

PLEASE COMPLETE IN CAPITAL LETTERS

1 Who Owns This Account? (Please check as appropriate)

INDIVIDUAL/FIRST JOINT APPLICANT

Title: Mr. Mrs. Miss Others

Surname: _____ First Name: _____

Other Names: _____

Full Address (P.O. Box Not accepted):

Telephone Number: Email:

BVN: Mother's Maiden Name:

Means of identification: Identification Number: Issue Date: Expiry Date:

AGE RANGE 18 -39 40-59 > 60

OCCUPATION Telecommunications Real Estate Services Engineering
 Oil & Gas Banking Insurance Others

NEXT OF KIN
 Name: _____
 Relationship: _____ Telephone Number:

SECOND JOINT APPLICANT

Title: Mr. Mrs. Miss. Others

Surname: _____ First Name: _____

Other Names: _____

Full Address (P.O. Box Not accepted):

Telephone Number: Email:

Means of identification: Identification Number: Issue Date: Expiry Date:

Signature Mandate BVN:
(for Joint Applicants only)

AGE RANGE 18 -39 40-59 > 60

OCCUPATION Telecommunications Real Estate Services Engineering
 Oil & Gas Banking Insurance Others

NEXT OF KIN
 Name: _____
 Relationship: _____ Telephone Number:

MINOR ACCOUNT

Complete this section only if you wish to purchase units of the **Coral Fund** for a child less than 18 years Date of Birth: _____

Child's Surname: _____ Child's First Name: _____ Other Names: _____

GIFT

Complete this section only if you wish to purchase units of the **Coral Fund** as a gift for another person Date of Birth: _____

Receiver's Surname: _____ Receiver's First Name: _____ Other Names: _____

Minimum amount applicable for Coral Income Fund Investment for this purpose is N10,000 while the Coral Growth Fund is N50,000

2 Which FSDH Fund(s) Do You Want To Invest In?

CORAL GROWTH FUND (CGF) CORAL INCOME FUND (CIF)

Initial Investment: _____ Periodic Contribution: _____

PAYMENT MODE Cheque Direct Debit Transfer Are you an existing investor? Yes No

How did you hear about the Coral Funds? Internet Radio Referrals Other

Dividend are automatically re-invested in the fund on the payment date as declared by the Fund Manager. If you prefer to receive a cash dividend, indicate by ticking the box to the right Cash Dividend

Statement will be issued as evidence of your investment. If you prefer to receive a certificate, indicate by ticking the box to the right Certificate

3 Bank Account

We hereby instruct FSDH Asset Management Ltd to transfer all payments due to me/us in respect of this investment to my/our account details as provided below:

ACCOUNT DETAILS 1

ACCOUNT NAME _____
 BANK NAME _____
 BRANCH NAME _____
 ACCOUNT NUMBER _____

ACCOUNT DETAILS 2

ACCOUNT NAME _____
 BANK NAME _____
 BRANCH NAME _____
 ACCOUNT NUMBER _____

4 Application Checklist

This completed and signed purchase order form
 A bank draft or evidence of payment (cash lodgments are not accepted)
 2 passport photographs of the applicant
 1 copy of the proof of identity of the applicant (International Passport or Drivers Licence)
 1 copy of the proof of address of the applicant (utility bill issued within the last 90 days)

5 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, cheque or transfer.

6 Declaration by Applicant(s)

CORAL GROWTH FUND (CGF)

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 below;
 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.

First Joint Applicant
 Name & Signature: _____

Date: _____

Second Joint Applicant
 Name & Signature: _____

Date: _____

CORAL INCOME FUND (CIF)

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 below;
 I/We agree that if these units are redeemed within 30 days of the date of initial purchase, the fund manager shall deduct a handling charge equivalent to 20% of the income earned on the investment
 I/We understand that past performance is not necessarily an indication of future performance.

To lodge a complaint, please visit http://www.fsdhaml.com/footer/AML_Complaint-Management-Framework.aspx.

FOR FUND MANAGERS USE ONLY

Amount Paid _____ Offer Price _____ Number of Units Allocated _____

Date Processed _____

Name of Processor _____ Signature of Processor _____