

PACAM EUROBOND FUND

SUBSCRIPTION FORM

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

PLEASE COMPLETE IN BLOCK LETTERS

Value of units applied for		Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">D</td> <td style="width: 25%;">D</td> <td style="width: 25%;">M</td> <td style="width: 25%;">M</td> <td style="width: 25%;">Y</td> <td style="width: 25%;">Y</td> <td style="width: 25%;">Y</td> <td style="width: 25%;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
CORPORATE APPLICANTS											
COMPANY NAME											
RC No.		CONTACT PERSON									
EMAIL		TELEPHONE NUMBER									
POSTAL ADDRESS											
		<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Affix Company Seal </div>									
Authorized Signature		Authorized Signature									
Signature Mandate (Corporate clients only)											

INDIVIDUAL/FIRST JOINT APPLICANT							
Title		MR		MRS		MISS	
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		MR		MRS		MISS	
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		
Age range		
Income Distribution	Reinvest	Transfer

PACAM EUROBOND FUND

SUBSCRIPTION FORM

PAYMENT OPTIONS

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

Account Name: UBA NOM-CSL Trustees/PACAM Eurobond Fund
Bank: UBA Plc – Global Investor Services
Account Number: 1021941866

DECLARATION BY SUBSCRIBER(S)

- I/We have attached evidence of payment to purchase units of PACAM Eurobond 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 180 days of the date of purchase, the fund manager shall deduct a handling charge equivalent to 10% of the positive total returns of the units being redeemed.
- I/We understand that bond 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 US\$1,000.00
- ✓ 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	