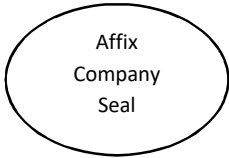


# PACAM FIXED INCOME FUND SUBSCRIPTION FORM

If you wish to purchase units of PACAM Fixed Income 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 Fixed Income Fund

PLEASE COMPLETE IN BLOCK LETTERS

<b>Value of units applied for</b>		<b>Date</b>	
<b>CORPORATE APPLICANTS</b>			
<b>COMPANY NAME</b>			
<b>RC No.</b>		<b>CONTACT PERSON</b>	
<b>EMAIL</b>		<b>TELEPHONE NUMBER</b>	
<b>POSTAL ADDRESS</b>			
			
<b>Authorized Signature</b>		<b>Authorized Signature</b>	
<b>Signature Mandate (Corporate clients only)</b>			

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

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

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

<b>Payment Mode</b>		
<b>Age range</b>		
<b>Income Distribution</b>	<b>Reinvest</b>	<b>Transfer</b>

# PACAM FIXED INCOME FUND

## SUBSCRIPTION FORM

### PAYMENT OPTIONS

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

**Account Name:** Mainstreet Bank Trustees/PACAM Fixed Income Fund  
**Bank:** UBA Plc – Global Investor Services  
**Account Number:** 101 953 5682

### DECLARATION BY SUBSCRIBER(S)

- I/We have attached evidence of payment to purchase units of PACAM Fixed Income 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 Fixed Income 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 ₦ 10,000.00
- ✓ 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

<b>Amount</b>	<b>Offer Price</b>
<b>Relationship Officer</b>	<b>Number of Units Alloted</b>

<b>Date Processed</b>	<b>Processed by</b>
<b>Approved by</b>	