



REGCHARLES

FINANCE & CAPITAL LTD.

...succeeding with you

Individual Account Opening Form FUND & INVESTMENT MANAGEMENT PRODUCTS

- | | | |
|--|---|---|
| <input type="checkbox"/> RegCharles Treasury Linked Note | <input type="checkbox"/> RegCharles Promissory Note | <input type="checkbox"/> RegCharles Employee Fund |
| <input type="checkbox"/> RegCharles Investment Note | <input type="checkbox"/> RegCharles Investment Plan | <input type="checkbox"/> RegCharles Agric Fund |
| <input type="checkbox"/> RegCharles Angel Fund | <input type="checkbox"/> RegCharles Guarantee Fund | <input type="checkbox"/> RegCharles Asset Management Scheme |
| <input type="checkbox"/> RegCharles (Lease Investment Notes) | <input type="checkbox"/> RegCharles Investment Plus | <input type="checkbox"/> Others |
| <input type="checkbox"/> Project Target Investment Plan | <input type="checkbox"/> RegCharles Consolidated Fund | |
| <input type="checkbox"/> RegCharles Commercial Papers | <input type="checkbox"/> RegCharles Wealth Management Programme | |

Please complete in block letters

PERSONAL INFORMATION

Title: Mr./ Mrs.

First name:

Middle name:

Last name:

Date of birth (dd/mm/yyyy):

Gender:

Male

Female

PERSONAL IDENTIFICATION

Document type: National ID Int'l Passport Driver's license Other (specify) _____

Identification number:

Place issued:

Country issued:

Date issued (dd/mm/yyyy):

Expiry date(dd/mm/yyyy):

Tax identification number (TIN):

Nationality:

Marital status:

Single

Married

Divorced

Separated

Widow

Not given

Telephone (Country code - area code - phone number):

Telephone (home):

Telephone (work):

Telephone (Mobile):

Send statement via email (e-mail address):

CURRENT RESIDENTIAL ADDRESS:

House address:

LGA:

City/ town:

State:

Country:

Living at address since (dd/mm/yyyy):

to (dd/mm/yyyy):

Postal address:

LGA:

City/ town:

EMPLOYMENT TYPE

Contract Full-time Self-employed Retired Student Unemployed Private practice

Occupation:

Gross monthly income NGN:

Net monthly income NGN:

NEXT OF KIN

Title: First name:

Middle name: Last name:

Telephone (Home): Telephone (Work): Telephone (Mobile):

Address:

CUSTOMER DECLARATION AND ACCEPTANCE

I confirm that the details provided above and in any attached documents are a true reflection of my personal, employment and other details. I consent to the company making enquiries about my credit record(s) with credit reference agency and any other party to confirm any or all the information provided by me.

I agree that all monthly fees, transactional charges and standing order commitments will be paid as at when due; and should I default on my account, I consent to the use of any credit balance which is due and payable in my accounts to set-off any amount owed.

I further confirm that the general terms and conditions have been explained to me, and I agree to be bound by them, and that I am able to afford the payments arising from the product obligation.

Signature: Date (dd/mm/yyyy):

FOR OFFICIAL USE ONLY

This is to certify that:

was visited on (dd/mm/yyyy): and hereby confirm that it is the home address of:

who wish to operate an individual account with us:

Description of the address:

Relationship officer: SAP ID:

Signature: Date (dd/mm/yyyy):

INDIVIDUAL ACCOUNT OPENING CHECKLIST

Requirements for opening Individual Accounts:

- Completed Application Form
- Copy of means of Identification
- 2 Passport Photograph
- Copy of Utility Bill