

PLEASE COMPLETE IN CAPITAL LETTERS

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

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#### 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:

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#### 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  
(for Joint Applicants only)

BVN:

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:

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#### 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: \_\_\_\_\_

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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?

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CORAL GROWTH FUND (CGF)

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CORAL INCOME FUND (CIF)

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FSDH Treasury Bills Fund

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

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

### CORAL GROWTH FUND

Coral Growth Fund account details

Bank: Stanbic IBTC Bank

Account number: 9201848427

Account name: FSDH Coral Growth Fund/UCAT

### FSDH TREASURY BILLS FUND

Bank: United Bank for Africa PLC

Account Name: UBA NOM- UTL Trustees/FSDH

Treasury Bills Funds

Account no: 1021964665

## 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	<input type="text"/>
BANK NAME	<input type="text"/>
BRANCH NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>

### ACCOUNT DETAILS 2

ACCOUNT NAME	<input type="text"/>
BANK NAME	<input type="text"/>
BRANCH NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>

## 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:

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)

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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.

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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.

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FSDH TREASURY BILLS FUND

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 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.

First Joint Applicant  
Name & Signature:

Date:

Second Joint Applicant  
Name & Signature:

Date:

To lodge a complaint, please visit [http://www.fsdhaml.com/footer/AML\\_Complaint-Management-Framework.aspx](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"/>