

CONFIDENTIAL

**AFFIX
PASSPORT
PHOTOGRAPH
HERE**

INDIVIDUAL APPLICATION FORM

Please click the category and type of account type by ticking the applicable box.

CATEGORY OF ACCOUNT: JOINT ACCOUNT ☐ INDIVIDUAL ACCOUNT ☐

TYPE OF ACCOUNT: CP GUARANTEED INVESTMENT ☐
CAPITALPLUS PLAN B ☐
CAPITALPLUS FUTURE PLAN ☐
CAPITALPLUS KIDDIES PLAN ☐

THIS FORM SHOULD BE COMPLETED IN CAPITAL LETTER CHARACTER

ACCOUNT NUMBER

PERSONAL INFORMATION

TITLE *	<input type="text"/>	SURNAME*	<input type="text"/>
FIRST NAME*	<input type="text"/>	OTHER NAME*	<input type="text"/>
DATE OF BIRTH*	<input type="text"/>		
MARITAL STATUS*	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (please specify) <input type="text"/>		
	GENDER F <input type="checkbox"/> M <input type="checkbox"/>		
MOTHER MAIDEN NAME*	<input type="text"/>		
NATIONALITY*	<input type="text"/>		
DO YOU HAVE DU CITIZENSHIP?	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE STATE SECOND NATIONALITY <input type="text"/>		
RESIDENCY STATUS*	PERMANENT <input type="checkbox"/> TEMPOARY <input type="checkbox"/> RESIDENT PERMIT NO (if applicable) <input type="text"/>		
STATE OF ORIGIN*	<input type="text"/>	LGA*	<input type="text"/>
BVN*	<input type="text"/>		
SIGNATURE*	<input type="text"/>	DATE*	<input type="text"/>

CONTACT DETAILS

RESIDENTIAL ADDRESS

HOUSE NO *	<input type="text"/>	STREET NAME*	<input type="text"/>
NEAREST BUS STOP / LANDMARK	<input type="text"/>	CITY/TOWN*	<input type="text"/>
LOCAL GOVERNMENT AREA*	<input type="text"/>	STATE*	<input type="text"/>
EMAIL ADDRESS*	<input type="text"/>		
ID TYPE*	NATIONAL ID CARD <input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> INTERNATIONAL PASSPORT <input type="checkbox"/> VOTERS CARD <input type="checkbox"/> OTHERS <input type="checkbox"/>		
	IF OTHERS PLEASE SPECIFY <input type="text"/>		
ID NUMBER *	<input type="text"/>		
ID ISSUE DATE*	<input type="text"/>	ID EXPIRY DATE*	<input type="text"/>

CONTACT DETAILS FOR JOINT SIGNATORY ONLY

RESIDENTIAL ADDRESS

HOUSE NO* STREET NAME*

NEAREST BUS STOP /
LANDMARK CITY/TOWN*

LOCAL GOVERNMENT AREA* STATE*

EMAIL ADDRESS*

ID TYPE* NATIONAL ID CARD ☐ DRIVERS LICENCE ☐ INTERNATIONAL PASSPORT ☐ VOTERS CARD ☐ OTHERS ☐
IF OTHERS PLEASE SPECIFY

ID NUMBER *

ID ISSUE DATE* ID EXPIRY DATE*

BANK DETAILS

BANK NAME* ACCOUNT NUMBER*

BANK ACCOUNT NAME*

NEXT OF KIN

TITLE * SURNAME*

FIRST NAME* OTHER NAME*

DATE OF BIRTH* PHONE NUMBER

RESIDENTIAL ADDRESS*

RELATIONSHIP* EMAIL ADDRESS*

INTEREST REINVESTMENT

REINVEST INTEREST* ☐ PAY OUT INTEREST* ☐ SPECIFY FROM TIME TO TIME* ☐

DIRECT DEBIT MANDATE

WOULD YOU LIKE TO SET UP A DIRECT DEBIT? YES ☐ NO ☐ IF YES PLEASE FILL THE DIRECT DEBIT FORM TO ACTIVATE YOUR REQUEST

INVESTMENT TENOR

TENOR: 30 DAYS ☐ 60 DAYS ☐ 90 DAYS ☐ 180 DAYS ☐ 365 DAYS ☐ OTHERS ☐

INCOME RANGE PER ANNUM

BELOW #1,000,000.00 ☐ #1,000,001.00 TO #5,000,000.00 ☐ #5,000,000.00 TO #10,000,000.00 ☐

#10,000,000.00 to #20,000,000.00 ☐ ABOVE #20,000,000.00 ☐

HOW DID YOU HEAR ABOUT US

ONLINE ☐ REFERRAL ☐ SMS ☐ TV ☐ BILL BOARD ☐ RADIO ☐ NEWSPAPER AD ☐

CAPMPAIGN PROMO ☐ DIRECTING MARKETING/EMAIL ☐ SOCIAL MEDIA ☐ OTHERS (PLEASE SPECIFY)

TERMS AND CONDITIONS

These terms and conditions shall apply to all Capital Plus Management Limited Investment Account and form an integral part of the Agreement with I/We.

