

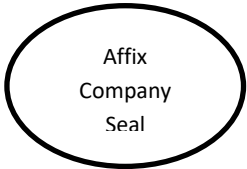


SUBSCRIPTION FORM

If you wish to purchase units of PACAM Balanced 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 blank

Executing this application form confirms my /our understanding and acceptance of the terms of PACAM Balanced Fund

PLEASE COMPLETE IN BLOCK LETTERS

Value of units applied for	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CORPORATE APPLICANTS									
COMPANY NAME									
RC No.					CONTACT PERSON				
EMAIL					TELEPHONE NUMBER				
POSTAL ADDRESS									
									
Authorised Signature					Authorised Signature				
Signature Mandate (Corporate clients only)									

INDIVIDUAL/FIRST JOINT APPLICANT									
Title	<input type="text"/>	MR	<input type="text"/>	MRS	<input type="text"/>	MISS	<input type="text"/>		
Surname				First name			Middle name		
Signature/thumbprint								Date of Birth	
Email					Telephone number				
Postal address									
Child's surname			First name			Middle name			Date of birth

SECOND JOINT APPLICANT (If Applicable)									
Title	<input type="text"/>	MR	<input type="text"/>	MRS	<input type="text"/>	MISS	<input type="text"/>		
Surname				First name			Middle name		
Signature/thumbprint						Date of birth			
Email					Telephone number				
Postal address									
Signature Mandate (joint applicants only)									

Next of Kin					Relationship				
Address of next of kin (if different from applicant)									
Investor's Mother's Maiden name									

Payment Mode	<input type="text"/>	<input type="text"/>
Age range	<input type="text"/>	<input type="text"/>
Income Distribution	Reinvest	Transfer



SUBSCRIPTION FORM

PAYMENT OPTIONS

- You can make cash or electronic payment for desired number units into the bank account provided below:

Account Name: FBN Trustees/PACAM Balanced Fund
Bank: UBA Plc
Account Number: 3002025846

DECLARATION BY SUBSCRIBER(S)

- I/We have attached evidence of payment to purchase units of PACAM Balanced Fund with my/our name, address and daytime telephone number written at the back OR I/We have evidence of payment ;
- 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 (including PACAM Balanced Fund) equivalent to 1% of the redemption proceeds
- I/We understand that equity prices fluctuate and losses in the value of my/our investment may occur and the past performance is not necessarily an indication of future performance.

APPLICATION CHECKLIST

- This completed and signed subscription form
- A bank draft or evidence of payment
- I/We have attached copies of the following
 - 1 Passport photograph of the subscriber/each signatory
 - 1 photocopy of government-issued ID card of the subscriber/each signatory (International Passport, Drivers' License)
 - 1 proof of address of the subscriber/each signatory
 - CAC certified copy of the Certificate of Incorporation (corporate applicants only)
 - Copy of CAC Form C07 (corporate applicants only)
 - Copy of CAC Form C02 (corporate applicants only)
 - Board Resolution (corporate applicants only)

NOTE

- ✓ Minimum initial investment amount is **₦ 50,000.00**
- ✓ Units of the fund will be purchased at the ruling offer price on the date value is received for the investor's payment

FOR FUND MANAGER'S USE ONLY

Amount	Offer Price
Relationship Officer	Number of Units Alloted

Date Processed	Processed by
Approved by	