

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

Date of Birth:

Nationality:

Purpose of Opening Account:

Occupation: _____

Source of Funds/Wealth _____

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:

BVN:

Date of Birth:

Nationality:

Purpose of Opening Account:

Occupation: _____

Source of Funds/Wealth _____

NEXT OF KIN

Name: _____

Relationship: _____

Telephone Number:

☐

MINOR ACCOUNT

Complete this section only if you wish to purchase units for a child less than 18 years

Date of Birth: _____

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

Gender: Male ☐ Female ☐



GIFT

Complete this section only if you wish to purchase units as a gift for another person Date of Birth: _____ Gender: Male ☐ Female ☐
Receiver's Surname: _____ Receiver's First Name: _____ Other Names: _____

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

☐ CORAL GROWTH FUND (CGF) ☐ CORAL INCOME FUND (CIF) ☐ FSDH Treasury Bills Fund ☐ FSDH Dollar Fund

Initial Investment: _____ Periodic Contribution: _____

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

How did you hear about us ☐ 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

Please do not make cash deposits (make only bank/internet transfers into the account details provided below)

CORAL INCOME FUND

Coral Income Fund account details

Bank: Stanbic IBTC Bank

Account number: 0001185730

Account name: FSDH Coral Income Fund/UBAT

FSDH TREASURY BILLS FUND

Bank: United Bank for Africa PLC

Account Name: UBA NOM- UTL Trustees/FSDH

Treasury Bills Funds

Account no: 1021964665

CORAL GROWTH FUND

Coral Growth Fund account details

Bank: Stanbic IBTC Bank

Account number: 9201848427

Account name: FSDH Coral Growth Fund/UCAT

FSDH DOLLAR FUND

Correspondent Bank: Citibank New York,

United States

Swift Code: CITIUS33

Routing No: 021000089

Account Number: 36320321

Beneficiary Bank: UNITED BANK FOR AFRICA PLC

Account name: UBA NOM- CUSTODIAN

TRUSTEES/FSDH DOLLAR FUND

Account no: 1023099943

Currency: USD

Branch: UBA HEAD OFFICE

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 DETAILS 2	ACCOUNT DETAILS 3
ACCOUNT NAME <input type="text"/>	ACCOUNT NAME <input type="text"/>	Affiliated Bank / Correspondence bank (overseas): <input type="text"/>
BANK NAME <input type="text"/>	BANK NAME <input type="text"/>	Swift Code: <input type="text"/>
BRANCH NAME <input type="text"/>	BRANCH NAME <input type="text"/>	Routing No: <input type="text"/>
ACCOUNT NUMBER <input type="text"/>	ACCOUNT NUMBER <input type="text"/>	Account No. <input type="text"/>

4 Application Checklist

This completed and signed Account Opening Form

A bank draft or evidence of payment (cash lodgments are not accepted)

1 passport photographs of the applicant

1 copy of the proof of identity of the applicant (International Passport/Drivers Licence/Voter's Card/NIIN Slip

1 copy of the proof of address of the applicant (utility bill issued within the last 90 days)

5 NOTE:

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 INCOME FUND (CIF) ☐ FSDH TREASURY BILLS FUND ☐ CORAL GROWTH FUND (CGF) ☐ FSDH DOLLAR FUND

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 above; I/We agree that if these units are redeemed with 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.

I/We have attached a bank draft to Treasury Bill 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 above; I/We agree that if these units are redeemed with 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.

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.

I/We have attached evidence of payment to Dollar 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 above; I/We agree that if these units are redeemed with 180 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.

Signature mandate
(for joint applicants only)
First Joint Applicant
Name & Signature: _____
Second Joint Applicant
Name & Signature: _____

Date: _____
Date: _____
Date: _____

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Processed		
<input type="text"/>		
Name of Processor	Signature of Processor	<input type="text"/>
<input type="text"/>		

KYC already verified?

☐ Yes

☐ No

Deferral

Deferred Document	Regularization Date

Agent

Signature

Relationship Manager (Signature & Date)

Date

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Compliance

Customer risk profile:

Geographical information:

Source of income/business type:

Associates/Position:

H

M

L

H

M

L

H

M

L

Account opening approved

Yes

No

PEP's Account approved

FEP

Yes

No

Not applicable

COMPLIANCE DEPARTMENT REMARKS:

Compliance Department Remarks:

Compliance Officer

Signature

Head, Compliance (stamp, name, signature & date)

Date