FSDH DOLLAR FUND APPLICATION FORM

APPLICATION LIST OPENS
June 15, 2020

OFFER FOR SUBSCRIPTION FOR 2,000,000 UNITS

IN THE
FSDH DOLLAR FUND
(Authorised and registered in Nigeria)

PAYABLE IN FULL ON APPLICATION

APPLICATION LIST CLOSES
July 10, 2020

Fund Manager:

fsdh ASSET MANAGEMENT LTD

RC 434206

Applications must be made in accordance with the instructions set out on the reverse side of this Application Form. Care must be taken to follow these instructions as applications that do not comply will be rejected. If you are in doubt as to the action to take, please consult your Stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance immediately.

Issuing House:

fsdh MERCHANT BANK LTD

RC 1995228

MINIMUM SUBSCRIPTION SIZE	AMOUNT PAYABLE
Cash Subscription - 1000 units minimum and subsequently multiples of 500 units	At the offer price of $1 per Unit.

UNITS APPLIED

DATE

CONTROL NO: (FOR TRANSFER AGENT'S USE ONLY

DECLARATION

I/We agree to accept the same or any smaller number of units in respect of which allotment may be made upon the terms of the Prospectus dated {•}and subject to the Trust Deed constituting the Fund.

I/We authorise you to credit my/our bank account detailed below for any amount overpaid and to procure registration in my/our name as the holder(s) of such number of Units or such smaller number, as aforesaid.

APPLICANT'S DETAILS (INDIVIDUAL/CORPORATE/JOINT) (Please use one box for one alphabet leaving one box blank between words)

SURNAME/CORPORATE NAME

FIRST NAME (FOR INDIVIDUALS ONLY)

OTHER NAMES (FOR INDIVIDUALS ONLY)

JOINT APPLICANT'S FIRST NAME (IF APPLICABLE)

OTHER NAMES (FOR INDIVIDUALS ONLY)

SURNAME (IF APPLICANT IS A MINOR)

FIRST NAME (IF APPLICANT IS A MINOR)

OTHER NAMES (IF APPLICANT IS A MINOR)

DATE OF BIRTH (IF APPLICANT IS MINOR)

GENDER MALE FEMALE

ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)'NAME POST BOX NO. ALONE IS NOT SUFFICIENT)

TEL

CITY		STATE		E-MAIL	

CONTACT PERSON (FOR CORPORATE APPLICANT OR ADULT APPLYING ON BEHALF OF MINOR) / NEXT OF KIN (FOR INDIVIDUAL APPLICANT)

CONTACT ADDRESS OF NEXT OF KIN IN FULL (POST BOX NO. ALONE IS NOT SUFFICIENT)

TEL

CITY		STATE		E-MAIL	

CONTACT DETAILS – (To be filled by all applicants)

OFFICE TEL

RESIDENTIAL TEL

MOBILE

FAX

EMAIL ADDRESS

DISTRIBUTION OPTION

PLEASE TICK ☐ IN THE BOX TO INDICATE PREFERRED OPTION – PAY-OUT ☐ REINVESTMENT ☐

BANK ACCOUNT DETAILS FOR E-DISTRIBUTIONS (Please refer to instructions)

BANK ACCOUNT NO:

BANK NAME

ACCOUNT NAME:

BANK BRANCH

STATE:

SORT CODE:

BVN

INVESTMENT DETAILS (Please tick appropriate box)

NO. OF UNITS

(IN WORDS)

(Please include the number of Units you wish to Subscribe for. Please refer to Instruction)

PAYMENT DETAILS

DIRECT TRANSFER

AMOUNT IN FIGURES ($)

BANK NAME

ACCOUNT NUMBER

AUTHORISATIONS

SIGNATURE	2ND SIGNATURE (Corporate/Joint)	OFFICIAL SEAL and RC NO.
NAME OF AUTHORISED SIGNATORY (Corporate only)	NAME OF AUTHORISED SIGNATORY (Corporate/Joint)	OR *THUMB PRINT* (For illiterate only)
DESIGNATION (Corporate only)	DESIGNATION (Corporate/Joint)	

Please note that by signing this Application Form, the Investors also give the Important Declarations set out in the instructions section of the Application Form.
I/We hereby apply for the allotment / Purchase of Units of the Fund, as indicated in this form and confirm that I/we have read, understood and are bound by the terms and conditions of this Application Form, including the Important Declarations in the instructions to the Application Form, the contents of the Prospectus for the Offer, and am/are fully capable of assessing and bearing the risks involved in purchasing the Units, and agree to abide by the terms, conditions, rules and regulations of the Scheme.
I /We hereby authorise FSDH Asset Management Limited and its agents to disclose personal data / details of my investment to anyone as may be necessary or expedient for the purposes of administration of investments in the Units of the Fund.

FORM OF ATTESTATION (Compulsory requirement for a witness of a thumb print impression only)

I,_____(please insert full name of person attesting)_____of_____(insert address) hereby testify that the above *thumb print* was affixed in my presence this_____day of_____2020, and is the true right thumb print of (insert name of person executing)_____who has acknowledged to me after due explanation of the Application Form in the language understandable to him that (i) he/she has voluntarily executed this instrument and (ii) he/she understands the contents and effect thereof. As witness my hand this_____day of_____2020

Witness Signature:_____