

Know Your Client (KYC) Requirements

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. IDENTITY DETAILS	
1. Name of Individual / Corporate entity (Please write complete name as per Certificate of Incorporation):	
2. Contact address:	
3. Contact details: Telephone (Office): Telephone (Mobile): E-mail: Fax:	
4. Correspondence address (if different from above):	
5. Please submit ANY ONE of the following valid documents for proof of address & mark (X) against the document attached for the following: Individual / Company: <input type="checkbox"/> *Latest telephone bill <input type="checkbox"/> *Latest electricity / utility bill <input type="checkbox"/> Lease agreement *Not older than 3 months old.	
6. Tax clearance certificate Please mark (X) if provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please affix two (2) recent passport photographs of the individual / two directors or one director and the company secretary with their names and signatures behind the passport photographs.
7. Please attach an updated profile and detailed write-up on the Individual purchasing the property(ies) or the Company and its business transactions with information on its directors and promoters included therein.	
8. Identification of Individual / Directors and Promoters Please mark (X) against the document attached: <input type="checkbox"/> International passport <input type="checkbox"/> National identity card <input type="checkbox"/> Driver's license	
9. Bank Verification Number (BVN):	
B. COMPANY DETAILS- CORPORATE ENTITIES ONLY	
1. Place of incorporation: Date of incorporation: <input type="text"/>	
2. Registration No. (E.g. RC No.):	
3. Certificate of Incorporation Please mark (X) if provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Memorandum and Articles of Association Please mark (X) if provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Current shareholding structure and list of Directors Please mark (X) if copy of Form CAC7 and Form CAC 2 are provided:: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Names and signatures of Company Directors and/or Promoters:	

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C. OFFER DETAILS

1. Kindly state the AMCON property that you / your company is currently interested in purchasing:
2. Kindly confirm your understanding, compliance and agreement that in accordance with Asset Management Corporation of Nigeria's standard payment terms, bidders are required to remit a 10% payment as part of the bid submission process, which will become non-refundable should your bid emerge as the winning bid. The balance of 90% will be due within 15 calendar days of emerging winner of the bid.
☐ Yes ☐ No

D. FUNDING DETAILS

1. Source of funding:
 - Debt-financing: ☐ Yes ☐ No
If debt financing is to be utilised, please provide details and evidence of such financing arrangements clearly connected with this purchase.
 - Equity Financing: ☐ Yes ☐ No
Please provide your last three months' bank statements to date duly authorised by your bank(s).

E. DECLARATIONS

1. I/We understand that as a policy, the Asset Management Corporation of Nigeria shall not accept third-party payments (other than lending arrangements) in respect of the asset to be purchased. ☐ Yes ☐ No
2. I/We confirm that the individual or bidding entity and any of its directors and/or promoters is/are currently not and have never been indebted to the Asset Management Corporation of Nigeria? ☐ Yes *☐ No

*If no, kindly provide details
3. I/We hereby declare that the details furnished above are complete and accurate to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we will be penalized for it. ☐ Yes ☐ No
4. I/We consent that information provided in this KYC Requirement Form can be verified by the Corporation through available channels and understand that I/We may be (held liable or prosecuted or reported to the relevant authorities) for any incorrect information given herein.

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Individual / Director

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Secretary / Director

.....
Date

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Date