

Please affix recent passport photograph here



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FIRST INTEGRATED CAPITAL MANAGEMENT LIMITED

(TLH – TRADING LICENSE HOLDER)

Office: 27, Amore Street, off Toyin Street, Ikeja Lagos

P. O Box 55203, Juli-Ikeja. Tel: 0907-844-4748, 0812-880-6668

E-mail: info@ficml.com, ficml@yahoo.com Website: www.ficml.com

CONFIDENTIAL: Please note that information supplied is strictly being kept

CUSTOMER'S INFORMATION SHEET – Individual/Joint

NAMES: [MR/MRS/DR/CHF]
[Surname First]

GENDER: Male Female **DATE OF BIRTH:** Day Month Year
[Mark Appropriately]

NATIONALITY: **STATE OF ORIGIN:** **LOCAL GOVT.:**

E-MAIL: **TEL. [GSM]:**

BUSINESS/OCCUPATION/EMPLOYER: **MAIDEN NAME:**

BUSINESS/EMPLOYER ADDRESS:

RESIDENTIAL ADDRESS:

MAILING ADDRESS:

To Be Completed If JOINT ACCOUNT

NAMES: [MR/MRS/DR/CHF]
[Surname First]

GENDER: Male Female **DATE OF BIRTH:** Day Month Year
[Mark Appropriately]

NATIONALITY: **STATE OF ORIGIN:** **LOCAL GOVT.:**

E-MAIL: **TEL. [GSM]:**

BUSINESS/OCCUPATION/EMPLOYER:

BUSINESS/EMPLOYER ADDRESS:

MOTHER'S MAIDEN NAME:

NEXT OF KIN: 1. NAME [Full Name]:

ADDRESS:

RELATIONSHIP: TEL:

2. NAME [Full Name]:

ADDRESS:

RELATIONSHIP: TEL:

BANK DETAILS

BANK NAME: **BANK ACCT. NAME:**

BANK ACCT NUMBER: **BVN:**
[BANK VERIFICATION NUMBER]

SORT CODE: **DATE OF BANK ACCT CREATION:**

CSCS DETAILS Do you have an existing CSCS Account?

YES / NO

If YES **CSCS NUMBER:** **CLEARING HOUSE NUMBER:**

SERVICE REQUIRED:
(Kindly Mark as Appropriate)

STOCKBROKING

ASSET/PORTFOLIO MANAGEMENT

FINANCIAL ADVISORY SERVICE

Initial Investment Amount:

N

Share Certificate Deposited:

Source of Fund:

DIRECT CASH SETTLEMENT (DCS): Please be informed that all newly created accounts are set up for DCS without the consent or notice to the client, in compliance with SEC directive on new accounts. However, if you do not want to be on DCS, you can opt-out by duly completing DCS Form (below) and tick "No to DCS" on the form.

Indemnity for electronic mandates

In consideration of you, FICM Limited agreeing to honor my instructions, including funds transfer instructions, Shares Sales/Purchase Mandate(s) and act upon any instruction/mandate, communications and documents sent by facsimile (fax), telephone (call, text/SMS or WhatsApp), e-mail, letters issued according to my/our mandate as I/We may from time to time advise.

I/We hereby confirm and declare that:

1. FICM Ltd is authorized to accept and act upon any instructions, communications and documents sent electronically by facsimile (fax), telephone (call, text/SMS or WhatsApp), e-mail.
2. In the event that I/We suffer any loss as a result of your honoring such instructions, communications, e-mail instruction, etc., I/ we shall have no claim or redress against you, whatsoever.
3. The FICM Ltd shall have absolute discretion, for any reason whatsoever, to act or not to act upon documentation/mandates received by electronically and/or to request verification of documents and instruction received by such means.

Order Handling Procedure

FICM Ltd. will provide for the prompt, fair and expeditious execution of order, relative to other orders of the trading interests of the firm. This must allow for the execution of otherwise comparable orders in accordance with the time of their reception by the firm. When carrying out orders, all areas of the Business Areas must:

- a. Ensure that orders are executed as promptly as possible and subject to any client instructions, client orders must be executed within the trading hours of it being received by the firm. Where orders are not executed within the trading hours, a record of the reason will be communicated to the client.
- b. Ensure that executed orders are promptly and accurately recorded and allocated;
- c. Ensure all orders are received in writing or taken through recorded telephone lines from the client account holder only; and
- d. Carry out otherwise comparable orders sequentially and promptly unless the characteristics of the order or prevailing market conditions make this impractical, or the interests of the client require otherwise.

Order received through multiple and different media will be handled as practically possible with the aim for sequential treatment wherever possible. The firm will not trade on its own account ahead of a client order, unless the firm immediately executes the customer order at the same or better price than it traded for its own account. The firm will not aggregate a client order with a trade for our own account (Proprietary trade).

CUSTOMER'S COMPLAINT MANAGEMENT PROCEDURE

In order to make the good intentions of the company apparent, Customers are encouraged to voice their dissatisfaction, by inserting in all transaction media; FICM's complaints telephone lines which are open 24 hours a day.

