

PLEASE SELECT THE FUND YOU WISH TO INVEST

FSL MONEY MARKET FUND
 FSL EUROBOND FUND

Please note that CASH is not an acceptable mode of payment and all fields with (*) are compulsory

DETAILS OF INVESTOR(S)

APPLICANT*

Name of Company/Estate			
RC/Registration Number		Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of Incorporation		Business Type	
Business Sector		Phone Number	
Tax Identification Number		Legal Entity Type	
Website			
Email Address			
Business Address			
		City	
State		Country	
Annual Turnover			
Client's Contact Officer			
Designation		Contact's Email Address	

BANK DETAILS

You are responsible for the accuracy of the bank account details provided and FSL Asset Management will not be liable for any loss that may arise due to the inaccuracy of the bank account details provided by you.

Bank Name	<input type="text"/>	Account Number	<input type="text"/>
Bank Account Name	<input type="text"/>		
Contact's Phone Number	<input type="text"/>		

PAYMENTS

Re-invested in the Fund ☐ Transfer to Bank details provided ☐

DIRECTOR

Name	<input type="text"/>
ID Card Type	<input type="text"/>
ID Card No.	<input type="text"/>
Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BVN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DIRECTOR

Name	<input type="text"/>
ID Card Type	<input type="text"/>
ID Card No.	<input type="text"/>
Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BVN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*HOW DID YOU HEAR ABOUT US?

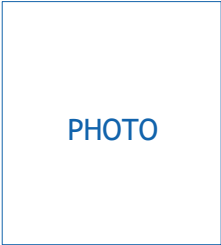
<input type="checkbox"/> FSL Group Branch	<input type="checkbox"/> Online-Website	<input type="checkbox"/> SMS	<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper Ad
<input type="checkbox"/> Direct Marketing Email	<input type="checkbox"/> Networking or Referral	<input type="checkbox"/> Radio	<input type="checkbox"/> Sponsored Event	<input type="checkbox"/> Campaign Or Promo
Others (Please Specify) <input type="text"/>				

PEP STATUS

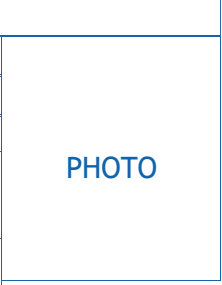
Do you have a politically exposed person (PEP) or any person affiliated to a PEP on your board?

Yes ☐ No ☐ If Yes please give details

SIGNATORY																	
Name	<input type="text"/>																
ID Card Type	<input type="text"/>																
ID Card No.	<input type="text"/>																
Designation	<input type="text"/>																
Date of Issue	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Expiry Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Residential Address	<input type="text"/>																
Signature	<input type="text"/>																
BVN	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								



SIGNATORY																	
Name	<input type="text"/>																
ID Card Type	<input type="text"/>																
ID Card No.	<input type="text"/>																
Designation	<input type="text"/>																
Date of Issue	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Expiry Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Residential Address	<input type="text"/>																
Signature	<input type="text"/>																
BVN	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								



SIGNATORY																	
Name	<input type="text"/>																
ID Card Type	<input type="text"/>																
ID Card No.	<input type="text"/>																
Designation	<input type="text"/>																
Date of Issue	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Expiry Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Residential Address	<input type="text"/>																
Signature	<input type="text"/>																
BVN	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								



SIGNATORY																	
Name	<input type="text"/>																
ID Card Type	<input type="text"/>																
ID Card No.	<input type="text"/>																
Designation	<input type="text"/>																
Date of Issue	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Expiry Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Residential Address	<input type="text"/>																
Signature	<input type="text"/>																
BVN	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								



DECLARATION BY APPLICANT(S)

I/We understand that in the event that I/We am/are unable to furnish FSL Asset Management with all required account opening / KYC documentation, my/our funds will be returned to me/us and I/We shall not hold FSL Asset Management liable for any diminution, loss of interest or transfer charges in the event that my/our funds are returned.

