

SERVICE APPLICATION FORM

Quantum
ZENITH
Trustees Limited
RC 601085



Seun Idowu

SERVICE APPLICATION FORM

Passport
Photograph[2]
Settlor

Passport
Photograph[2]
Beneficiary

APPLICANT'S/SETTLOR'S DATA

Surname:	<input type="text"/>	Other Names:	<input type="text"/>
Date Of Birth:	<input type="text"/>	Sex:	Male: <input type="text"/> Female: <input type="text"/>
State Of Origin:	<input type="text"/>	Nationality:	<input type="text"/>
Religion:	<input type="text"/>	Marital Status:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Contact Address (Not P.O.Box):	<input type="text"/>		
<input type="text"/>			
E-mail Address:	<input type="text"/>		
Telephone Numbers:	<input type="text"/>	Fax:	<input type="text"/>
Occupation/Profession:	<input type="text"/>		
Employer/Employer's Address:	<input type="text"/>		

NEXT OF KIN :

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Relationship:	<input type="text"/>	E-mail:	<input type="text"/>
Phone:	<input type="text"/>		

PROPOSED BENEFICIARIES OF THE TRUST

Full Name	<input type="text"/>		
Residential Address	<input type="text"/>		
<input type="text"/>			
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Relationship to Settlor	<input type="text"/>		
Passport Number	<input type="text"/>	<input type="text"/>	

Full Name	<input type="text"/>		
Residential Address	<input type="text"/>		
<input type="text"/>			
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Relationship to Settlor	<input type="text"/>		
Passport Number	<input type="text"/>	<input type="text"/>	

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

Full Name			
Residential Address			
Date of Birth		Nationality	
Relationship to Settlor			
Passport Number			

CONTRIBUTION PLAN

Commencement Date Annual Contribution

Frequency of Payment: Monthly Quarterly Semi-Annually Annually

Mode of payment: Cheque Bank Draft Direct debit Tenor

AUTHORISED SIGNATORY

AUTHORISED SIGNATORY

PRIVATE TRUST SERVICES/PRODUCTS

Please Tick As Appropriate:

☐ Zenith Education Trust Plan ("ZETPLAN")

☐ Zenith Individual Investment Trust ("ZIIT")

☐ Wills Drafting

☐ Administration of Estate Services

☐ Living Trust

☐ Quantum HNI Services

☐ Others _____

REFERENCES

REFEREE

(1)

ADDRESS

TELEPHONE NOS.

REFEREE

(2)

ADDRESS

TELEPHONE NOS.

DECLARATION

I, _____ hereby undertake and declare that all the statements made above and overleaf are true and correct and that I have not withheld any material information. I also agree to give notice to QUANTUM ZENITH TRUSTEES LIMITED in the event of any change in the information given.

I further agree that this declaration shall be the basis of coverage under which QUANTUM ZENITH TRUSTEES LIMITED shall provide me with the service(s) requested for by me, which shall be in accordance with the terms and conditions of the service(s) as spelt out in the Trust Deed.

I, additionally, agree that I 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 contained and stipulated in the Agreement/Deed.

Signature of Applicant/Settlor

Date

CHECKLIST OF DOCUMENTATION

1. Duly completed Account Opening Form
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

Name of Account:

Postal Address:

Contact Address:

Telephone No:

NAME OF SIGNATORY	CATEGORY
<input type="text"/>	<input type="text"/>

Mobile Phone No.

NAME OF SIGNATORY	CATEGORY
<input type="text"/>	<input type="text"/>

Mobile Phone No.

FOR OFFICIAL USE

Remark:

Account Officer:

Approval:

Date:

Company Stamp/Seal Required? Yes: No:

DEBIT ORDER AUTHORISATION FORM



Date:

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Name (Surname First):

Address:

Telephone No:

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Dear Sir,

The details of my/our bank account are as follows:

Bank:

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

Branch Name:

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

Branch Town:

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

Current Account No:

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

Branch Code:

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

I/we hereby request and authorize you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of or such sums as may be revised

N.....(in words.....)

.....)

being the Monthly / Quarterly / Half-Yearly/ Yearly contribution to.....Trust Fund established with Quantum Zenith Trustees Limited and commencing On and continuing until termination of my/our agreement (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me/us personally.

I / we understand and undertake that Quantum Zenith Trustees Limited will receive all amounts without prejudice to its rights.

I/we confirm that the debit order authorization has been signed in terms of the mandates held by my/our bank. I/we agree to pay any bank charges relating to this debit order/instruction.

This authority may be revoked by me/us by giving you thirty days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amount which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Authorized Signatory

Authorized Signatory

Dated thisday of20.....

Note: A cancelled cheque should be attached for the bank identification purposes.



12th Floor, Plot 2, Ajose Adeogun Street, Victoria Island, Lagos.

Telephone: 01-2783215-20

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