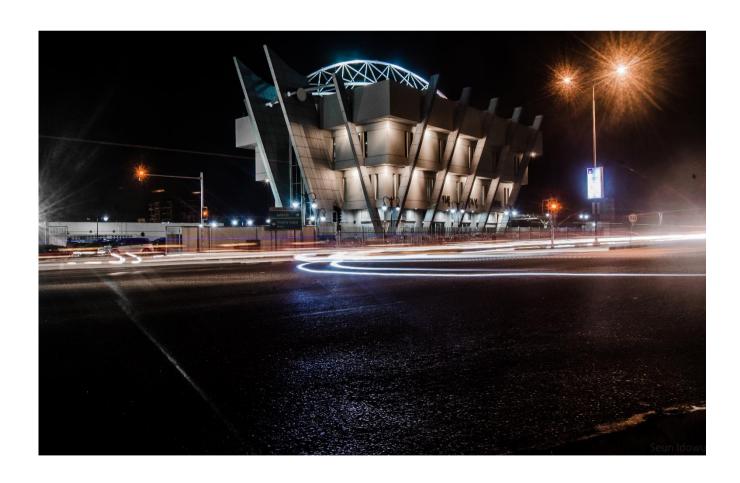
SERVICE APPLICATION FORM





SERVICE APPLICATION FORM

Passport Photograph[2] Settlor Passport Photograph[2] Beneficiary

APPLICANT'S/SETTLOR'S DATA

Sumame:	Other Names:
Date Of Birth:	Sex: Male: Female:
State Of Origin:	Nationality:
Religion:	Marital Status:
Mailing Address:	
Contact Address (Not P.O.Box):	
E-mail Address:	
Telephone Numbers:	Fax:
Occupation/Profession:	
Employer/Employer's Address:	
NEXT	OF KIN:
Name:	<u> </u>
Address:	
Relationship: E-mail:	Phone:
PROPOSED BENEF	ICIARIES OF THE TRUST
Full Name	Full Name
Residential Address	Residential Address
Date of Birth Nationality Relationship to Settlor	Date of Birth Relationship to Settlor
Pears of Number	- ·

Passport Number

Full Name		Full Name	
		Residential Address	
Residential Address		Nesiderilai Address	
			N
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor		Relationship to Settlor	
Passport Number		Passport Number	
Full Name		Full Name	
Residential Address		Residential Address	
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor		Relationship to Settlor	
Passport Number		Passport Number	
Full Name		Full Name	
Residential Address		Residential Address	
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor	. Taxonamy	Relationship to Settlor	Tradionally
Passport Number		Passport Number	
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Full Name		Full Name	
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	Nada a alte		Madamath
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor		Relationship to Settlor	
Passport Number		Passport Number	
Full Name		Full Name	
Residential Address		Residential Address	
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor		Relationship to Settlor	
Passport Number		Passport Number	
		L I	
Full Name		Full Name	
Residential Address		Residential Address	
Date of Birth	Nationality	Date of Birth	Nationality
Relationship to Settlor		Relationship to Settlor	
Passport Number		Passport Number	
1 1			

CONTRIBUTION PLAN

	Commencement Date	Annual C	Contribution			
	Frequency of Payment: Monthly Quarte	erly	Semi-A	Annually	Annually	
	Mode of payment: Cheque Bank Draft		Direct de	bit	Tenor	
	AUTHORISED SIGNATORY			AUTHORISED SIGN	IATORY	
	PRIVATE TRUST SE	RVICI	ES/PROD	UCTS		
	Please Tid	ck As App	ropriate:			
	Zenith Education Trust Plan ("ZETPLAN")		Zenith Indi	ividual Investment T	Trust ("ZIIT")	
	Wills Drafting		Administra	ition of Estate Servic	ees	
	Living Trust		Quantum F	HNI Services		
	Others					_
	REFE	RENC	ES			
	REFEREE		REFEREE			
(1)		(2)				
	ADDRESS		ADDRESS			
	TELEPHONE NOS.		TELEPHONE NOS	S.		
	DECL	.ARAT	ION			
	I,hereby undertake and do withheld any material information. I also agree to give notice to	eclare that a	II the statements m	ade above and overleaf ES LIMITED in the ever	f are true and correct and nt of any change in the in	I that I have not formation given.
	I further agree that this declaration shall be the basis of coverage provide me with the service(s) requested for by me, which shall	ge under wh I be in acco	ich QUANTUM ZE dance with the tern	NITH TRUSTEES LIMI'ns and conditions of the	TED shall service(s) as spelt out in	the Trust Deed
	I, additionally, agree that I shall cease to enjoy the benefits of the contained and stipulated in the Agreement/Deed.	ne service(s	referred to above	in the event of any bread	ch on my part of the cont	ractual terms
S	Signature of Applicant/Settlor			Date		ı

