KNOW YOUR CLIENT (KYC) FORM

Please fill this form accurately. All information herein will be used solely for investment purposes.

1. COMPANY INFORMATION

Registered Name: ____

Country of Incorporation: ____________ Domicile Country: __________ Date of Registration: __________

Tax Identification Number (TIN): ______________ Type of business: ____________________

RC Number: ______________ Website: ______________________________

Email address: ____________________ Phone: ______________________

Foreign Business/mailing address (if any): ______________________________

Kindly list your services: ____________________________________

2. DIRECTORS' DETAILS

DIRECTOR (I)

PASSPORT PHOTO

Title: ______ Full Name: ______________________________

Nationality: ________________ Country of Residence: __________

State: ____________ Date of Birth: ________________

Designation: ____________ Shareholding percentage (if any): ________

Work Email address: ______________________________

Work Phone Number(s): ____________

Work Address: ____

Residential Address: ______________________________________

Bank Name: ____________ BVN ____________ Branch ________________

Account Name ________________________ Account number ____________

Signature ________________ Date: __________________________

DIRECTOR (II)

PASSPORT PHOTO

Title: ______ Full Name: ______________________________

Nationality: ________________ Country of Residence: __________

State/City: ________________ Date of Birth: ____________

Designation: ____________ Shareholding percentage (if any): ________

Work Email address: ______________________________

Work Phone Number(s): ______________________________

Work Address: ______________________________________

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Residential Address: ____

Bank Name: ____________________ BVN__________________ Branch__________________________

Account Name ____ Account number____________________

Signature___________________________ Date: ____

PASSPORT PHOTO

DIRECTOR (III)

Title: ______ Full Name: ____

Nationality: ________________________ Country of Residence: _______________

State: __________________ Date of Birth: ____________________________

Designation: __________________ Shareholding percentage (if any): _____________

Work Email address: ____

Work Phone Number(s): ____

Work Address: ____

Residential Address: ____

Bank Name: ____________________ BVN__________________ Branch___________________________

Account Name ____ Account number_____________________

Signature___________________________ Date: ____

3. BANK ACCOUNT DETAILS

Bank Name: ________________________________ Branch___________________________________

Account Name ____ Account number_____________________

4. INVESTMENT INFORMATION

a. Are you currently engaged in any investment platforms? ____

b. What is your purpose of investing? ____

c. How long will funds be invested? ____

d. Which is your preferred investment vehicle? ____

e. What is your investment expectation? ____

f. What degree of risk have you taken with your financial decision in the past?
(i) Very small
(ii) Small
(iii) Medium
(iv) Large
(v) Very large

g. Have you ever borrowed money to make an investment?
(i) Yes
(ii) No

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Teakwood advisory partners RC 1329305

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h. Do you have any investment preferences or exclusions?

____

____

____

CLIENT CONSENT: Do you give Teakwood Advisory Partners authorization to open a nominee/custody account for Safekeeping of your funds and assets? **Yes** ☐ **No** ☐

Signature mandate: ____

Signatory (I)

Name of Signatory	PASSPORT PHOTO	THUMB PRINT
DATE		

Signatory (II)

Name of Signatory	PASSPORT PHOTO	THUMB PRINT
DATE		

FOR OFFICIAL USE ONLY		
ACCOUNT OPENING REQUIREMENTS CHECKLIST	**PROVIDED**	**WAIVED**
1. **Completed KYC form**		
2. **Certified copy of Certificate of Incorporation or evidence of registration**		
3. **Certified copies of Memorandum and Articles of Association**		
4. **Certified copy of Form CO7 (Particulars of Directors)**		
5. **Valid Identification of signatories (National Identity Card, International Passport, Driver's License)**		
6. Copy of Utility bill for the company		
7. Resident work permit or work permit for foreign citizens		

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Comments/Additional Information	
Date of Account Opening	DD MM YY
Account No.	
Relationship Manager	
Signature	
Authorising Officer	
Signature	

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This agreement is intended to outline the scope of responsibility of Teakwood Advisory Partners Limited:

1. We will give you the benefit of our continuing study of economic conditions, securities market and other economic issues. On the basis of these studies, we shall provide advice from time to time regarding the allocation of your assets, including the specific allocation of money market funds, stocks and bonds, mutual funds, unit investment trusts, annuities, and other appropriate investments.

2. We will, after consulting with you, recommend that you establish, in your name, accounts into which you can deposit funds and/or securities, which shall be referred to as managed assets.

3. You may at any time increase or decrease your managed assets. Your account(s) will, at all times, be held solely in your name and will require your authorization for withdrawal.

4. We shall be paid advisory fees for our services at an annual rate as follows for managing your account(s) on a discretionary basis.

Assets under Management	**Annualised Rates**
Below N150 Million	1.5%
First N150 Million	1.0%
Next N300 Million	0.75%
Next N500 Million	0.50%
N1 Billion and Over	0.25%

Investment management fees are calculated and payable quarterly in arrears based on the total value of assets under management in your account(s) on the last day of the quarter of each billing cycle.

Signed & Dated by an Authorised Officer: ____