1. I/We have irrevocably requested and Capital Plus Management Limited has agreed to open an investment Account (the account) on behalf of I/We.

2. I/We to assume full responsibility for genuineness, correctness and validity on all cheques or other document deposited for investment.

3. To accept as due notification any notice of change in conditions governing the investment directed to my/our last known address and bound by such change.

4. That I/We note that Capital Plus Management Limited will accept no liability whatsoever for funds handed to member of its staff outside banking hours or outside Capital Plus Management Limited premises

5. I/We agree that in addition to any general lien or similar right to which Capital Plus Management Limited may be entitled by law, Capital Plus Management Limited may at any time and without prior notice to me/us combine or consolidate all or any of I/We investments without liabilities to Capital Plus Management Limited or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

6. That Capital Plus Management Limited is authorized to impose penalties for any withdrawal prior to maturity or without due notice.

7. In consideration of Capital Plus management Limited to accept and act upon such instructions communication and document by facsimile, untested telexes, photocopied letters issued according to my/our mandate unaccompanied by original copy of our duly signed letter. I/We shall irrevocably undertake to indemnify Capital Plus Management Limited and hold it harmless from and against all cost (including but without limitation to legal fees and expenses, claims, losses, liabilities

8. I/We irrevocably release Capital Plus Management Limited from all liability, loss and damage in the event that the any facsimile, untested telexes, photocopied letters, electronic mail is not received or mutilated, illegible or interrupted, duplicated, incomplete, unauthorized or delay for any reason, or in the event that termination of the investments with Capital Plus Management Limited is duly made by me/us in accordance with the mandate but contrary to any law or regulation presently in force.

9. I/We agree that in addition to any general lien or similar right to which Capital Plus Management Limited may be entitled by law, Capital Plus Management Limited may at any time and without prior notice to I/We combine or consolidate all or any of I/We accounts without liabilities to Capital Plus Management Limited or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint.

10. I/We agree that in consideration of Capital Plus Management Limited issuing or accepting third-part Bank cheques, Bank draft and/or other negotiable instruments from time to time, I/We hereby irrevocably undertake to fully indemnify Capital Plus Management Limited against all losses, expenses, costs, damages or otherwise, that may occur as a result of the issuance or acceptance of the said third-party cheque, draft and/or negotiable instrument.

11. That any letter or notice addressed to me/us and sent through the post to the address supplied by me/us shall be considered duly delivered to and received by me/us at the time it would be delivered in the ordinary course of the post.

12. I/We agree that Capital Plus Management Limited is authorized to impose penalties for any withdrawal made prior to maturity or without due notice.

13. I/We fully understand and agree that Capital Plus Management Limited shall not be liable for any loss or damages sustained by me/us by reason of the operation of the account provided such as loss or damage was not caused or facilitated by Capital Plus Management Limited or any of its staff acting on its behalf.

14.1. I/We acknowledge and accept that the following KYC documentation has been provided, (or will be provided prior to opening the Account) to its relationship Manager or Capital Plus Management Limited representative:

- Duly completed and signed account opening form with all relevant fields completed.
- Two (2) clear passport-size photographs of each signatory with names written on the reverse side.
- Proof of identity of applicant/signatories e.g. driver's license, National ID card, International Passport.
- Proof of address of the applicant (not earlier than 3 month).

14.2 I/We understand and agree that if ALL of the relevant KYC documents indicated in 8.1 above together with the duly completed and signed application form are not provided to Capital Plus Management Limited within fifteen (15) days of receipts of payments by Capital Plus Management Limited in any of its stipulated account, Capital Plus Management Limited shall:

- In the case of payments made electronically into Capital Plus Management Limited, investment actions will not be taken on such account.
- In the case of payment which were made by cheque or cash deposits over the counter in the name of the issuer of the cheque, or the name of the depositor as the case may be, which cheques/cash shall be retained in Capital Plus Management Limited possession until picked by I/We.

For the avoidance of doubt, no returns or interest shall be earned on the funds in respect of (a) and (b) above.

14.3 I/We understand and agree that no Account shall be opened where incomplete KYC/documentation has been provided by I/We. For the avoidance of doubt, the Account shall only be opened, upon receipt of COMPLETE KYC documentation.

15. I/We agree that Capital Plus Management Limited have no liability for failure to provide any agreed service(s) due to reason beyond its reasonable control. These reasons include but not limited to industrial action, failure of electricity supply, riots, civil commotion, political unrest or armed insurrection.

