



UTL TRUST MANAGEMENT SERVICES LIMITED

2ND FLOOR, ED BUILDING,
No. 47, MARINA, LAGOS ISLAND,
LAGOS

01-2705306; 01-27800851
mails@utltrustees.com

TRUST ACCOUNT OPENING FORM - INDIVIDUALS

Individual Account Details (Please complete this section)

NAME OF TRUST																																									
TITLE				GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE																																			
SETTLOR'S FIRST NAME					OTHER NAMES																																				
SETTLOR'S LAST NAME																																									
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	DATE OF BIRTH	<table><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y																					
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Y	Y	Y	Y																																						
MOTHER'S MAIDEN NAME					NATIONALITY																																				
STATE OF ORIGIN					LGA OF STATE OF ORIGIN																																				
RELIGION																																									
RESIDENTIAL ADDRESS																																									
	HOUSE NUMBER					STREET NAME																																			
	CITY/TOWN					LOCAL GOVERNMENT AREA																																			
	STATE																																								
	COUNTRY																																								
PHONE NUMBER					ALT. NUMBER																																				
E-MAIL																																									
ID TYPE	<input type="checkbox"/> INTERNATIONAL PASSPORT	<input type="checkbox"/> DRIVERS LICENCE	<input type="checkbox"/> NATIONAL ID CARD	<input type="checkbox"/> PERMANENT VOTER'S CARD																																					
	<input type="checkbox"/> OTHERS	IF OTHERS PLEASE SPECIFY																																							
ID ISSUE DATE	<table><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y					ID EXPIRY DATE	<table><tr><td>D</td><td>D</td></tr><tr><td></td><td></td></tr></table>	D	D			<table><tr><td>M</td><td>M</td></tr><tr><td></td><td></td></tr></table>	M	M			<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y						
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PREFERRED MEANS OF COMMUNICATION	<input type="checkbox"/> PHONE	<input type="checkbox"/> POST	<input type="checkbox"/> EMAIL	<input type="checkbox"/> PERSON																																					

AFFIX ONE
LATEST PASSPORT
PHOTOGRAPH
WITH SIGNATURE ON
REVERSE SIDE

Employment Details

EMPLOYMENT STATUS	<input type="checkbox"/> PAID EMPLOYMENT	<input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> RETIRED	<input type="checkbox"/> UNEMPLOYED
OCCUPATION/ LINE OF BUSINESS				
BUSINESS/ EMPLOYER NAME				
INDUSTRY				
EMPLOYERS ADDRESS				
	STREET NAME			
	CITY/TOWN			
	LOCAL GOVERNMENT AREA			
	STATE			

Source of Fund

<input type="checkbox"/> SALARY	<input type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> GRATUITY	<input type="checkbox"/> SALE OF PROPERTIES	<input type="checkbox"/> OTHERS (SPECIFY)	
APART FROM YOUR OCCUPATION PLEASE SPECIFY OTHER SOURCES OF INCOME					

Bank Details

ANNUAL INCOME / TURNOVER	
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BANK'S NAME

[illegible][illegible]

ACCOUNT NAME

ACCOUNT NUMBER

BANK VERIFICATION
NUMBER (BVN)

I/WE WISH TO OPEN A TRUST ACCOUNT WITH YOU AND AFFIRM THAT THE INFORMATION GIVEN ABOVE BY ME/US IS CORRECT

Signature / Thumb Print of Settlor

DATE _____

D	D	M	M	Y	Y	Y	Y

Your Product / Service Choice

PLEASE INDICATE YOUR PRODUCT / SERVICE CHOICE AND COMPLETE THE DETAILS IN THE BOXES BELOW. YOU CAN SIGN-ON TO MORE THAN ONE OF OUR TRUST OFFERINGS. ALSO INDICATE IF YOUR CONTRIBUTIONS WILL BE BY LUMP SUM OR THE PERIODIC AMOUNT

INVESTMENT/TRUST PRODUCT	PRODUCT CHOICE	LUMP SUM AMOUNT	QUARTERLY / MONTHLY PAYMENTS
FUND PLACEMENT			
CHILDREN EDUCATION TRUST (CET)			
CHILDREN INVESTMENT TRUST			
EDUCATION TRUST			
CHARITABLE TRUST			
SPECIAL NEEDS TRUST			
OTHERS			

For Lump Sum or Initial Periodic Payments

I/WE ENCLOSE A CHEQUE OF

₹

HOW DID YOU HEAR
ABOUT US?

☐

NEWSPAPER ADVERT

☐

INTERNET

☐

FRIEND

☐

TV

☐

RADIO

☐

OTHERS

Designated Representative (Please fill if Trust Product)

THE SETTLOR HAS APPOINTED _____ WHOSE ADDRESS IS

TELEPHONE NO. _____ EMAIL _____

AS _____ DESIGNATED REPRESENTATIVE / PROTECTOR / GUARDIAN - PLEASE SPECIFY).

(WHERE THE DESIGNATED REPRESENTATIVE/PROTECTOR/GUARDIAN DIES BEFORE THE SETTLOR, THE SETTLOR SHALL APPOINT ANOTHER REPRESENTATIVE/PROTECTOR/GUARDIAN AS A REPLACEMENT OF THE DECEASED AND THE SETTLOR SHALL DULY INFORM THE TRUSTEE IN WRITING OF THE NEW REPRESENTATIVE/PROTECTOR/GUARDIAN

Schedule of Assets (Please fill if Trust product)**Details of Settled Property (Cash in Bank & Investments)**

Account No.	Bank	Branch	Estimated Amount	Personal/Corporate	Beneficiary

Stocks/Equities in Quoted Companies & Mutual Funds

Name of Company	Number of Shares	Value	Beneficiary

Life Insurance Policies

Name of Company	Policy Number	Value	Beneficiary

Pension/Gratuity/Retirement Savings Accounts

PFA (Pension Fund Administrator)	RSA Number	RSA Balance	Branch	Beneficiary

Real Estate

Description of landed Property	Location/Address	Root of Title/ Details of Title	Estimated Value	Location of Title Documents

Automobiles and Vehicles (Cars/SUV/Boats/Jets)

Make/Model	Registration No.	Chassis No.	Engine No.	Beneficiary

Holdings in Private Companies

Name of Company	Holdings	Value	Beneficiary

Power Generating Sets

Jewelry, Clothing and other items

(Please include an additional list if space provided is not sufficient or form does not capture your intent)

