Asteric
ASSET MANAGEMENT

Affix recent photograph here.

INVESTMENT APPLICATION

ASTERIC FORM

The items should be completed in **CAPITAL LETTERS.**

Title Mr ☐ Mrs ☐ Miss ☐ Others ______

Personal Details

First Name | Middle Name | Surname

Mother's Maiden Name ______

Gender ☐ M ☐ F

Date of Birth ☐☐ ☐☐ ☐☐☐☐ Place of Birth ______

Marital Status ☐ Single ☐ Married Others (Specify) ______

Bank VerificaLon No (BVN) ______

Employment Status ☐ Employed ☐ Self-Employed Others (Specify) ______

Contact Details

Mobile No.1 ______ Mobile No 2 ______

ResidenLal Address ______

State of Origin ______ LGA ______

Email Address ______

Valid Means of IdenLficaLon

☐ NaLonal ID Card ☐ NaLonal Driver's License ☐ International Passport Others (Specify) ______

ID No ______ ID Issue Date ☐☐☐☐ ☐☐☐☐ ID Expiry Date ☐☐ ☐☐ ☐☐☐☐

Next of Kin Information

First Name | **Middle Name** | **Last Name**

Gender ☐ M ☐ F Date of Birth ☐☐ ☐☐ ☐☐☐☐

RelaLonship ☐ Siblings ☐ Parents ☐ Spouse Others (Specify) ______

Mobile No.1 ______ Mobile No.2 ______

Investment Applicant

Amount of iniLal investment( ) ______

Value of Investment (In words) ______

Auto Roll Over on Liquidation ☐ Yes ☐ No

Interest Rate (%) ______

Tenor (in days) ______

Preferred OpĔons to Credit Interest Payments

Upfront ☐ Monthly ☐ End of Term ☐

Account Name ______

NUBAN Account Number ______ Bank Name ______

Tax Payer ID ______

Asteric
ASSET MANAGEMENT

TERMS AND CONDITIONS

1. **INTRODUCTION**

a. These terms apply to the investment relationship between Asteric Finance Management AFM and any Investors, seeking investment opportunities into Asteric Finance Management's AFM

b. By accepting these terms, an agreement will be created between AFM and You. Your subscription to this investment is complete on your acceptance of these terms and conditions by appending your signature at the boMom.

2. **NATURE OF RELATIONSHIP**

a. This terms and conditions shall form a binding contract between you, and AFM and it sets out the rights, duties, and obligations of both parties with respect to your investment with AFM.

3. **INTEREST RATE**

a. AFM reserves the right to review the interest rate from time to time in line with the market dictates, government regulaL ons and other economic factors at any given time. Provided that AFM shall give notice of such revised interest rate to the investor and it shall only take effect 30 days aNer the notice. Any change in the interest rate shall not affect the interest earned and accrued prior to the change.

4. **MODE OF PAYMENT**

a. Payment of the investment sum can be made either by bank transfer or direct debit into our account number below or any other means of payment using our online platform. We do not request or receive payment in cash, and We shall not be responsible for any loss or damage suffered by You because of making cash payment to any person.

Account no : 1307793949
Account name: ASTERIC FINANCE COMPANY LTD
Bank Providus Bank

5. **COMMENCEMENT OF INVESTMENT TERM**

a. The Investment term shall commence on the date of receipt of the investment sum by AFM further to which an investment certificate will be issued to You which is an evidence of your investment.

6. **PRE-LIQUIDATION**

a. "You may choose to liquidate your investment before maturity. If you choose to pre-liquidate before maturity you shall forfeit 40% on the accrued interest due to your investment from the date of notice of liquidaL on. If your Interest is credited upfront or monthly, the interest forfeited which has been paid upfront (either in full or partly) shall be subtracted from the investment sum to be paid out".

b. Payout time for request to liquidate before maturity shall be 48 working hours from the time the notice of liquidation was received and acknowledged by AFM

7. **INTEREST PAYMENT**

Interest may be credited upfront, monthly, quarterly or at the end of the term. You shall be at liberty to choose which of the option best suits you at the point of registering. Where You fail to specify this, your interest shall be credited together with your investment sum at maturity of your investment.

Request for upfront interest payment shall aMract a reduction in the interest rate by 2 digits.

8. **ROLL-OVER**

a. You may decide to roll over your investment sum and profit at the end of the tenor. If you choose to roll over, you shall notify us in writing before the maturity date. Your investment will then be rolled over upon terms and conditions at the prevailing rate except new terms are negotiated and evidenced in writing. AFM shall have the right to refuse any request to rollover the investment.

b. Auto-Rollover
Upon maturity of the investment, where the roll over option or payback option was not expressly indicated by the Customer, AFM has the right to roll-over the investment at the prevailing rate as at that period.

