

WEALTH TRUST (INDIVIDUAL) FORM

Affix Passport

PERSONAL DETAILS

Title: Name:						
	(Surname)	(Firstname)	(Othernames)			
Marital status:	Maiden Name (If applic	able):				
Mother's Maiden Name:	Gender:	Date of Birth:				
Email Address:		Nationality:				
State of Origin /LGA:		Phone Number:				
Country of Residence: Residential Address:						
Nearest Landmark:						

JOINT APPLICANT

Name:						
		(Firstname)				
Maiden Name (If applicable):						
Gender:	Date of Birth:	Relationship:				
State of Origin /LGA:.		Phone Numbe	er:			
Country of Residence	:	Residential Addres	s:			
-						
Nearest Landmark:	learest Landmark:					

DETAILS OF NEXT OF KIN

Name of Next of Kin: Relationship:	
Nationality:Phone Number:Country of Residence:Phone Number:	
E-mail AddressHome Address:	
Landmark:	
SOURCE OF FUND	
Employment Business Other:	
Amount (N): Amount in Words:	
Duration:	
BANK ACCOUNT DETAILS	
1. Bank NameAccount NameAccount Number	
BVN:	
2. Bank NameAccount NameAccount Number	

BVN:



BENEFICIARIES

S/N	NAME	ADDRESS	SEX	RELATIONSHIP	% OF BENEFIT

ADDITIONAL INFORMATION

1.	Are you currently a political exposed person (PEP)?	Yes	Nc		
2.	Have you ever been a politally exposed person (PEP)?	Yes	No		
3.	Name:Positic	on Held		From To	
4.	Name:Positic	on Held		From To	

CLIENT'S DECLARATION

I/we hereby undertake and declare that all the statements made above and overleaf are true and correct and that I/we have not withheld any material information. I/we also agree to give notice to CEDRUS TRUSTEES LIMITED in the event of any change in the information given. I/we further agree that this declaration shall be the basis under which CEDRUS TRUSTEES LIMITED shall provide me/us with the service(s) offered by completing this form in accordance with the provisions of the Trust Deed. In conclusion, I/we agree that I/we shall cease to enjoy the benefits of the service(s) referred to above in the event of any breach on my part of the contractual terms stipulated in the Trust Deed.

..... Authorized Signatory/Date Authorized Signatory/Date

Please provide power of attorney if you are acting on behalf of any of the applicant.

EMAIL INDEMNITY

l/We		the	undersigned	••• ••		e-mail	address
	hereby authorize						
	nication including but not limited to electronic mail and other electro			•		CTL would	d normally
•	if the Instruction were presented in an original written format in acco	ordance wi	th the terms of	the account openin	g mandate.		
	ng this indemnity, I/we acknowledge and agree as follows:	antad as k	aving been give	n hu malus in thaf	arm raaaiyaa		
	nail instructions emanating from my/our designated email shall be tr hall not be liable for any loss (consequential or otherwise) incurred b					•	or in part)
	ructions which CTL believes to have been given in conformity with the		• •			• •	• •
	ruction may later be shown to be in any way false, incomplete, inac	-				•	
	an impediment to the rights of CTL hereunder.	survey, ac	uyeu, erroneou.	s, and athonized, or	other wise in	or authem	cic, silouiu
	annot verify the authenticity of all email messages that claim to origi	nate from	me/us.				
	nay, notwithstanding this indemnity, require that any instruction give		-	en in accordance w	ith the signa	ture mand	late of the
Trust, a	nd CTL may at its sole discretion request a written or any other form	of confirm	nation of any ins	truction received fr	om the Appl	licant(s).	
	I/we consent to fully indemnify and hold CTL harmless against any		•				
•	es, costs and expenses that may be suffered or incurred as a result		0				
	e/us irrespective of whether such communication is fraudulent or er	roneous p	rovided that CTI	L has exercised all r	easonable ar	nd protess	sional care
	ng with such electronic mail. all electronic communication originating from me/us to CTL shall be l	ogally hing	ling on majus fo	r all intent and nur	20505		
	email indemnity shall remain in force until all actual or potential liability	• •	•			emnity is al	lso subiect
•	ges by CTL from time to time.	.y against v	JIL SHAILDE EXtil	iguisticu in its cittin	sty. me mue	ininity is al	iso subject
Autho	orized Signatory/Date	Autho	orized Signa	itory/Date			
FOR O	FFICIAL PURPOSE ONLY:						
Account	nt Officer/Date		Approved k	oy/Date			
Accourt	In Oncer/Date		Approved L	Jy/ Date	•••••		
Compl	iance/Date						
RELEV	ANT ATTACHMENTS						
≥ 2	Passport photographs						

Means of identification (e.g., International Passport, Driver's License)

Proof of Residence (e.g., utility bill not older than 3 months)