CHECKLIST OF DOCUMENTATION

1. Duly completed Account Opening Form

Name of Account:

Postal Address:

Contact Address:

- 2. Two (2) recent clear passport size photographs of both the settlor and the beneficiaries with their names and signatures appended on the reverse side.
- 3. Identification of signatories: Photocopy of International Passport, Driver's License or National ID Card (Original to be sighted)
- 4. Public Utility Receipt: Tax Clearance Certificate (TCC), NEPA Bills, Water or Telephone Bills (Original to be sighted) which must bear your current address.
- 5. Birth Certificate of Beneficiary (especially if beneficiary is a minor)
- 6. Direct Debit Authorization Form / Cheque / Draft For Initial Contribution

MANDATE FOR PRIVATE TRUST PRODUCT & SERVICES

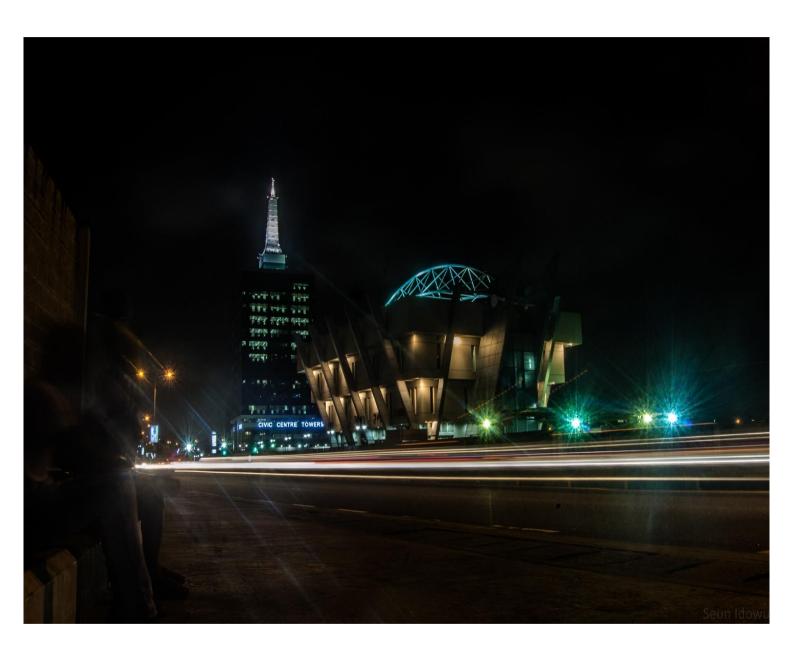
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Telephone No:			
•			
NAME OF SIGNA	TODY	NAME OF SIGNA TORY	
NAIVIE OF SIGNA	CATEGORY	NAIVIE OF SIGNA TORY	CATEGORY
	OTILOGICI		GIIZGONI
Mobile Phone No.		Mobile Phone No.	
	FOR OF	FICIAL USE	
5 . [
Remark:			
Account Officer:			
Approval:			
Date:			
	Company Stamp/Seal Required?	Yes: No:	

DEBIT ORDER AUTHORISATION FORM



							Da	ite:								_
Name (Surname First):																
Address:																
Telephone No:																
•																
Dear Sir,																
The details of my/our bar	nk acco	ount a	are as	follow	s:	Τ			1							T
Bank:				<u> </u>	<u> </u>	<u> </u>									<u> </u>	<u> </u>
Branch Name:																ļ
Branch Town:																
																Τ
Current Account No:					<u> </u>	<u> </u>			<u> </u>			<u> </u>				
Branch Code:																
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									,							
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															Tı	115
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12th Floor, Plot 2, Ajose Adeogun Street, Victoria Island, Lagos.

Telephone: 01-2783215-20

 $\textbf{E-mail}: service@quantumzen ith trustees.com.ng \ \textbf{Website}: www.quantumzen ith trustees.com.ng$