



Client Onboarding Form

Personal Details

Title: Mr. Mrs. Ms. Others (specify): _____

Surname: _____

First Name: _____

Middle Name: _____

Gender: Male Female **Date of Birth:** DD/MM/YYYY

Marital Status: Married Single Divorced Widowed

Residential/ Permanent Address: _____

Nationality: _____

Mobile Number: _____ **Personal Email Address:** _____

ID Type: International Passport Driver's Licence National ID Card Voter's Card

ID Number: _____ **NIN:** _____

Politically Exposed Person: Yes No **Please provide details, if yes:** _____



A PEP is anyone who is or has been entrusted with prominent public functions both in foreign countries as well as in Nigeria inclusive of but not limited to family members and close associates of these PEPs*
Please see the HOW TO guide for further clarity

Employment Details and Purpose of Investment

Employment Status: Full Time Self Employed Part-Time Retired Unemployed Other:

Designation: _____ **Grade Level:** _____

Employer Name: _____

Office Address: _____

Annual Income: Less than N3m N3m - N10m N10m - N50m N50m and above

Source of Investment Fund: Employment Business Others:

If Self-Employed:

- Business Name
- Business Address
- Annual Turnover
- Nature of Business
- RC or Business Registration No. and Date of Incorporation/Registration
- Other sources of income

If Retired:

- Last place of employment
- Designation

Please complete in BLOCK LETTERS
(Kindly tick where appropriate)

**Personal Data
(For Joint Account Only)**

Title: Mr. Mrs. Ms. Others (specify): _____

Surname: _____

First Name: _____

Middle Name: _____

Gender: Male Female Date of Birth: DD/MM/YYYY

Marital Status: Married Single Divorced Widowed

Residential/ Permanent Address: _____

Nationality: _____

Mobile Number: _____ Personal Email Address: _____

ID Type: International Passport Driver's Licence National ID Card Voter's Card

ID Number: _____ NIN: _____

Politically Exposed Person: Yes No Please provide details, if yes: _____

AFFIX
PASSPORT
PHOTOGRAPH

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- Business Address _____
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- Nature of Business _____
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- Other sources of income _____

If Retired:

- Last place of employment _____
- Designation _____

Signing Mandate (Signing Rule)

Class of Signatory

A B C

**Personal Data
(For Minor Only)**

Surname:	<input type="text"/>			AFFIX PASSPORT PHOTOGRAPH
First Name:	<input type="text"/>			
Others:	<input type="text"/>			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	<input type="text" value="DD/MM/YYYY"/>
Residential/ Permanent Address:	<input type="text"/>			
	<input type="text"/>			
Nationality:	<input type="text"/>			
Mobile Number:	<input type="text"/>	Personal Email Address:	<input type="text"/>	
ID Type:	<input type="checkbox"/> International Passport	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> National ID Card	<input type="checkbox"/> Voter's Card
ID Number:	<input type="text"/>	NIN:	<input type="text"/>	
Politically Exposed Person:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please provide details, if yes:	<input type="text"/>
	<input type="text"/>			

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**Source of Funds
(For Minor Only)**

This section shall apply where the minor earns an income such as sales jobs, advertising, gifts, allowances, trust fund payouts, etc

Annual Income:	<input type="checkbox"/> Less than N3m	<input type="checkbox"/> N3m - N10m	<input type="checkbox"/> N10m - N50m	<input type="checkbox"/> N50m and above
Source of Investment Fund:	<input type="checkbox"/> Employment	<input type="checkbox"/> Allowance		
Other sources of income:	<input type="text"/>			
	<input type="text"/>			

Products and Services

Mutual Funds: Money Market Fund Value Fund Fixed Income Dollar Fund
 Specialized Dollar Fund Other:

For Mutual Funds only:
Divident Payout Options
(Please tick as appropriate)
 Reinvest Credit my account

Portfolio Management Services: Discretionary Non-Discretionary

Private Products: FCY Investment Note LCY Investment Note Other:

Services: Investment Advisory Other:

Bank Account Details

Bank Name (NGN): _____

Account Number: _____

Account Name: _____

BVN: _____ **Currency:** _____

Foreign Bank Details: _____

Correspondent Bank Name: _____

Swift Code: _____ **Routing No/ Sort Code:** _____

Account Number: _____ **IBAN (Where applicable):** _____

Emergency Contact Details

Name: _____

Address: _____

Date of Birth: _____ **Relationship:** _____

Phone: _____ **Email:** _____

*Emergency contact must not be less than 18 years old.

Investment Questionnaire

Investment Objective: Capital Preservation Capital Growth Retirement Future Commitment

Investment Horizon: None Less than 2 years 2 - 5 years Over 5 years

Investment Knowledge: Limited Good Extensive None

Years of Investing Experience: None Less than 2 years 2 - 5 years Over 5 years

Email Indemnity

I/We the undersigned

with E-mail address

hereby authorize VAML, (the "Company") to effect any & all transactions relating to my account held with them on the basis of myelectronic mail (Email). I/We consent to indemnify the Company against any losses whatsoever suffered by myself/ourselves or the Company as a result of the Company acting on the basis of the stated email. I/We further consent that should I/We or the Company suffer any loss as more fully enumerated above; we shall be liable for the full amount of such loss.

I hereby consent that the provided e-mail will be my preferred means of communication.

<input type="text"/>	<input type="text"/>
Authorised Signatory	Authorised Signatory
<input type="text"/>	<input type="text"/>
Date	Date

Data Protection

By ticking YES below, I/We hereby affirm that in line with the relevant Data Protection laws in Nigeria, I/We consent to the collection and processing of my/our personal data/information in the absence of any fraud, duress, undue influence or coercion, for the purpose of this account opening and other necessary data processing activities which may arise therefrom, including for the performance of the relationship between myself/us and VAML. I/We affirm that I/We have the requisite capacity under the law to consent to the collection and processing of my/our personal data. I/We affirm that I am aware and take cognizance of my/our rights under the relevant Data Protection laws in Nigeria which include the right to request for access, amendment, recitation or cancellation or destruction of my personal data information, the right to lodge a complaint with the relevant authority as well as the right to object to the processing of my personal data.

I/We further consent to the processing of my/our personal data (within or outside Nigeria), including transfer of my/our personal data to any third party for reasons associated with the purpose for which the data is being processed as stated above, including but not limited to data collection, processing and storage.

Yes No

Self Certification for Tax Residency

Are you tax resident in Nigeria? Yes No (state country please)

Do you have a Tax Identification Number? Yes No If yes, please provide TIN:

If No, please state reason:

Client's Name:

Client's Signature: Date:

Self Certification Residency (for Joint Account only)

Are you tax resident in Nigeria? Yes No (state country please)

Do you have a Tax Identification Number? Yes No If yes, please provide TIN:

If No, please state reason:

Client's Name:

Client's Signature: Date:

Account Opening Requirements

- Duly Completed Account Opening Form
- Acceptable means of identification (Valid/current) driver's license/international passport/National ID, Voters card, NIN Slip) bearing the identity of the account holder(s).
- A recent passport of the account holder(s).
- Evidence of source of funds (such as bank statements showing salary, relevant agreements and so on)
- Copy of Utility bill (PHCN, Telephone bill, waste bill, water corporation bill etc) not older than 3 months showing the residential of the account holder(s)
- Birth Certificate/Mean of ID of the Minor (where applicable)
- Resident permit (Foreigners only)