

Personal Information

Title	_____	First Name	_____			Affix your recent passport here.				
Middle Name	_____									
Surname	_____									
Date of Birth	_____	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Marital Status		M <input type="checkbox"/>	S <input type="checkbox"/>	W <input type="checkbox"/>	D <input type="checkbox"/>
Nationality	_____	State of Origin	_____			Local Govt.	_____			
Religion	_____	Mother's Maiden Name	_____							
Residential Address	_____									
<small>Not a P.O.Box address</small>										
Phone	_____				Email	_____				
ID Type	_____	ID Number	_____							

Investment Information

Occupation	_____	Risk Tolerance	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	
Are you an existing Unit Holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Investment Amount	_____		
<small>(In Figures)</small>						
Investment Amount	_____					
<small>(In Words)</small>						

Bank Account Information

Account Number	_____	Account Name	_____		
Name of Bank	_____	BVN Number	_____		
<small>(Nigerian Banks Only)</small>					

Next of kin Information

Name	_____				Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Relationship	_____
Nationality	_____	Phone	_____			Email	_____		
Residential Address	_____								
<small>Not a P.O.Box address</small>									

Account Details - Dollar Deposit

Kindly pay into the account below.

Offshore Bank Transfer:

Citibank NA

111 Wall Street, New York.

Corresponding Bank Swift: CITIUS33
ABA No: 021000089
Beneficiary Bank: Diamond Bank Plc
Account Number: 36151409
Beneficiary Bank Swift: DBLNGLA

For further Credit to:

Account Number: 0091331714
Account Name: 8 D: 7 #5 : F-BJ9GH'G7 5 = '577 CI BH
Bank Name: Diamond Bank
Bank Address: Plot 4, Block 5, BIS Way
Off Lekki Express Way
Lekki, Lagos State
Nigeria

Account Details - Naira Deposit

Kindly pay into the account below.

Account Number: 0091331202
Account Name: DPFC/AFRINVEST SCAIF ACCOUNT
Bank Name: Diamond Bank

Contact Us

Head Office

27 Gerrard Road,
Ikoyi, Lagos,
Nigeria

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W: www.aaml.afrinvest.com

Contact Persons

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Ifunanya: +234 (0)818 920 9830
hobiorah@afrinvest.com

Your Signature /
Thumbprint & Date

Please Note:

By signing this account opening form, you confirm that all the information provided here are correct.
You also commit to providing the following:
1. A valid means of identification.
2. A copy of your Utility Bill (not earlier than 3 months).