FBC TRUST & SECURITIES LTD
A MEMBER OF THE NIGERIAN STOCK EXCHANGE

FORM 2A - ESTATE ACCOUNT OPENING FORM

BACKGROUND DETAIL OF THE DECEASED

ESTATE ACCOUNT NAME:.....

.....

CSCS NUMBER:..... CHN NUMBER:.....

BACKGROUND DETAILS:

DECEASED'S NAMES IN FULL:

.....

SURNAME OTHER NAMES

DATE OF BIRTH: .....STATE OF ORIGIN: .....L.G.A:.....

EVER MARRIED? YES/NO (Please tick as appropriate) IF YES, GIVE FULL NAME OF HUSBAND/WIFE/WIVES:

.....

MOTHER'S MAIDEN NAME.....

CONTACT ADDRESS OF SPOUSE:.....

TELEPHONE NOS OF SPOUSE:..... NUMBER OF CHILDREN (IF ANY)..... OCCUPATION/BUSINESS LINE WHILE ALIVE:.....

OFFICE/BUSINESS ADDRESS WHILE ALIVE:

..... LAST KNOWN RESIDENTIAL ADDRESS

WHILE ALIVE:.....

.....

BURIAL SITE/PLACE/ADDRESS:.....

.....

DE CE AS E D'S P ERS ONAL B ANK DE TAILS W HILE AL IV E:

BANK NAME: ..... BRANCH:.....

ACCOUNT NO:| | | | | | | | | | | BVN: | | | | | | | | | | | |

DATE ACCOUNT WAS OPENED: .....

PLEASE P ROV IDE DE CE AS E D'S PE RS ONAL V AL ID I. D W HILE AL IV E (If any)

INTERNATIONAL PASSPORT | DRIVER'S LICENSE | NATIONAL ID | OTHERS

P UB LIC UTILIT Y BILL IS S UE D IN DECE AS E D'S NAME /FOR DECE AS E D : PHCN | WATER | WASTE | OTHERS

(REFLECTING ANY OF THE GIVEN ADDRESSES ABOVE.)

DE CE AS E D'S NE X T OF KIN :

NAME:.....

RELATIONSHIP:..... TELEPHONE NO:.....

ADDRESS:.....

FORM 2B

AFFIX PASSPORT PHOTOGRAPH

FBC TRUST & SECURITIES LTD

INFORMATION DETAILS FOR ADMINISTRATORS/EXECUTORS

ESTATE ACCOUNT NAME:.....

.....

CSCS NUMBER:..... CHN NUMBER:.....

PERSONAL DETAILS:

ADMOR'S NAMES IN FULL:

.....

SURNAME OTHER NAMES

DATE OF BIRTH: .....STATE OF ORIGIN:.....L.G.A:.....

OCCUPATION/BUSINESS LINE: .....

OFFICE/BUSINESS ADDRESS: .....

CURRENT LOCATION BASED: .....

RESIDENTIAL ADDRESS: .....

.....

DATE OF LAST RENT PAYMENT MADE:____|___|_____**PLEASE ATTACH COPY OF RECEIPT AS PROOF.**

P.O.BOX: .....

EMAIL ADDRESS: .....TELEPHONE NOS:.....

PERSONAL BANK DETAILS:

BANK NAME: ..... BRANCH:.....

ACCOUNT NO:| | | | | | | | | | | BVN: | | | | | | | | | | | | DATE ACCOUNT WAS OPENED: .....

SIGNATURE:

PLEASE PROVIDE PERSONAL VALID I.D:

INTERNATIONAL PASSPORT | DRIVER'S LICENSE | NATIONAL ID | OTHERS

PUBLIC UTILITY BILL: PHCN | WATER | WASTE | OTHERS **(REFLECTING ANY OF THE GIVEN ADDRESSES ABOVE. MUST BE VALID ATLEAST 6 MONTHS FROM DATE OF ISSUANCE.)**

NEXT OF KIN:

NAME:.....

RELATIONSHIP:..... TELEPHONE NO:.....

ADDRESS:.....

WITNESS

WITNESS 1:

NAME:.....

ADDRESS:.....

OCCUPATION:.....TELEPHONE NOS: .....