





**PARTNERS' DETAILS**

1. Name of Director: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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2. Name of Director: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerian) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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3. Name of Director: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**DETAILS OF NEXT OF KIN (For sole proprietorship)**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name

Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Details Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City/Town: \_\_\_\_\_

Landmarks: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Name Middle Name

Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Details Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City/Town: \_\_\_\_\_

Landmarks: \_\_\_\_\_

**ACCOUNT SIGNATORY'S DETAILS**

1. Name of Signatory: \_\_\_\_\_  
Surname First Name Middle Name

Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M

Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_

Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_

Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

2. Name of Signatory: \_\_\_\_\_  
Surname First Name Middle Name

Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M

Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_

Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_

Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_



**ACCOUNT SIGNATORY'S DETAILS** *continued*.....

3. Name of Signatory: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

4. Name of Signatory: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_

5. Name of Signatory: \_\_\_\_\_  
Surname First Name Middle Name  
Date of Birth: \_\_\_\_\_ Mother's maiden Name: \_\_\_\_\_ Gender: F  M   
Nationality: \_\_\_\_\_ Residence Permit No (for non Nigerians) \_\_\_\_\_  
Means of Identification: \_\_\_\_\_ Identification No: \_\_\_\_\_  
Place of issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signatory Class:  Signature \_\_\_\_\_ Date: \_\_\_\_\_



**A. Name of affiliated company/Body:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B. DETAILS OF ACCOUNT HELD WITH OTHER BANKS:**

1. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
2. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
3. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
4. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_

**C. OWNER'S BANK ACCOUNT DETAILS:**

1. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
2. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
3. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_
4. Name and address of Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_ Account Status (Active/Dormant): \_\_\_\_\_

**D. PARTICULARS OF BANK REFERENCE:**

1. Name: \_\_\_\_\_  
Name of Bank/Branch: \_\_\_\_\_  
Banker's Address \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_  
Name of Bank/Branch: \_\_\_\_\_  
Banker's Address \_\_\_\_\_  
\_\_\_\_\_



UAC House (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
 Port-Harcourt Office: 2nd Floor, Afribank Building, 5 Trans Amadi Road, Port-Harcourt. Tel: 234-84-463308, 234-8024081331  
 Abuja Office: Orji Uzor Kalu (Abia State) House, Plot 979, 1st Avenue, Off Ahmadu Bello Way, Cadastral Zone AO, Central  
 Business District, Abuja. Tel: 234-9-6700535, 234-9-8700465. Help Desk 234-1-2702885-6  
 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**E. AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE:**

Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

**To: FSDH MERCHANT BANK LIMITED**  
 UAC House, 5<sup>th</sup> - 8<sup>th</sup> Floors  
 1/5, Odunlami Street,  
 Lagos

**AUTHORITY TO DEBIT ACCOUNT FOR SEARCH FEE**

We hereby authorize you to debit our account with the sum of \_\_\_\_\_  
 \_\_\_\_\_ being the legal cost of search  
 conducted on our account at the Corporate Affairs Commission.

Thank you.

Yours faithfully

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**



UAC House (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
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 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**To: FSDH MERCHANT BANK LIMITED**

We hereby request you to open ..... Account in the name of the afore-mentioned entity and authorize you to honour all instructions and dispositions relating to the account signed by the authorised signing officials in accordance with the resolution of the Board of Directors/Trustees, a certified copy of which is attached hereto. Please also find enclosed herewith:

- i) Certificate of Incorporation of the Entity or (as appropriate) Certificate evidencing Change of Name of Company or Certificate of Registration for inspection and return.
- ii) Specimen Signatures of the Directors, Secretary and/or other signing officials.

We agree that the set-off conditions received and signed by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is the basis for the opening of the Investment Account.

Yours faithfully,

**Authorised Signatories:** \_\_\_\_\_  
*For and on behalf of (Company Name & Seal)*

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised Signatories:** \_\_\_\_\_  
*For and on behalf of (Company Name & Seal)*

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Remarks: \_\_\_\_\_

Linked/ Connected Account: \_\_\_\_\_ Nature of Link: \_\_\_\_\_

Relationship Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that under the Guidelines for the Licensing, Operation and Regulation of Credit Bureaux in Nigeria ("the Guidelines") issued by the Central Bank of Nigeria in October 2008, we are required to provide to licensed credit bureaux with whom we have executed data exchange agreements such of your personal, credit history and other information as may be required by the credit bureaux from time to time.*



## CORPORATE/BOARD RESOLUTION

We hereby certify that the Board of Directors of (a) \_\_\_\_\_  
 at a meeting of the Board held on the (b) \_\_\_\_\_  
 at (c) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

passed the following resolution which was recorded in the Minute Book of the Company:

**RESOLVED**

- (I) That a/an ..... Account for the Company be opened with FSDH MERCHANT BANK LIMITED OF UAC House, 5<sup>th</sup>-8<sup>th</sup> Floors, 1/5, Odunlami Street, Lagos.
- (II) That FSDH MERCHANT BANK LIMITED is hereby instructed and requested to honour and pay all orders, cheques, bills of exchange, promissory notes and negotiable instruments expressed to be made, issued, drawn or accepted on behalf of the Company and drawn upon or made payable, provided such documents are signed by:

(d) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signing Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- (III) That FSDH Merchant Bank Limited is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided they are signed in the manner provided for in paragraph (ii) of this resolution.
- (IV) That FSDH Merchant Bank Limited has been supplied with a copy of the Memorandum and Articles of Association of the Company and a list of the names and signatures of the Directors, Secretary and other officers and authorized officials in the Company.
- (V) That this resolution be communicated to FSDH MERCHANT BANK LIMITED and remain effective until duly rescinded and or modified by a subsequent resolution passed by the Board of Directors, a certified copy of which, signed by the Chairman and the Secretary, shall be communicated to FSDH MERCHANT BANK LIMITED.

