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Approved By: Name: .....

**Passport** 

Sign..... Date.....

| CLIENT'S UPDATE FORM Sha                                                                                                                                                                          | reholder's Type: Individual                                                           | Joint                    |                                                  |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|------------------------------------------------------------------------|
| PERSONAL DATA                                                                                                                                                                                     |                                                                                       |                          |                                                  |                                                                        |
| Surname:                                                                                                                                                                                          | Other Names                                                                           |                          |                                                  |                                                                        |
| Maiden Name:                                                                                                                                                                                      |                                                                                       |                          |                                                  | Sex:                                                                   |
| State Of Origin:                                                                                                                                                                                  |                                                                                       |                          |                                                  |                                                                        |
| Residential Address:                                                                                                                                                                              |                                                                                       |                          |                                                  | ,                                                                      |
| Mobile No:                                                                                                                                                                                        |                                                                                       |                          | ce of Birth                                      |                                                                        |
| E-Mail Address:                                                                                                                                                                                   |                                                                                       |                          |                                                  |                                                                        |
| Business/Occupation:                                                                                                                                                                              |                                                                                       |                          |                                                  |                                                                        |
| Source Of Investment Fund: Emplo                                                                                                                                                                  |                                                                                       |                          |                                                  |                                                                        |
| Annual Average Income: Less than                                                                                                                                                                  | <u></u>                                                                               |                          | • •                                              |                                                                        |
| ID Type: International Passport                                                                                                                                                                   |                                                                                       |                          |                                                  | ☐ Card Other:                                                          |
| NEXT OF KIN                                                                                                                                                                                       |                                                                                       |                          |                                                  |                                                                        |
| Name:                                                                                                                                                                                             |                                                                                       |                          | Relationship:                                    |                                                                        |
|                                                                                                                                                                                                   |                                                                                       |                          | •                                                |                                                                        |
| ADDITIONAL DETAILS                                                                                                                                                                                |                                                                                       |                          |                                                  |                                                                        |
| Have you occupied any Political Po                                                                                                                                                                | sition? Yes No                                                                        |                          |                                                  |                                                                        |
| If yes, please state the most recent                                                                                                                                                              |                                                                                       |                          |                                                  |                                                                        |
| Date: From                                                                                                                                                                                        |                                                                                       |                          |                                                  |                                                                        |
| Have any of your close relative/ass                                                                                                                                                               |                                                                                       |                          |                                                  |                                                                        |
| If yes, please state the name and y                                                                                                                                                               |                                                                                       |                          |                                                  |                                                                        |
| Name:                                                                                                                                                                                             | •                                                                                     |                          | onship:                                          |                                                                        |
| B 111 1 1 1                                                                                                                                                                                       |                                                                                       |                          | •                                                | To                                                                     |
| BANK ACCOUNT DETAILS (Your Bank                                                                                                                                                                   | Account Name Should Corres                                                            | pond With Your BVI       | 'N <i>name</i> )                                 |                                                                        |
| Bank Name:                                                                                                                                                                                        | •                                                                                     | •                        |                                                  |                                                                        |
| Account Name:                                                                                                                                                                                     |                                                                                       |                          | •                                                |                                                                        |
| BVN:                                                                                                                                                                                              |                                                                                       |                          |                                                  |                                                                        |
| Attach the photocopy of following: Individu                                                                                                                                                       |                                                                                       |                          |                                                  |                                                                        |
| I/We hereby authorize the company to ope sell or buy mandate. Failing which the com                                                                                                               |                                                                                       |                          |                                                  |                                                                        |
| CAVEAT EMPTOR Investment in the capital market can be vol its legal representatives) shall not be liable made therein. FBC affirms that we shall offor of any investment made in capital market e | for any direct, indirect, incidental, spo<br>er our best services to our clients at a | ecial or consequential o | damage that may occ<br>shall bear no liability t | ur as a result of any investment<br>for any loss occasioned as a resul |
| I HAVE READ AND UNDERSTOOD THE STATEMEN                                                                                                                                                           | T ABOVE AND WISH TO ENTER INTO A BU                                                   | SINESS RELATIONSHIP WIT  | TH THE COMPANY.                                  |                                                                        |
| . Name                                                                                                                                                                                            |                                                                                       | Signature                |                                                  | Date                                                                   |
| OFFICIAL USE ONLY                                                                                                                                                                                 |                                                                                       |                          |                                                  |                                                                        |
| Checked by (Compliance officer): N                                                                                                                                                                | lame                                                                                  | g                        | Sian                                             | Date                                                                   |