

CORAL ETHICAL FUND PURCHASE ORDER FORM

NOTE: If you wish to purchase Units of the Coral Ethical Fund for a child under 18 years, please write the child's full name and date of birth in the space provided below, otherwise leave the space blank.

Date: ___ / ___ / 200_

PLEASE COMPLETE IN CAPITAL LETTERS

INDIVIDUAL/FIRST JOINT APPLICANT												A	
Title:	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (please state)					Signature or Thumbprint	
Surname													
First Name						Other Names							
Full Postal Address													
Telephone Number							Email						
Child's Surname							First Name						
Other Names							Date of Birth						
SECOND JOINT APPLICANT (IF APPLICABLE)													B
Title:	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (please state)					Signature or Thumbprint	
Surname													
First Name						Other Names							
Signature Mandate (for Joint Applicants only)													
NEXT OF KIN													
Name													
Relationship													
Address of Next-of-kin (if different from Applicant's)													
Investors Mother's maiden name													
PAYMENT MODE	CHEQUE		TRANSFER		DIRECT DEBIT		ARE YOU AN EXISTING INVESTOR			YES	NO		
AGE RANGE	<18	18 - 39	40 - 59	>60	CERTIFICATE WAIVER			YES	NO				
INCOME DISTRIBUTION	RE-INVEST IN THE FUND					ISSUE CHEQUE IN MY NAME							
OCCUPATION	TELECOMMUNICATIONS		SERVICES		OIL & GAS			LEGAL					
	REAL ESTATE		ENGINEERING		BANKING & FINANCE			OTHERS (Please specify)					
HOW DID YOU HEAR ABOUT THE CORAL GROWTH FUND			NEWSPAPER ADVERT		FRIEND	INTERNET	OTHERS (Please specify)						

DIRECT DEBIT INSTRUCTION (TO BE COMPLETED ONLY IF YOUR MODE OF PAYMENT IS VIA A DIRECT DEBIT INSTRUCTION TO YOUR BANK)																
I have authorized my/our bank to transfer the sum of ₦											To Skye Bank Limited in favour of:					
ACCOUNT NAME	FIRST SECURITIES DISCOUNT HOUSE LIMITED															
ACCOUNT NUMBER	1	0	7	1	7	7	0	0	0	1	3	4	7			
FREQUENCY OF TRANSFER	Monthly on		d	d				Quarterly on		d	d	-	m	m	m	
	Bi-annually on		d	d	-	m	m	m	Annually on		d	d	-	m	m	m
	This instruction takes effect from d d - m m - 0 7 and should terminate on d d - m m - 0 7															

Declaration by Applicant(s)

- I/We have attached a bank draft to **Coral Ethical Fund** with my/our name, address and daytime telephone number written at the back **OR** I/We have evidence of payment **OR** I/We have forwarded evidence of remittance of foreign currency in accordance with the bank details provided overleaf;
- I/We 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 redemption proceeds.
- I/We understand that equity (including mutual funds-Coral Ethical Fund) prices fluctuate and losses in the value of my/our investment may occur and that past performance is not necessarily an indication of future performance

Application Checklist

- This completed and signed purchase order form
- A bank draft or evidence of payment
- For Applicants investing **₦1 million** and above
 - 1 passport photograph of the applicant
 - 1 proof of identity of the applicant (International passport, Drivers license etc)
 - 1 proof of address of the applicant

NOTE:

- Minimum initial investment amount is **₦50,000.00**
- Units of the funds will be purchased at the ruling offer price on the date value is received for the investor's bank draft.

FOR FUND MANAGER'S USE ONLY

Amount Paid	Offer Price	Number of Units Allotted

Date Processed _____**Processed By** _____**Niger House (6th Floor) 1/5 Odunlami Street, P.M.B. 12913, Lagos, Nigeria. RC. 434206****Coral Help Desk: (01) 2704884-5. Fax: 01 – 2640173-4****Abuja Office: NAL Abuja Complex Plot 990, Cadastral Zone A O Central Business District, Abuja Tel: 09-6700535****Port Harcourt Office: 2nd Floor, Leadbank Building, 5 Trans Amadi Road, Port Harcourt Tel: 084-463308,0802-408-1331**