



Affix passport here.

# **1. PERSONAL DETAILS** FEMALE MALE TITLE Surname Other Names Address Line 1 Address Line 2 **Phone Number Other Number** Email Y Y Y Y Date of Birth D D Μ Μ 2. BANK DETAILS Bank Name Account Name Sort Code Account Number Address/Branch

## **3. INVESTMENT DETAILS**

Principal Sum										
In words										
Tenor										

### Afrinvest Asset Management Limited (RC 674 030)

Abuja | Oakland Centre, Plot 2940, Aguiyi Ironsi St, Maitama, Abuja - FCT | T +234 9 870 9157
Lagos | 27, Gerrard Road, Ikoyi, Lagos | T +234 1 270 1680
Port Harcourt | 3rd Floor, Admiralty Building, Plot 202, Olu Obasanjo Rd, GRA Phase II, Port Harcourt | T +234 84 461 701-2
E aaml@afrinvest.com | W www.aaml.afrinvest.com





ASSET MANAGEMENT

4. CORPORATI	EIINS	JIIO	וס אי	EIAII	-2							
Company Name												
RC Number						]						
Address												
Email												
Phone Number												
Other Number												

## 5. DIRECTORS DETAILS

1 Director's Name	Phone	
Address	Email	
2 Director's Name	Phone	
Address	Email	
3 Director's Name	Phone	
Address	Email	

NB: Individual/Joint Account investors should complete sections 1,2 & 3 above while Corporate Account investors should complete sections 2,3,4 & 5. Forms to be completed in duplicates

## 6. DECLARATION

- 1. The client hereby appoints AAML and AAML agrees to provide investment management service with certain asset of the client in accordance with the terms and conditions hereinafter set forth.
- 2. AAML will not be held liable or responsible should there be damages to me/us due to or arising from errors, commission or omission by third parties involved in this investment.
- 3. The client agrees to a penalty of 20% of accrued interest on my investment should I/we terminate this investment before the agreed maturity date.
- 4. The client understands that the Fund is a money market fund that invest in money market instruments like commercial papers, Bankers' Acceptances, and other secure interest-earning products.
- 5. Unless otherwise specified herein, all notices, instructions, and any advice on termination of investments prior to maturity shall be deemed to be duly given when received in writing by the client to Afrinvest Asset Management Limited (AAML), or when sent via e-mail to the AAML with (3) three days prior notice.
- 6. Proceeds from client's investment will only be paid to the account details provided in the client's account opening form.
- 7. Upon the maturity of client's investment, AAML is authorized to roll over my investment for an additional 30 days at the prevailing market rate if I do not give a contrary instruction.
- 8. Any fund for client's subscription that comes into AAML's custodian account after 12noon shall be treated the following day.
- 9. In line with the federal government withholding tax act, maturity value is subject to withholding tax of 10% of accrued interest.





#### ASSET MANAGEMENT

- 10. The client's investment will be extended by a day if the maturity date of his/her investment falls on a Sunday or extended by two days if the maturity date falls on a Saturday to enable the client enjoy the full value of his investment.
- 11. The client understands that records of this application and the investment may be kept in physical or virtual form and could be made available to AAML's regulator and/or court-approved bodies upon request.
- 12. The client is aware of and accept the risks inherent in the investments, knowing that the realisation of those risks may cause the client to suffer financial loss.

1 Signature	2 Signature	
Name & Title	Name & Title	
Date	Date	

## **OFFICIAL USE ONLY**

Individual/Joint Account		Corporate/Instututional Account					
Required	Provided Yes/No	Required	Provided Yes/No				
2 passport-sized photos		2 passport-sized photos					
Identification: Drivers' License/International passport/National ID		A certified true copy of the following: 1.Certificate of Incorporation 2.Form CAC 7 3.Form CAC 2					
Proof of address: Utility bill/Lease agreement		Proof of address: Utility bill/Lease agreement					
Completed Visitation Form:		Completed Visitation Form:					
City, State ZIP Code		City, State ZIP Code					