

ASSET MANAGEMENT

Investment Product

Please select investment product

Afrinvest Equity Fund (AEF) Afrinvest Plutus Fund (APF) Afrinvest Income Portfolio (AIP)

Nigeria International Debt Fund (NIDF) Treasury Bills Eurobonds Afrinvest Dollar Fund (ADF)

Are you an existing unit holder? Yes No

Investment Amount

Amount in words

Personal Information

Title First Name

Middle Name

Surname

Date of Birth Sex M F Marital Status M S W D

Nationality State of Origin Local Govt.

Religion Mother's Maiden Name

Residential Address
Not a P.O.Box address

Phone

Email

ID Type

ID Number

Affix
your recent
passport here.

Investment Information

Occupation

Employer

Office Address

Source of Income

Risk Tolerance High Moderate Low

Investment Objective

Bank Account Information

Account Number

Account Name

Name of Bank

BVN Number

ASSET MANAGEMENT

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>	_____					

Email Indemnity

In consideration of Afrinvest (the "Company") agreeing to accept and honour electronic mail instructions from me/us (or from such other third parties as I/we may from time to time direct to operate my account) to operate my stockbroking account with the Company, I hereby unconditionally and irrevocably indemnify the Company against all claims which may be made against it in consequence thereof and to pay to it on demand, all payments, losses, costs and expenses made, suffered or incurred by the Company in consequence thereof or arising therefrom. I also agree to pay the Company on demand, any further charges and interest which may arise in the event of any claim being made against it under this arrangement. Furthermore, I UNCONDITIONALLY undertake to bear all responsibilities which may arise as a result of any payment made to or by the Company in furtherance of the above and to be directly answerable to any investigation by any statutory body or agency bordering on this request or any other charge that may be made in respect thereof.

I/We agree to the above indemnity provisions

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).

Communications

How did you hear about this product? Social Media Direct Marketing Referral Radio/TV Advert

Flyers/Billboards Would you like to receive market updates and insights? Yes No

Official Use Only

Full Name of Client

Customer Service Officer

Authorized By

Compliance Officer