

Account Type

Individual Single Account

Discretionary

Non-Discretionary

Currency

NGN USD Others Not Applicable

Which of these products / services are you signing up for?

Private Wealth Management & Advisory

Institutional Asset Management

Fund Management & Advisory

Specialty Asset Management & Advisory

Hold Asset in trust

Alternative Investment

Other Investments

Client Advisor should tick the appropriate or combination of products to be co-signed by the Client.

Name and Signature

Name (First Signatory)

Name (Second Signatory)

Signature

Signature

Investment Objectives

- Capital Preservation
- Capital Appreciation
- Steady stream of Income
- Income as well as capital Appreciation

Risk Tolerance

- Low
- Moderate
- High

Time Horizon

- Immediate Access (2 years or less)
- Short Term (2-5 years)
- Intermediate Term (5-10 years)
- Long Term (10 or more years)

On approval of account opening document, MEGA CAPITAL FINANCIAL SERVICES LTD, the client will transfer (indicate amount(s))

Cash/Cheque

Securities

Notes (for official use)

Individual Account Opening Form / Page 1

Personal Data information

Date:

Title : Mr. Mrs. Ms. Other (Please tick as appropriate)

Please complete in block letters

Surname:

Other Names:

Residential Address (Street Number):

Mailing Address:

Mobile: E-mail:

Work: Date of Birth:

ID Type International Passport Driver's License National ID Card ID No.

Employment Information

Employment Status Full-time Part-time Retired Self Employed Others

Occupation/Employment Segment:

Company Name:

Company/Office Address

Annual Average Income Less than ₦10m ₦10 - ₦50m ₦50m and Above

Source of Funds:

Bank Account Details

Bank Name : Branch:

Account Name: Account Number :

BVN:

Next of Kin Details

Title: First Name:

Middle Name: Last Name:

Relationship to Client: Parent Child Spouse Others

Gender: Male Female

Email Address: Telephone:

Contact Address of Next of Kin:

Individual Account Opening Form / Page 2

Client Signature Mandate

please tick as appropriate signatory(ies) for transactions on account

Sole Signatory All Signatories Either Signatory

Client Name(s):

 Signature (s):

For Minor Only

Date of Birth: Gender: Male Female
 Name of Parent/Guardian:

For Joint Account Holders

Joint Account Holders are required to fill the Joint Account Form

Name of Joint Account Partner Gender: Male Female
 Phone No. E-mail

Products & Services

Which of these products/services are you signing up for?

- | | |
|--|---|
| 1. Private Wealth Management & Advisory <input type="checkbox"/> | 2. Institutional Wealth Management & Advisory <input type="checkbox"/> |
| 3. Funds Management & Advisory <input type="checkbox"/> | 4. Specialty Asset Management & Advisory (including Philanthropy, Real Estates & Others) <input type="checkbox"/> |
| 5. Hold Asset in Trust <input type="checkbox"/> | 6. Thematic Investment (client directed) <input type="checkbox"/> |

Investment Objective & Risk Tolerance

- | | |
|---|---|
| Investment Objective | Risk Tolerance |
| <input type="checkbox"/> Capital Preservation | <input type="checkbox"/> Low |
| <input type="checkbox"/> Capital Appreciation | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Steady Stream of Income | <input type="checkbox"/> High (can tolerate losses) |
| <input type="checkbox"/> Income as well as Capital Appreciation | |

Time Horizon

Time Horizon: Short term Medium term Long term



Individual Account Opening Form / Page 3
Attestation _____

I/Weaffirm that the information supplied above is true and open for verification by **MEGA CAPITAL FINANCIAL SERVICES LTD.** I/We have read and agreed to the terms and conditions of engagement of the company in providing Asset Management Services to me/us.

Dated
this Day of 20

Signed: