# PACAM EQUITY FUND SUBSCRIPTION FORM

If you wish to purchase units of PACAM Equity 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 Equity Fund.

								PLEAS	E COMPL	ETE IN BLOCK LETTERS										
Value of units applied for											Date D D			м	M M Y Y Y				Υ	
CORPORATE APPLICANTS																				
COMPANY	NAME																			
RC No. CONTACT PERSON							NTACT PERSON													
EMAIL									TEL	EPHONE NUMBER										
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Authorized Signature					-	Authori	zed S	ignatı	ıre		Seal									
Signature Mandate (Corporate clients only)																				
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Child's surname First name					iie .					Triddle Hairle					Date of birth					
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Title					RS				ISS	1 2011										
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Postal addre	ess																			
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 Mo	ode																			_
Age range											-									_
Income Distribution						Reinvest	:				Transfer								4	

## PACAM EQUITY FUND SUBSCRIPTION FORM

## **PAYMENT OPTIONS**

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

Account Name: UBA NOM-CSL Trustees/PACAM Equity Fund

Bank: UBA Plc – Global Investor Services

Account Number: 1021941770

## **DECLARATION BY SUBSCRIBER(S)**

- I/We have attached evidence of payment to purchase units of PACAM Equity 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 90 days of the date of purchase, the fund manager shall deduct a handling charge of 10% of the positive total returns of the units being redeemed.
- 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

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