**Chairman:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Notes:** (a) Name of Company (b) Date of Meeting (c) Venue of Meeting (d) Mandate for operation of account.





UAC House (5<sup>th</sup> – 8<sup>th</sup> Floors), 1-5, Odunlami Street, Lagos, Tel: DL: 234-1-2702885/6 Fax 234-1-2704885. 234-1-2702880-2  
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 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

Company \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_

**To: FSDH MERCHANT BANK LIMITED**  
 UAC House, 5<sup>th</sup> - 8<sup>th</sup> Floors  
 1/5, Odunlami Street,  
 Lagos

**LETTER OF SET-OFF**

In consideration of your giving me/us financial accommodation and other facilities, I/we agree that in addition to any other general lien or similar right to which you as financiers may be entitled by law, that you may at any time and without notice to me/us combine or consolidate all or any of my/our investments with and liabilities to you and set-off or transfer any sum or sums standing to the credit of any one or more of such investments in or towards satisfaction of any of my/our liabilities to you on any other facilities or in any other respect whether such liabilities be actual or contingent, primary or collateral, several or joint.

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**

**Authorized Signatory**

**Name:**

**Designation:**

**Date:**



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 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

## REFERENCE

Date: \_\_\_\_\_

The Manager

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Re: Name of Applicant: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch/Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signatory/ies:

(Include sample signature) (1) -----

(2) -----

The above-named person/company has indicated his/her/their willingness to transact business with us and has given your name as his/her/their bankers.

We should be grateful if you would confirm, in confidence that the applicant is known to you and is a person/company to whom our services may be extended.

In your reply, kindly complete the form below.

Yours faithfully,  
**FSDH MERCHANT BANK LIMITED**

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1.	Operates an Account?	YES <input style="width: 30px;" type="checkbox"/>	NO <input style="width: 30px;" type="checkbox"/>
2.	Length of relationship (Please indicate number of years)		
3.	Type of Account maintained		
4.	Performance	Active <input style="width: 30px;" type="checkbox"/>	Dormant <input style="width: 30px;" type="checkbox"/>

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
 Sign: \_\_\_\_\_



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 URL: [www.fsdhgroup.com](http://www.fsdhgroup.com)

**PRIVATE & CONFIDENTIAL**

Date: \_\_\_\_\_

The Manager,

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dear Sir/Madam,

RE: \_\_\_\_\_

The above named person/company has called at this office for the purpose of opening ..... Account and has given your name as a referee.

We would be grateful if you confirm, in confidence, that the applicant is known to you and is a person/company the usual banking facilities may be safely extended to.

We would want your reply to include the name and address of the bank with which you maintain a Current Account.

Yours faithfully,  
**FSDH MERCHANT BANK LIMITED**

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The Manager  
 FSDH MERCHANT BANK LIMITED

Dear Sir,

I/We wish to introduce the above-named person/company who desires to open ..... Account with you.

I/We have known the above-named person for \_\_\_\_\_ and I/We comment as follows:  
 (period)

\_\_\_\_\_  
 \_\_\_\_\_

My/Our current account is/are maintained with: \_\_\_\_\_  
 (Name & Address of Bank)

Yours faithfully,

-----  
 NAME IN BLOCK LETTERS

-----  
 SIGNATURE

## FOR BANK USE ONLY

### F. DOCUMENTATION CHECKLIST:

S/N	DOCUMENTS REQUIRED	CHECKED	DEFERRED	WAIVED	N/A
1.	Account opening form duly completed				
2.	Specimen signature card duly completed				
3.	Copy of certificate of registration <i>(Original to be sighted by Relationship Officer)</i>				
4.	Statement Submitted to the Corporate Affairs Commission				
5.	Partnership Deed				
6.	Two (2) passport sized photographs of each signatory to the account with name written on the reverse side				
7.	Reference Form				
8.	Resident Permit <i>(for non-Nigerian)</i>				
9.	Search Report				
10.	Power of Attorney				
11.	Letter of indemnity				
12.	Proof of address of the entity: Utility bill issued within the previous three (3) months <i>(Certified true copy is accepted if original is not available)</i>				
13.	Business Premises visitation certificate				
14.	Proof of identity of all signatories and partners				
15.	Proof of address of all Signatories and Partners: Utility bill issued within the previous three (3) months <i>(Certified true copy is accepted if original is not available)</i>				
16.					
17.					
18.					
19.					
20.					
28.					
29.					



**FOR BANK USE ONLY**

**I ACCOUNT OPENED BY:**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

**II DEFERRAL/WAIVER OF DOCUMENT (IF ANY) AUTHORISED BY:**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

**III ADDRESS VERIFICATION CARRIED OUT BY:**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comment (s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV ACCOUNT OPENING APPROVED BY:**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Name Middle Name

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## THIRD PARTY IDENTIFICATION FORM

Re: Mr. /Mrs. / Miss: \_\_\_\_\_

I, \_\_\_\_\_ hereby confirm that the above named person is known to me for over \_\_\_\_\_ years. He/she is a fit and proper person to maintain an investment account in your organization.

### My particulars are as follows:

Type of Identification: \_\_\_\_\_ Identification Number: \_\_\_\_\_

(International passport or Drivers License or National ID card)

Place of Issuance: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ (Please choose from the list provided by the NFIU)

### Residential Address:

Street Number and Name \_\_\_\_\_

\_\_\_\_\_ Town \_\_\_\_\_

Local Government Area: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

-----  
SIGNATURE AND DATE