: _____ Registration Number: _____
TIN Number: _____ Date of Incorporation: _____
Company Address: _____
State/LGA: _____
Country: _____
Email _____
Tel. No: _____ Contact Person: _____

BANK DETAILS

Bank Name: _____
Account Number: _____
Bank Account Name: _____
Date of Creation (Bank Account): _____
Directors NIN: _____
BVN: _____

NATURE OF BUSINESS

Business Operation: _____
Expected Annual Turnover: ₦1M to ₦5M ₦5M to ₦20M ₦20M to ₦50M ₦50M & Above
Source of Fund: Business Income Investment/Sale of Property Capital Injection Others _____

ACCOUNT TYPE

Kindly select your preferred account type

Collective Investment Schemes Fixed Income Foreign Currency Investment Investment Plans
Separately Managed Accounts Stockbroking with Existing CHN Stockbroking with New CHN Others

PORTFOLIO MANAGEMENT(FOR ASSET MANAGEMENT CLIENTS ONLY)

Separately Managed Accounts

Discretionary portfolio management Account Non-Discretionary Portfolio Management

Investment Plans

Balanced Conservative Ethical Growth Guaranteed Other

QUESTIONNAIRE

- A. INVESTMENT OBJECTIVE: WEALTH ACCUMULATION FUTURE COMMITMENT RETIREMENT
- B. INVESTMENT EXPERIENCE: LIMITED GOOD EXTENSIVE NONE
- C. INVESTING EXPERIENCE: NONE 1-2 YEARS 2-5 YEARS OVER 5 YEARS
- D. INVESTMENT TIME FRAME: LESS THAN 1 YEARS 1-2 YEARS 2-5 YEARS OVER 5 YEARS
- E. ARE YOU A PERMANENT RESIDENCE OF ANY OTHER COUNTRY? YES NO
IF YES, KINDLY ENSURE TO FILL THE FATCA FORM ATTACHED.
- F. HAVE YOU OCCUPIED ANY POLITICAL OFFICE?
IF YES, KINDLY STATE THE LAST TWO (2) POLITICAL OFFICES OCCUPIED.

- 1. _____ Date: from _____ to _____
- 2. _____ Date: from _____ to _____

g. Have any of your close relatives/associates occupied a political office? Yes No
If any, kindly state the names and your relationship with such person:

- 1. Name _____ Relationship: _____
Position Held: _____ Date: from _____ to _____
- 2. Name _____ Relationship: _____
Position Held: _____ Date: from _____ to _____

Account Managers/Signatories

Please provide names, job title and specimen signatures

- 1.
- 2.
- 3.

We,....., attest that the information provided herein is accurate and would notify Financial Trust Company Nigeria Limited to update my record where any change occurs

Date

Signature

Date

Signature

FTC will require that all applicants should provide the following documents

- 1. Utility Bill 2. Board Resolution 3. Letter of Appointment duly signed by MD with company seal
- 4. Certificate of Registration 5. Article & Memorandum of the company 6. Counter Indemnity