

Subscription Form

Please tick (x)

Individual Corporation

Minor/ dependant

PERSONAL DETAILS OF APPLICANT(S)

Full name of individual applicant

Title _____ Name _____ Surname _____

AND

Full name of joint applicant
(Where applicable)

Title _____ Name _____ Surname _____

AND

Full name of child

Name _____ Surname _____ Date of Birth _____

OR

Name of corporate applicant

Name of Corporate Applicant _____ RC Number _____

Address

Street or Postal Address

Telephone number(s)

Email address

NOTE: If you wish to purchase Units of The Fund for a child under 18 years, please write the child's full name and date of birth under your full name in the space provided

INVESTMENT DETAILS:

Are you an existing Unitholder? Yes No

You wish to invest the sum of: _____

Minimum of N50, 000.00, for NEW subscribers with subsequent multiples of N10, 000.00

DECLARATION BY APPLICANT(S)

I/We Declare that:

- I/we am/are 18 years and over;
- I/we attach a bank draft made payable to Afrinvest Equity Fund, with my/our name, address and telephone numbers written at the back or that I/we have forwarded evidence of payment or evidence of remittance of foreign currency in accordance with the bank details provided overleaf;
- I/we understand that as with all stock market investment, the prices of quoted securities including this Fund may go up or down and that past performance is not necessarily an indication of future performance

I agree that:

- If these Units are redeemed within 3 months of the date of purchase, the Fund Manager shall deduct a handling charge equivalent to 2% of the net redemption value
- A Fund Certificate in respect of my/our investment may be sent by post, at my risk, to the address given above

IF APPLICANT IS A CORPORATE BODY, PLEASE ENSURE TWO AUTHORSIED SIGNATORIES SIGN STATE THEIR DESIGNATION AND APPLY COMPANY SEAL

Signature _____ Date _____ Signature _____ Date _____

Designation _____ Designation _____

IMPORTANT INFORMATION FOR NEW SUBSCRIBERS

- The minimum investment is N50,000.00 and subsequent multiples of N10,000.00
- Foreign currency subscribers are advised to contact the Fund Manager, Afrinvest (W.A) Limited for the applicable US dollar exchange rate on the day the remittance is being effected

Telephone: +234 (1) 270 1680-8

Fax: +234 (1) 269 4392

Email: equityfund@afrinvestwa.com

FOR FUND MANAGER'S USE ONLY

AMOUNT PAID

OFFER PRICE

NUMBER OF UNITS ALLOTTED

| AMOUNT PAID | OFFER PRICE | NUMBER OF UNITS ALLOTTED |
|-------------|-------------|--------------------------|
| | | |

This completed form should be sent with payment/evidence of remittance to:

The Fund Manager of the Afrinvest Equity Fund



Afrinvest West Africa Limited Foreshore Towers Floors 11 - 12, 2A Osborne Road Ikoyi Lagos
Telephone : +234 1 270 1680-8 Fax: +234 1 269 4392 E: equityfund@afrinvestwa.com