- ✓ All customers' complaints, which must be in writing, are to be addressed to Complaints Processing Unit in Compliance Department, FICM Ltd., Head Office for resolution.
- ✓ Each complaint is logged and time-stamped immediately on receipt by the relevant officer. All complaints are sorted and categorized appropriately for resolution.
- ✓ Relevant Officer acknowledges receipt of the complaint in writing through the same medium in which the complaint was received. Complaint Unit Head talks to the customer, by phone or in person (if possible) within 24hours of receipt to inform him/her that his/her complaint is being investigated and that he/she will get a feedback within a stipulated time.
- ✓ The Unit Head assigns each complaint to an officer who must resolve it within 24 hours of receipt. Any such complaint not resolved within the stipulated time must be referred to Head of Compliance Department who must get the complaint resolved within 24 hours from the moment he is made aware of it.
- ✓ Any complaint not resolved within 48 hours of receipt must be referred to the Managing Director for urgent resolution. There must be a weekly report of complaint data to top management for review.
- ✓ Complaint data should be used to analyze complaint trends and develop corrective measures for complaint prevention Render a monthly report to management to monitor the efficiency and effectiveness of the complaint management system and enable appropriate review of same.
- ✓ When a complaint has been resolved, follow up with the customer to find out if he/she is satisfied with the resolution.

DECLARATION:

I (We) confirm that the information provided for opening an account with First Integrated Capital Management Limited is True. I (We) agreed to the Terms and Conditions for the Opening of the Account, as stated above. FICM Ltd will not be held liable for any misjudgment.

SIGNATURE(s):

DATE:

FOR OFFICE USE ONLY

CLIENT (S) INTRODUCED BY

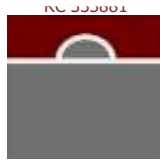
DOCUMENT POSTED/SIGHTED (Tick as appropriate):

National ID International Passport Driver's License Utility Bill Others (Specify) _____

Remarks

FICM Relationship Officer's Name: Signature

FICM Approving Officer's Name: Signature



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Tel.: 08128806668, 08063877276

E-mail: info@ficml.com, ficml@yahoo.com. Website: www.ficml.com

NIGERIA DATA PROTECTION REGULATION DATA SUBJECT CONSENT FORM

I hereby grant First Integrated Capital Management Limited and all its third-party processors authority to process my personal data, for the purpose of;

- Opening a brokerage account
- Execution of sales and purchase instructions
- Receiving trade alert
- Accessing the company on-line customer portal
- Receiving investment updates and newsletters
- Receiving email, promotions and marketing materials
- Rectification of my personal data
- Financial Services Education
- Asset and portfolio management
- Processing e-dividend
- Research and statistical purpose

I am aware this is necessary for First Integrated Capital Management Limited legitimate interest to process personal information for the purpose of processing my request.

I consent to First Integrated Capital Management Limited using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time using the Data Subject Consent Withdrawal Form.

Name of Individual providing Consent:

Address of Individual providing Consent:

Signature: _____ Date: _____

Office use only:

Endorsed by
Data Protection Officer:

Name: _____ Signature: _____

Date: _____



INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: info@cscsnigeriaplc.com Website: www.cscsnigeriaplc.com

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL CORPORATE
(Please Tick appropriately)

CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX
PASSPORT
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

CSCS ACCOUNT NUMBER

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CLEARING HOUSE NUMBER

--	--	--	--	--	--	--	--	--	--

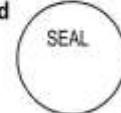
TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS:(1).....(2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

ACCOUNT NUMBER:

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BANK VERIFICATION NUMBER (BVN)

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TYPE OF ACCOUNT

(Please tick the type of account) Current Savings

STOCKBROKING FIRM DETAILS.

MEMBER CODE:

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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....



FIRST INTEGRATED CAPITAL MANAGEMENT LIMITED

(Member of the Nigerian Stock Exchange)

27, Amore Street, off Toyin Street, Ikeja Lagos. P. O Box 55203, Juli-Ikeja

Tel: 0812-8806-668, 0806-387-7276. E-mail: info@ficml.com. Website: www.ficml.com

This is to be completed typewritten or handwritten in block capitals

Shareholder's Phone No. _____

STOCK/SHARE TRANSFER FORM

FOR THE CONSIDERATION stated below the "Transferor(s)" name hereby transfer to the Transferee(s) name the stated share or stock specified below subject to the several conditions on which the said shares or stock or is now held by the Transferor(s) and the Transferee(s) hereby agree and hold the said shares or stock subject to the conditions aforesaid.

Full Name of Company or Undertaking		
Amount or Number Full Details of Stock or Shares	<input type="text"/>	Words
TRANSFEROR(S) Name(s) and Address(es) in full including P. O. Box if Applicable	Surname ▲	Others ▲
	Address ▲	
	CSCS Account No.:	
TRANSFEREE(S) Name(s) and Address(es) in full including P. O. Box if Applicable	Surname ▲	Others ▲
	Address ▲	
	CSCS Account No.:	

SIGNED, SEALED AND DELIVERED by the parties to transfer on

In the presence of _____
Signature

_____ Date



Name & Address:

A _____
Signature & Date

B _____
Signature & Date

STOCKBROKING FIRM

Transferor

SIGNED, SEALED AND DELIVERED by the parties to transfer on

In the presence of _____
Signature

_____ Date



Name & Address:

A _____
Signature & Date

B _____
Signature & Date

STOCKBROKING FIRM

Transferee

REGISTRAR'S VERIFICATION

Name & Address:

A _____
Signature & Date

B _____
Signature & Date

Stock Exchange Authentication



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REQUIREMENTS FOR ACCOUNT OPENING

1. Two (2) recent Passport photographs.
 2. Means of Identification e.g. National ID or International Passport or Driver's License or Voter's Card
 3. Proof of Address - Utility Bill (recent NEPA Bill or LAWMA Bill, not more than 3 months)
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