I/We have read and agree with terms and conditions of FSLAM, I/We hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I/We hereby consent and authorize for FSL Asset Management to share my/our information with domestic and overseas tax authorities where necessary to establish my/our tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/We consent and agree that FSL Asset Management may withhold from my/our account(s) such amounts as may be required according to applicable laws, regulations and directives. I/We agree to notify FSL Asset Management within 30 calendar days if there is a change in any information which I/We have provided to FSL Asset Management Limited.

DATA PRIVACY CONSENT

I/We hereby consent that my personal information may be processed to enable the company fulfil its obligations or perform services in operating my account. I assert that my personal information belongs to me and I can request for details on the information that was collected, to confirm or correct any inaccuracies.

I/We agree and accept that where the need arises, my information may be shared or transferred to a third-party service provider of the FSL Capital group or affiliates who provide services in connection with the operation of the business.

FSL Asset Management Ltd guarantees that any information to be shared or transferred shall be strictly confidential and will not be kept longer than necessary for the purpose it was collected, save and except where such information is required to be retained by law. Clients can also opt out of our services at any time by sending an email to assetmanagement@fsl.ng.

TERMS AND CONDITIONS

You agree that all transactions carried out on your account are subject to the provisions of the Money Laundering (Prohibition) Act 2022 of the Federal Republic of Nigeria and hereby agree to carry out your responsibilities under the Act. Furthermore, you agree that FSLAM is required by regulation to report all suspicious transactions to the relevant regulatory bodies.

FSL Asset Management reserves the right to record any telephone conversations between you and any member of FSLAM's staff and you acknowledge that this is in line with international best practice and shall be done solely for the purpose of resolving any disputes which may arise concerning telephone advice or instructions

All redemption proceeds shall be transferred to the dedicated Bank Account Number provided by you in this form only and FSLAM is not obligated to honor any other bank account other than that provided by you, unless you have taken steps to substitute the bank account on our records in writing by completing the update form, which content shall take effect immediately upon submission. Please note that third party payments are not allowed and FSLAM is not obligated to honor such requests. All redemption proceeds shall be paid only to the registered beneficiary's account.

Should you have cause to suspect that your bank account details have been compromised by unknown third parties, you are obligated to inform us immediately, failure of which FSLAM will not be held responsible for any fraud committed on your chosen bank account subsequent to the transfer of your redemption proceeds

The client agrees and authorizes FSLAM without reservation to make third-party enquiries about his/her person and business now or at any time in future in order to satisfy all required Know your Customer (“KYC”) obligations statutorily imposed from time to time on Financial Institutions in the Federal Republic of Nigeria.

I/We understand that UBA Global Investor Services (“UBAGIS”) will act as our Custodian for the safekeeping of cash and securities. Accordingly, FSLAML shall not maintain custody of my/our. All cash payments by me/us for the purpose of effecting transactions shall be made directly to the Custodian account.

FSLAM shall be entitled to charge the client for expenses incurred in the process of executing transactions for the Client. FSLAM and/or the Custodian shall be entitled to debit such applicable charges from the Client’s account prior to remitting cash to the Client.

In the unlikely event that you are dissatisfied with our services, you are to bring such dissatisfaction to our attention, and such complaints received by FSLAM will be treated timeously in accordance with FSLAM’s Client Complaint Management Policy and applicable rules and regulations.

FSLAM shall take all reasonable precautions to preserve the integrity and prevent any unauthorized use or loss, damage or destruction of your data and information.

FSLAM shall not be liable for any delay in performance attributable to a cause beyond its reasonable control, and it is agreed that force majeure shall mean acts of nature such as earthquake, floods, tornadoes, fire; actions or inaction of government; war, pandemics, civil disturbance, insurrection, vandalism, sabotage; strikes or other industrial disputes; exchange or market rulings; any act neglect or default of the other Party, or any cause outside FSLAM’s reasonable control.

You also agree to be bound by any review, changes or amendments made to the terms and conditions stated in this document, which may occur from time to time. Provided you receive written notification of such changes via your agreed means of communication.