9. **PAYOUT**

a. Upon maturity of the investment, payment of the invested sum and interest (where interest has not been paid upfront) shall be made within 24 working hours into the account details provided by You.

b. You agree that AFM shall not be liable for any payment delay which is caused by error in the bank details provided by You or any bank related error which is due to no fault of AFM provided AFM has initiated the payment within the payment duraL on as stated above.

c. The interest on the investment sum shall be subject to withholding tax which is currently set at 10%

10. **COMPLAINTS**

a. Should you have any complaints in relaL on to your investment relaL onship, please notify us by email at We will aim to acknowledge your complaint promptly, investigate the circumstances and report the results to you.

11. **VARIATION**

a. This terms and conditions shall only be varied in writing signed by both Parties.

12. **TERMINATION**

a. AFM may, at any time by wriMen notice, suspend or terminate your investment if the following occurs.

a. Where your investment with AFM becomes the subject of investigation by any law enforcement agency on the allegation that the investment scheme as a vehicle for money laundering

b. Where it becomes expedient to do so under any law, regulaL on, or order of the court.

13. **DISPUTES**

a. In the event of any dispute arising between both Parties in this relaL onship, both Parties agree that such dispute shall FIRST be resolved amicable.

b. If parties are unable to seMe such dispute amicably within 30 days aNer the declaraL on of such dispute, either party may proceed to explore any available equitable or legal remedy available to it.

14. **WAIVER AND SEVERANCE**

a. Failure of either Parties to exercise any of its rights pursuant to these conditions shall in no way constitute a waiver of those rights.

b. In case any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions o, but this terms shall be construed as if such invalid or illegal or unenforceable provision had never been contained herein

15. **APPLICABLE LAW**

a. Unless otherwise specified, this terms and condiL on will be governed and construed in accordance with the laws of the Federal Republic of Nigeria.

16. **ACCEPTANCE OF TERMS AND CONDITIONS**

a. This terms and condiL ons set out herein have been carefully read, considered, and are hereby accepted by me/us.

Name……………………………………………………………………….:

Date: - ……………………………………………………………………….

Signature: - ……………………………………………………………….

Client's File Number

Introduced By

Head, Business Growth: ______________________________

Compliance ______________________________

Risk Classification: ☐ High ☐ ☐ Medium Low

22, Kingsley Emu Street, Lekki Phase 1 Lekki Lagos
Email:-info@astericfinancelimited.com

(Kindly fill out this form if you are a politically exposed person)

Enhanced Due Diligence (EDD) / Politically Exposed Person (PEP) Risk Assessment Form

Confidential – For Compliance Use Only

Section A: Customer Information

Full Name:

Date of Birth:

Nationality:

Residential Address:

Phone Number:

Email Address:

Occupation:

Employer/Organization:

Designation:

Relationship with Asteric ☐ New Customer ☐ Existing Customer:

Type of Account/Facility:

Purpose of Transaction:

Section B: PEP Classification

Is the customer a PEP? ☐ Yes ☐ No:

If Yes, what type? ☐ Domestic PEP ☐ Foreign PEP ☐ International Organization PEP:

Position Held:

Government/Institution Represented:

Date of Appointment:

Expected Date of Exit:

Source of Funds:

Estimated Value of Transaction:

Relationship to any known PEP (if applicable): [ ]

Are there any public controversies or sanctions linked to the customer? ☐ Yes ☐ No (If yes, provide details): [ ]

Section C: Document Checklist

Please tick all that apply and attach relevant documents.

☐ Valid Government-Issued ID - Comments: __________________

☐ Official Letter of Appointment (if applicable) - Comments: __________________

☐ Proof of Source of Funds - Comments: __________________

☐ Irrevocable Standing Instruction / Payment Commitment Letter - Comments: __________________

☐ Utility Bill / Proof of Address - Comments: __________________

☐ Bank Statement (6 months) - Comments: __________________

☐ Declaration of Funds' Legitimacy (signed) - Comments: __________________

☐ Credit Report - Comments: __________________

Section D: Risk Assessment

Customer Profile Risk: ☐ Low ☐ Medium ☐ High - Comments: __________________

Political Exposure Risk: ☐ Low ☐ Medium ☐ High - Comments: __________________

Source of Funds Risk: ☐ Low ☐ Medium ☐ High - Comments: __________________

Transaction Purpose Risk: ☐ Low ☐ Medium ☐ High - Comments: __________________

Jurisdiction Risk (if foreign PEP): ☐ Low ☐ Medium ☐ High - Comments: __________________

Reputational Risk: ☐ Low ☐ Medium ☐ High - Comments: __________________

Overall Risk Rating: ☐ Low ☐ Medium ☐ High - Comments: __________________

Section E: Compliance Recommendation

Compliance Officer Name: [ ]

Signature: [ ]

Date: [ ]

Recommendation: ☐ Proceed ☐ Proceed with Caution ☐ Decline:

Additional Comments: [ ]

Section F: AAM officers Approval

AAM Officer Name:

Signature:

Date:

Final Decision: ☐ Approved ☐ Declined ☐ Refer to Board:

This form is to be completed for all PEPs or high-risk clients in line with ASTERIC ASSET MANAGEMENT AML/CFT/CPF Compliance Policy and CBN Regulatory Guidelines.