

# RECORD UPDATE FORM (INDIVIDUAL/JOINT ACCOUNT)



## SECTION 1 – GENERAL INFORMATION

Date:                 Account Manager:  Control No. (Internal):

Please tick the box to select any ARM Company that services you

ARM Pensions     ARM Life     ARM Trustees     Others (Please specify)
   
 Mixta Nigeria     ARM Securities
   
 ARM Investment Managers

PORTFOLIO CODE

## SECTION 2 – CUSTOMER INFORMATION

### INVESTOR 1

Surname  Other Name(s)

### PERMANENT RESIDENCE ADDRESS:

Town/City  State  Country

### CORRESPONDENCE/ MAILING ADDRESS:

Town/City  State  Country

Phone Number  Phone (Outside Nigeria)  Email Address

**OTHER PERSONAL DETAILS:** Date of Birth           Place of Birth  Country of Birth

Nationality  Other Nationality(ies)

TIN (Nigeria)  TIN (Other countries. Please state country)  Social Security Number

Any standing instruction to transfer funds to an account maintained outside Nigeria?  Yes  No If yes, which country?  Do you have a Power of Attorney or Signatory Authority granted to a person outside Nigeria?  Yes  No If yes, which country?

Other Contact Address, In-Care-Of Address or Hold-Mail Address

City/State  Country

### INVESTOR 2 (For Joint Accounts Only)

Surname  Other Name(s)

### PERMANENT RESIDENCE ADDRESS:

Town/City  State  Country

### CORRESPONDENCE/ MAILING ADDRESS:

Town/City  State  Country

Phone Number  Phone (Outside Nigeria)  Email Address

**OTHER PERSONAL DETAILS:** Date of Birth           Place of Birth  Country of Birth

Nationality  Other Nationality(ies)

TIN (Nigeria)  TIN (Other countries. Please state country)  Social Security Number

Any standing instruction to transfer funds to an account maintained outside Nigeria?  Yes  No If yes, which country?  Do you have a Power of Attorney or Signatory Authority granted to a person outside Nigeria?  Yes  No If yes, which country?

Other Contact Address, In-Care-Of Address or Hold-Mail Address

City/State  Country

### SECTION 3 – BANK DETAILS

Bank Account Number

Bank Account Name

Bank

Branch

BVN Number

CSCS Account Number

### SECTION 4 – SIGNATURE SPECIMEN

Investor's Signature (1)

Date:

D	D	M	M	Y	Y	Y	Y
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Investor's Signature (2)  
(For Joint Accounts)

Date:

D	D	M	M	Y	Y	Y	Y
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### SECTION 5 – NEXT OF KIN

Surname

Other Name(s)

Permanent Residence Address

Town/City

State

Country

Phone Number

Phone (Outside Nigeria)

Email

### KYC CHECKLIST

- Passport Photograph  Recent Utility Bill (Not more than 3 months old)
- Valid Means of ID  
(Voters' Card, International Passport,  
Drivers' Licence and National ID Card)

Do you hold a senior public office (in or outside Nigeria), or have a close business or personal connection to such a person? (A person who holds a senior public office includes persons who hold, or have held, political offices such as senior government officials, members of the judiciary, senior executives of government-owned companies, members of royal families, etc.). If yes, please state the source of the assets or funds to be invested.

Kindly submit the completed form at the ARM Office close to you. Alternatively, you may send a scanned copy by email to [enquiries@arminvestmentcenter.com](mailto:enquiries@arminvestmentcenter.com) with your registered email address. You can also update your information on our website [www.arminvestmentcenter.com](http://www.arminvestmentcenter.com)

Thank you for your co-operation.

**FOR OFFICIAL USE ONLY**

Customer Service Officer

Date: 

D	D	M	M	Y	Y	Y	Y
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Operations Manager

Date: 

D	D	M	M	Y	Y	Y	Y
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Compliance Officer

Date: 

D	D	M	M	Y	Y	Y	Y
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