

## Know Your Client (KYC) Requirements

Please fill in ENGLISH and in BLOCK LETTERS with black ink

A. IDENTITY DETAILS	
1. <b>Name of Individual / Corporate entity</b> (Please write complete name as per Certificate of Incorporation):	
2. <b>Contact address:</b>	
3. <b>Contact details:</b> Telephone (Office): _____ Telephone (Mobile): _____ E-mail: _____ Fax: _____	
4. <b>Correspondence address</b> (if different from above):	
5. <b>Please submit ANY ONE of the following valid documents for proof of address &amp; mark (X) against the document attached for the following:</b> <b>Individual / Company:</b> <input type="checkbox"/> *Latest telephone bill <input type="checkbox"/> *Latest electricity / utility bill <input type="checkbox"/> Lease agreement <small>*Not older than 3 months old.</small>	
6. <b>Tax clearance certificate</b> 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. <b>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.</b>	
8. <b>Identification of Individual / Directors and Promoters</b> 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. <b>Bank Verification Number (BVN):</b>	
B. COMPANY DETAILS- CORPORATE ENTITIES ONLY	
1. <b>Place of incorporation:</b>  <b>Date of incorporation:</b> <input type="text"/>	
2. <b>Registration No.</b> (E.g. RC No.):	
3. <b>Certificate of Incorporation</b> Please mark (X) if provided: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Memorandum and Articles of Association</b> Please mark (X) if provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. <b>Current shareholding structure and list of Directors</b> Please mark (X) if copy of Form CAC7 and Form CAC 2 are provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. <b>Names and signatures of Company Directors and/or Promoters:</b>	

## Know Your Client (KYC) Requirements

### 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 confirm that the individual or bidding entity and any of its directors and/or promoters is/are currently not an AMCON employee, a relative (parent, spouse, or children) of an AMCON employee, or a member of the board of AMCON.    Yes    No
4. 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
5. 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.

.....  
Individual / Director

.....  
Secretary / Director

.....  
Date

.....  
Date