



ISSUING HOUSE:

FUND MANAGER:



ASSET MANAGEMENT

AFRINVEST DOLLAR FUND

OFFER FOR SUBSCRIPTION OF
20,000 UNITS OF \$2,000,000 AT \$100 EACH AT PAR
PAYABLE IN FULL ON APPLICATION

AFFIX PASSPORT
PHOTOGRAPH
HERE

Application must be in accordance with the instructions set out on the back of the application. Care must be taken to follow these instructions as Applications that do not comply may be rejected.

DECLARATION

- I am/ We are 18 years of age or over
- I/We attach the amount payable in full on application for the units below in AFRINVEST ASSET MANAGEMENT LIMITED at \$100.00
- I/We accept the same or smaller units in respect of which allotment may be made upon the terms of the *Afrinvest Dollar Fund* dated and subject to the provision of the Memorandum and Articles of Association of the **AFRINVEST ASSET MANAGEMENT LIMITED**
- I/We authorised you to send a statement of unit-holding and/or cheque for any amount overpaid, by registered post at my/our risk to the address given below and to produce registration in my/our name as holder(s) of such number of units or smaller number as aforesaid
- I/We declare that I/We have read the **Offer Prospectus** dated....., issued by **Afrinvest (West Africa) Limited** on the Dollar Fund.

| FOR REGISTRARS' USE ONLY | |
|--------------------------|--|
| NO. Units Applied for | |
| No. Units Allotted | |
| Amount Paid | |
| Value of units allotted | |
| Amount to be returned | |
| CONTROL NO: | |

| GUIDE TO APPLICATION | |
|------------------------------------|-----------------------|
| Number of Units Applied For | Amount Payable |
| Minimum of 10 UNITS | \$1,000.00 |
| Subsequent multiples of 1 UNITS | \$100.00 |

Number of Units Applied For

Value of Units Applied For / Amount Paid

DATE (DD/MM/YYYY)

INDIVIDUAL APPLICANT

PLEASE COMPLETE IN BLOCK LETTERS

Title Surname

Mr. Mrs. Miss. Minor. Other.

Middle Name First Name

Date of Birth (DD/MM/YY) Gender Male Female Nationality State of Origin

Residential Address

Phone Number Email

Occupation Employer

Office Address

INCOME DISTRIBUTION

Please tick the box to indicate your preferred option: CASH REINVESTMENT

BANK DETAILS (FOR E-DIVIDEND)

Bank Name Domiciliary Account Number

Sort Code/Swift Code BVN

YOUR NEXT OF KIN

Full Name Gender M F Relationship

Phone Number Email

Residential Address

| | |
|--|---|
| Signature or thumbprint: <input type="text"/> | Signature or thumbprint: <input type="text"/> |
| 220B, Ikorodu Road, Palmgrove, Lagos. Tel: +234 813 984 0850 - 4 | Stamp of Receiving Agent <input type="text"/> |

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

1. Applications should be made only on this Application Form or a photocopy, downloaded or scanned copy of it.
2. Applications must be for a minimum of 10 Units at the first instance and multiples 1 Unit thereafter. The number of Units for which applications are made and the amount of the applicable value should be entered in the boxes provided.
3. Payment must be made in US Dollars.
4. All payments for applications should be transferred to the Offer Proceeds Accounts indicated below:
Account Name: **UBA NOM - EAC TRUSTEES/AFRINVEST DOLLAR FUND**
Account Number: **1022613276**
Bank Name: **UBA Plc**
Currency: **USD**
5. An application for a minor must include full names and date of birth of the minor, as well as the full names and addresses of the adult (Parent or guardian) making the application on his/her behalf.
6. An application by an illiterate should bear his/her right thumbprint on the Application Form and be witnessed by an official of the Fund Manager or Receiving Agent at which the application is lodged, who must first have explained the meaning and effect of the Application Form to the illiterate in the illiterate's own language. Above the thumbprint of the illiterate, the witness must record in writing that he has given this explanation to the illiterate in a language understandable to him/her and that the illiterate appeared to have understood same before affixing his/her thumb impression.
7. The applicant should not print his/her signature. If he/she is unable to sign in the normal manner, he/she should be treated for the purpose of this Offer as an illiterate and his/her right thumbprint should be clearly impressed on this Application Form.