

# Individual Account OPENING FORM

Branch

5c (1) Adekunle Street, Ikoyi, Lagos, Nigeria.

Affix Signed  
Passport  
Photograph Here



Category of Account

Joint  Individual

Preferred Service Model: Please select the investment categories of interest

Discretionary  Non - Discretionary

## Investment Preferences

### Fixed Income

Federal Government Bonds  Treasury Bills  Term Placements  Mutual Funds  Commercial Paper

### Equity

Stocks  Exchange Traded Funds  Private Equity  Initial Public Offerings  Others (Please Specify)

### Alternatives

REITs  Commodities  Non-Interest Instruments  Others (Please Specify)

## Personal Information

Title  Surname

First Name  Other Names

Mother's Maiden Name  Nationality

Date of Birth  /  /  Gender  Male  Female Home Town

Local Government Area  Place of Birth

State of Origin  Religion (Optional)

Marital Status (Optional)  Single  Married Bank Name

Account Name  Account Number

Tax ID Number (TIN)  Bank Verification Number (BVN)

## Contact Details

Mobile Number 1  Mobile Number 2

Email Address

## Residential Address

House Number  Street Name

State  Local Government Area

City / Town

## Means of Identification

National ID  Driver's License  International Passport  INEC Voter's Card  Others (Please Specify)

ID Number  ID Issue Date  ID Expiry Date

## Next of Kin Details

Title  Surname

First Name  Other Names

Date of Birth  /  /  Gender  Male  Female Place of Birth

House Number  Street Name

State  Local Government Area

City / Town

Mobile Number 1  Mobile Number 2

Email Address

Relationship to Client

## Non - Resident Account Holder Details

Residence Permit Number  Permit Issue Date  Expiry Date

# Individual Account APPLICATION FORM



## Employment Details

Employment Status  Employed  Self employed  Retired  Student  Others (Please Specify)

## Annual Salary / Expected Annual Return (R)

Below 5 million  5 million - 10 million  10 million - 100 million  100 million - 500 million  Above 500 million

## Additional Details

1. Name(s) of Beneficial Owner(s) (if any)
2. Source of Funds
3. Other Source(s) of Income

## Jurat (This should be adopted where the applicant is blind or not Literate, and form is read to him by a third party)

I agree to abide by the content of this agreement and acknowledge that it has truly and audibly been read over and explained to me by an interpreter.

Mark of Customer /  
Thumbprint Oaths

Magistrate /  
Commissioner

Date  Interpreter's Name

Interpreter's Address

Interpretation Language  Mobile Number

## Physical Visitation Report

From:

To: Manager

Date:

In line with the Company's Procedural Requirement, I hereby submit the report on customer physical visitation as follows:

Name of customer:

Physical address visited:

Mobile number of the customer visited:

Address given by customer:

- Explanation for difference between 2 & 4, if any:
- Date of physical visitation:
- Observation from physical address visited (such as house description, color etc):

I hereby confirm the existence of the customer's residence at:

Name of Visiting Staff:  Signature of Visiting Staff:  Date:

Director's Signature:  Date:

Mandate	Name of Signatory	Name of Signatory	Affix Signed Passport Photograph Here
Name Of Account	<input type="text"/>	<input type="text"/>	
Account Number	Mobile Number <input type="text"/>	Mobile Number <input type="text"/>	

**Consent Notice**

Iron Fund Management is committed to the highest data privacy standards at all times and will only use the personal information you have provided to administer your account. We would also like to update you periodically about our products, services, promo offerings and other information that may be of interest to you.

**Declaration**

We hereby apply for the opening of account(s) with Iron Fund Management Limited. I/We understand that the information given herein and the documents supplied are the basis for the opening such account(s) and I/We therefore warrant that such information is correct.

I/we further undertake to indemnify the Company for any loss suffered as a result of any false information or error in the information provided to the Company.

Title  Surname

First Name  Other Names

Signature:  Date:

Would you like **IRON** inform you of unique investments opportunities in the market  CHN - Optional  CSCS - Optional

