Application List
Opens: xxxx xx 2017

Application List
Closes: xxxx xx 207

ISSUING HOUSE

RC 261272

AFRINVEST PLUTUS
(A MONEY MARKET FUND)

Afrinvest Money Market Fund
Offer for Subscription
of
10,000,000 Units @ ₦100 per unit
Payable on Application

FUND MANAGER

RC 674030

Important Notice: Applications must be made in accordance with the instructions set out on the back of this Application form. If you are in doubt as to take action, please consult your financial adviser, stockbroker, solicitor, accountant, tax consultant, bank manager or any other professional adviser for guidance. Care must be taken to follow these instructions as applications that do not comply may be rejected.

I/we understand that we will receive our allotted Units in E-certificate form. Accordingly, we hereby authorize you to allot the said Units in E-certificate form.

I/We declare that I/We have read the Prospectus dated xx xxx 2017 issued by Afrinvest West Africa Limited on behalf of Afrinvest Asset Management Limited.

Any amount overpaid or rejected, will be returned by issuing a cheque/account transfer and sending via registered post to the address given below.

I/We attach the amount payable in full on application for the number of Units indicated in the Afrinvest Plutus Money Market Fund at ₦100 per unit.

I/We agree to accept the same or any smaller number of Units in respect of which allotment may be made upon the terms of the Prospectus dated XX XXX 207 and subject to the Trust Deed of the Fund.

GUIDE TO APPLICATION

Number of Units applied	Amount Payable
50 minimum	₦5,000.00
Subsequent multiples of 50	₦5,000.00

Date (DD/MM/YYYY) / / 2017

CONTROL NO. (Registrar's use only)

Number of Units Applied for:

Value of Units Applied for/Amount Paid N .

3. **INDIVIDUAL/CORPORATE APPLICANT** **PLEASE COMPLETE IN BLOCK LETTERS**

Title: ☐ Mr. ☐ Mrs. ☐ Others

Surname/Company Name

Other Names (for individual applicants only)

Full Postal Address/Street Address *(P.O. Box Number is not sufficient)*

City/Town

State

Telephone Number

Mobile Phone Number

Email Address

Next of Kin

4. **NAME OF CHILD (IF INVESTING FOR MINOR)** **Title:** ☐ *Master* ☐ *Miss* **Date OF Birth (DD/MM/YYYY)**

Name (Surname First)

5. **JOINT APPLICANT** **Title:** ☐ Mr. ☐ Mrs. ☐ Others

Name (Surname First)

6. **BANK DETAILS ONLY**

Name of Bank

Branch

Bank Sort Code

Account Number

How do you like your Dividend payment? ☐ *Cash* ☐ *New Units*

Signature or Thumbprint	Signature or Thumbprint
Stamp of Receiving Agent	

Company seal & Incorporation Number (Corporate Applicants)