

CORAL GROWTH FUND PURCHASE ORDER FORM

NOTE: If you wish to purchase Units of the Coral Growth 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 Stanbic Bank Nigeria Limited in favour of:																
ACCOUNT NAME	F	S	D	H	/	C	O	R	A	L	G	R	O	W	T	H	F	U	N	D		
ACCOUNT NUMBER	0	1	4	0	0	0	1	2	7	5	0	0	1									
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	-

Declaration by Applicant(s)

- I/We have attached a bank draft to Coral Growth 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 Growth 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.
- Foreign currency subscribers are advised to contact The Coral Help Desk, FSDH Asset Management Limited for the applicable US dollar exchange rate on the day the remittance is being effected:

- Telephone: +234(1) 2704884-5
- Fax: +234(1) 2640173-4
- E-mail: coralfunds@fsdh-ltd.com

- Account Name: Stanbic Bank Nigeria Limited
- Account Number: 04433874
- Bank Name: Deutsche Bank Trust Co. Americas
Bank Address: 1 Bankers Trust Plaza
130 Liberty Street
NY 10015

- For Further Credit to: (Coral Growth Fund/name of investor)

The transferring Bank should request that the Receiving Bank advise Stanbic Bank Nigeria Limited of the payment by SWIFT and quote full details of the transfer i.e. full name and address of the transferor

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