



INVESTMENT MANAGEMENT KYC FORM

BVN.....

Surname

Other Names

Title
Dr. /Prof. /Engr. /Mr. /Mrs. /Miss. (Please specify)

Date of Birth

State of Origin

Sex

Marital Status

Residential Address

Postal Address

E-Mail

Telephone Numbers:
(a) Office

(b) Mobile

(c) Home

Occupation

Employer

Employer's Address

Bankers

Next of Kin

Address of Next of Kin

Relationship to Next of Kin

Phone Nos. of Next of Kin

(a) Office

(b) Mobile

(c) Home

Period of Investment: (Please Tick)

1. 30 Days

2. 60 Days

3. 90 Days

4. OTHERS

Initial Amount Invested

- **SOURCE OF FUND:**.....
- **Please note that interest will be paid at maturity or rolled over at the prevailing market rate with the principal, if we do not receive contrary instruction(s) from you two (2) working days before maturity date.**
- Signature
- Date

REQUIRED DOCUMENTATION

- 1 Passport Photograph
- Photocopy of means of Identification
- Photocopy of utility Bill.
- **FOR OFFICIAL USE**
- Pending Documents / Information
- Address Verified by
- Relationship Officer : Signature ;.....