The client agrees and authorizes FSLAM without reservation to make third-party enquiries about his/her person and business now or at any time in future in order to satisfy all required Know your Customer (“KYC”) obligations statutorily imposed from time to time on Financial Institutions in the Federal Republic of Nigeria.

You agree that all documents you provide are valid and authentic and FSLAM is authorized to verify any or all of the information provided by you.

FSLAM shall only honor instructions emanating/originating from the registered contact details/signatories of the client as at the creation of the account or via subsequent updates.

EMAIL INDEMNITY

I hereby consent to the use of electronic mail, and by this consent, I/we unequivocally agree that instructions transmitted by electronic mail be binding for all purposes, including for purposes evidence. I/We irrevocably undertake and warrant that I/We shall not make any demand or claim, or institute any action against FSL Asset Management Limited (FSLAM) should I/We suffer any loss or liability as a result of my/our consent to the use of electronic mail.

I/We agree to indemnify and hold FSLAM harmless against all claims, demands, actions and proceedings which may be made or instituted against FSLAM; and all liabilities, losses, damages which may be suffered by FSLAM in connection with or arising as a result of my/our consent to electronic mail or FSLAM’s reliance on any instruction issued from my/our email account indicated herein or subsequently communicated by me/us or my/our nominated investment adviser or any other person I/we authorize to manage my/our account.

Signature of Unit Holder	Date	Signature of Unit Holder
Individual/Joint Unit Holder’s Signature		Individual/Joint Unit Holder’s Signature
Name/Designation		Name/Designation

☐ Either to Sign

☐ Both to Sign

APPLICATION CHECKLIST:

CORPORATE

<input type="checkbox"/>	Duly Completed and Executed account opening Form
<input type="checkbox"/>	A copy of certificate of Incorporation
<input type="checkbox"/>	A copy of Memorandum and Articles of Association
<input type="checkbox"/>	A copy of Form Co7 or CAC 2.3 (Particulars of Directors)
<input type="checkbox"/>	A copy of Form Co2/Co5 (Particulars of Shareholders)
<input type="checkbox"/>	Valid means of ID of signatories and at least two directors/partners/trustee -original must be sighted (where applicable)
<input type="checkbox"/>	Board resolution/letter of authorization to open an account and nominated signatory(s) (signed by the Proprietor)
<input type="checkbox"/>	Valid means of ID of signatories and at least two directors/partners/trustee -original must be sighted (where applicable)
<input type="checkbox"/>	Utility Bill (must reflect the Business name's registered address) issued within the last three months
<input type="checkbox"/>	Evidence of business address - original must be sighted (where applicable)
<input type="checkbox"/>	Evidence of residential address for all signatories and at least two directors - original must be sighted (where applicable)
<input type="checkbox"/>	KYC on shareholders with significant stake or ultimate beneficiaries when necessary (Individuals - Means of ID, BVN and utility bill, Companies - Registration documents) Residence permit (for a non-Nigerian residing in the country)
<input type="checkbox"/>	Tax identification number TIN where applicable
<input type="checkbox"/>	SCUML Certificate, where applicable
<input type="checkbox"/>	Current residence permit (where applicable)

SCUML certificate is required for registered charities, religious organizations and other Designated Non-Financial Institutions (DNFIs) as defined under section 25 of the Money Laundering (Prohibition) Act, 2011(as amended) which include but not limited to hospitality industry, supermarkets, consultants and consulting companies, and so on.

Clubs, Societies, NGOs, and Associations

<input type="checkbox"/>	Copy of certificate of registration certified by CAC
<input type="checkbox"/>	Charter/constitution of the club/society/NGO/Association
<input type="checkbox"/>	Valid means of identification of each of the Trustees
<input type="checkbox"/>	Valid means of identification of each authorized signatory
<input type="checkbox"/>	Valid utility bill issued in the last three months
<input type="checkbox"/>	Resolution appointing the signatories
<input type="checkbox"/>	Signature mandate duly executed by the signatories
<input type="checkbox"/>	A passport picture for each of the signatories and trustees