

Application List Opens
XXX

AFRINVEST
AFRINVEST DOLLAR FUND

Application List Closes
XXX

ISSUING HOUSE:



OFFER FOR SUBSCRIPTION OF

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

FUND MANAGER:



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 18years 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.

GUIDE TO APPLICATION

Number of Units Applied For:	Amount Payable
Minimum of 10 UNITS Subsequent multiples of 1 UNITS	\$1,000.00 \$100.00

Number of Units Applied For

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Value of Units Applied For / Amount Paid

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOR REGISTRARS' USE ONLY

NO. Units Applied for	<input type="text"/>
No. Units Allotted	<input type="text"/>
Amount Paid	<input type="text"/>
Value of units allotted	<input type="text"/>
Amount to be returned	<input type="text"/>
CONTROL NO:	<input type="text"/>

DATE (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE COMPLETE IN BLOCK LETTERS

1. INDIVIDUAL APPLICANT

Title: Mr. Mrs. Miss. Minor. Other.

Surname

Other names (for individual / minor applicants only)

Date of Birth (Minor Only)

Postal / Residential Address

City

State

Postal Code

Land / Mobile Phone

E-mail address

Next of Kin

2. JOINT APPLICANT

Title: Mr. Mrs. Miss. others.

Surname

Other Names (For Parent/Guardian Only)

3. INCOME DISTRIBUTION

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

4. BANK DETAILS (FOR E-DIVIDEND)

Bank Name

Domiciliary Account Number

Sort Code/Swift Code

BVN

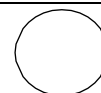
Signature or thumbprint:

Signature or thumbprint:



2208, Ikorodu Road, Palmgrove, Lagos. Tel: +234 813 984 0850 - 4

Stamp of Receiving Agent



INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Applications should be made only on the Application Form or photocopy, downloaded or scanned copy of the Application Form.
2. The Application List for the Units will be open to prospective investors for the duration specified in the Prospectus
3. Applications must be for a minimum of 10 Units at the first instance and multiples 5 Units thereafter. The number of Units for which applications are made and the amount of the applicable value should be entered in the boxes provided.
4. Payment must be made in Dollars.
5. All payment for applications should be transferred via RTGS into the Offer Proceeds Accounts indicated on Page 38 of this Prospectus.
6. Joint applicants must all sign the Application Form.
7. 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.
8. An application from a group of individuals should be made in the names of those individuals with no mention of the name of the group. An application by a firm, which is not registered under the Companies and Allied Matters Act Cap C 20 LFN 2004, should be made either in the name of the proprietor or in the names of the individual partners. In neither case should the name of the firm be mentioned.
9. An application from a corporate body must bear the corporate body's common seal and be completed under the hand of a duly authorised official.
10. 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.
11. 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 the Application Form.