16. I/We agree that Capital Plus Management Limited to disclose any or all of information in compliance with any regulatory disclosure obligations statutorily imposed from time to time on Financial Institutions operating in the Federal Republic of Nigeria.

DECLARATION BY APPLICANT(S)

I/We declare that the information given herein and the documents supplied are the basis for opening of an account and I/We therefore warrant that such information is correct.

I/We understand that in the event that I/We are unable to furnish Capital Plus Management Limited with all the required account opening/KYC documentation, my/our funds will be returned to me/us and I/We shall hold Capital Plus Management Limited for any diminution, loss of interest or transfer charges in the event that my/our funds are returned.

I/We have attached a bank draft/cheque/evidence(s) of fund transfer to Capital Plus Management Limited with our details (name, address, telephone number) Subject to applicable local laws, I/We hereby consent and authorize for Capital Plus Management Limited to share my/our information with domestic and overseas tax authorities where necessary to establish my/our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that Capital Plus Management Limited may withhold from my/our account(s) such amounts as may be required according to applicable laws, regulations and directives.

I/We agree to comply with the minimum investment period specified for any of the Mutual Funds, failing which I accept any losses, charges or costs that may arise at the point of redemption of my investment.

The funds and sources of such funds and or assets are legitimate and not directly or indirectly the proceeds of any unlawful activity.

I/We agree:

To comply with the minimum holding period(s) of the investment, failing which will accept any loss, cost and charge that may arise as a result of redemption.

That a fund certificate/statement in respect of this investment may be sent by email, at my risk, to the address given above.

To be bound by the Terms and Conditions contained herein.

DATA PRIVACY

Personal Information: Information about an identifiable, natural person and where applicable, a juristic person, including, but not limited to information about: race, gender, sex, pregnancy, marital status, nationality, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language, birth, education, medical, financial, criminal or employment history, any identifying number, symbol, e-mail, postal or physical address, telephone number, location, any online identifier, any other particular assignment of the person, biometric information, personal opinions, views or preferences of the person or the views or opinions of another individual about the person, correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence, and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

Process: Any operation or activity, automated or not, concerning personal information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organization, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning.

Data protection

1. You consent to us collecting your personal information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below.

2. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorized to: (a) give us the Personal Information; (b) consent on their behalf to the Processing of their personal information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and (c) receive any privacy notices on their behalf.

3. You consent to us Processing your personal information:

- to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
- to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
- In countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;

• By sharing your personal information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any personal information to carry out their services; and within the Group.

4. You will find our Processing practices in the Group's and our privacy statements. These statements are available on the Group's websites or on request.

5. If you are unsure about your tax or legal position because your personal information is processed in countries other than where you live, you should get independent advice

MARKETING CONSENT

Provided you have agreed to the above Data Protection Clause, we may use your personal or other information to share information with you on new products and services that may be of interest to you and from time to time will mail, email or SMS information to you about us, our products and services, or our partners and their products and services. If you do not wish to continue receiving this information, you may contact us and request that we delete your information from our mailing list.

SIGNATURE/THUMPRINT OF SIGNATORY 1

DATE	

SIGNATURE/THUMPRINT OF SIGNATORY 2

DATE	

FOR INTERNAL USE

REQUIREMENT CHECKLIST

- ☐ Completed and Executed Account opening form
- ☐ A copy of proof of address (not earlier than 3 month).
- ☐ A copy of Proof of identity of applicant/signatories e.g. driver's license, National ID card, International Passport.
- ☐ Two (2) clear passport-size photographs of each signatory
- ☐ BVN verification page

Please note that all information provided may be verified using independently sourced documents, date or information and may be kept up to date.

AUTHENTICATION FOR POLITICALLY OR FINANCIALLY INCLUSION

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDER POLITICALLY EXPOSED? YES ☐ NO ☐

ARE ANY OF THE SIGNATORIES, DIRECTORS OR SHAREHOLDER FINANCIALLY EXPOSED? YES ☐ NO ☐

ACCOUNT OPENED BY

NAME			
SIGNATURE		DATE	
NAME			
SIGNATURE		DATE	

DEFERRAL/WAIVER OF DOCUMENT(IF ANY) AUTHORISED BY

NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>

ADDRESS VERIFICATION BY

NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>

COMMENTS-ADDRESS DESCRIPTION AND RESULT FINDINGS

ACCOUNT OPENING AUTHORISED/APPROVED BY

NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
NAME	<input type="text"/>		
SIGNATURE	<input type="text"/>	DATE	<input type="text"/>



Capital Plus Ltd
AN ASSET MANAGEMENT COMPANY

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