



CSL TRUSTEES LIMITED
A MEMBER OF FCMB GROUP PLC

AFFIIX
PASSPORT
PHOTOGRAGH

INVESTMENT MANAGEMENT TRUST ACCOUNT OPENING FORM

PLEASE FILL ALL DETAILS AS MUCH AS POSSIBLE; ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. NOTE ALL ITEMS MARKED
ASTERISK (*) ARE COMPULSORY

1. PERSONAL INFORMATION

Full Names:

Sex: * Marital Status: * Date of Birth: *

Residential / Mailing Address: *

Telephone Nos: *

Email Address: *

State of Origin: * LGA: *

Nationality: *

Next of Kin- Name & Address: *
.....

2. FAMILY INFORMATION

Full Names of Spouse(s): *

Residential / Mailing Address: *

Telephone Nos. *

Email Address:

Do you have any Beneficiaries? *

If yes, state their Names and Date of Birth: *

(a) Name: _____ Relationship: _____ Date of birth: _____

(b) Name: _____ Relationship: _____ Date of birth: _____

(c) Name: _____ Relationship: _____ Date of birth: _____

(d) Name: _____ Relationship: _____ Date of birth: _____

3. IDENTIFICATION

Inter Passport / Driver's Licence/ National I.D No: *

Date Issued: * Expiry Date: *

.....
Name

.....
Signature & Date



CSL TRUSTEES LIMITED
A MEMBER OF FCMB GROUP PLC

The Managing Director

CSL Trustees Limited
17A Tinubu Street,
Lagos.

Dear Sir/Madam,

Request for Investment Savings in the INVESTMENT MANAGEMENT TRUST

Kindly invest on my behalf the sum of _____ (₦ Naira)
in your Investment Management Trust.

The agreed investment return of _____ will apply.

Principal will be provided by way of: Cheque Deposit Cash Deposit Transfer

Trust Period on investment: 1 month 3 months 6months 12months

***Optional:**

- Additional Investment will be made - Monthly Quarterly Bi-annually

***Please execute this action at prevailing terms**

Upon completion of the Trust Period, the Trust shall-

- | | | |
|---|------------------------------|-----------------------------|
| I. Make payment of both Principal and return to Beneficiary(ies) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| II. Make payment of Investment return only to Beneficiary(ies): | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| III. Re-invest entire Principal after payment of returns: | <input type="checkbox"/> yes | <input type="checkbox"/> no |

***Declaration by Applicant**

I/We understand that liquidation made before the expiration of the Trust Period is subject to a penalty charge on returns accrued as at the date of liquidation.

Name: _____

Signature: _____

Date: _____