



CORAL INCOME FUND PURCHASE ORDER FORM

Date:

PLEASE COMPLETE IN CAPITAL LETTERS

1 Details of Investor (Please check as appropriate)

1. CORPORATE APPLICANT

Company/s Name: _____

Contact Address: _____

City: _____ State: _____

Daytime Telephone Number: Incorporation Number:

E-mail:

Nature Of Business :

Registered Company Address (if different from the above): _____

Contact Person(s): _____

Value of initial investment : _____

Net Worth :

ARE YOU AN EXISTING UNITHOLDER? YES NO

HOW DID YOU HEAR ABOUT THE CORAL INCOME FUND

Newspaper Advert Friend Internet Others (please specify)

INCOME PAYMENTS

Reinvest in the Fund Issue Cheque in Company's Name

Declaration by Applicant(s)

I/We have attached a bank draft to Coral Income 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 Income 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.

NOTE:

Minimum initial investment amount is N50,000.00

Units of the funds will be purchased at the ruling offer price on the date value is received for the investor's bank draft.

Application Checklist

This completed and signed purchase order form

A Bank draft or evidence of payment

1 passport photograph of the signatories

1 proof of identity of the signatories (International passport, Drivers license etc)

1 proof of address of the applicant

*Cash lodgment are not accepted

Authorized Signatories

**Affix
Passport
Photograph
here**

Name: _____

Designation: _____

BVN:

sign: _____

**Affix
Passport
Photograph
here**

Name: _____

Designation: _____

BVN:

sign: _____

**Affix
Passport
Photograph
here**

Name: _____

Designation: _____

BVN:

sign: _____

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Name: _____

Designation: _____

BVN:

sign: _____

**Affix
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Photograph
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Name: _____

Designation: _____

BVN:

sign: _____

**Affix
Passport
Photograph
here**

Name: _____

Designation: _____

BVN:

sign: _____

Signature Mandate:

(for Joint Applicants only)

Corporate Seal

Company Secretary Sign: _____

FOR FUND MANAGER'S USE ONLY

Amount Paid	Office Price	Number of Units Allotted
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Processed: _____

Processed By: _____