

AIICO BALANCED FUND



Please Tick (x)

Individual: Corporation: Minor/Dependant:

SECTION ONE

PERSONAL APPLICATION DETAILS

Applicant's Title: Mr. / Mrs. / Ms. / Dr. / Chief Other (Specify) _____

Surname: Other Names:

Full Names of Minor: (Applicable where the investment is on behalf of a person below 18 years old)

Name of Corporate Client: Rc. Number:

Mother's Maiden Name: Date Of Birth: Nationality:

Residential Address: Postal Address: Phone Number(s):

Email Address: Occupation: Employment Status: Self-Employed/Employed/Retired/Student/Other

Next Of Kin: Next Of Kin's Email and Telephone Number(s):

Relationship with Next Of Kin:

Employer's Details (Address and Telephone Numbers):

SECTION TWO

BENEFICIARY DETAILS (INDIVIDUAL ONLY)

Surname: Other Names:

Address: (Please do not repeat applicant(s) Name and Address)

City: State: Tel: Email:

NOTE: If you wish to purchase Units of The Fund for a child under 18 years, please write the child's full name and date of birth under your full name in the space provided

Fund Name	Account Name	Bank Account Number
AIICO BALANCED FUND	UBA TRUSTEES / AIICO BALANCED FUND	1018820709

SECTION THREE

INVESTMENT DETAILS

Are you an existing unit holder? YES: NO:

You wish to invest the sum of:

Minimum of N50, 000.00, for NEW subscribers with subsequent multiples of N10, 000.00

SECTION FOUR

INCOME PAYMENTS

Cash paid into my bank account: Re-investment:

SECTION FIVE**PERSONAL BANK ACCOUNT DETAILS**

Bank Name:

Bank Branch & Address:

Account Name:

Bank Account Number: BVN: Bank Code:

SECTION SIX**DECLARATION BY APPLICANT(S)**

I / We Declare that:
 I / we am/are 18 years and over;
 I / we attach a bank draft made payable to AIIICO Balanced Fund, with my / our name, address and telephone numbers written at the back or that I / We have forwarded evidence of payment or evidence of in accordance with the bank details provided overleaf;
 I / We understand that as with all money market investment, the yields of investible securities including this fund may go up or down and that past performance is not necessarily an indication of future performance

I agree that :
 An Investment Statement in respect of my / our investment may be sent by post, at my risk, to the address given above

IF APPLICANT IS A CORPORATE BODY, PLEASE ENSURE TWO AUTHORISED SIGNATORIES SIGN STATE THEIR DESIGNATION AND APPLY COMPANY SEAL

Signature & Date:

Signature & Date:

SECTION SEVEN**IMPORTANT INFORMATION**

ALL payment into the fund is **STRICTLY** by Bank draft; Cheques or Bank transfers. No cash payment should be given or accepted by any sales agents. All payments should be made in favor of AIIICO Balanced Fund. Kindly note that transfer charges shall be deducted from redemption payment.

SECTION EIGHT**FOR FUND MANAGERS ONLY**

AMOUNT PAID: <input type="text"/>	OFFER PRICE: <input type="text"/>	NUMBERS OF UNIT ALLOTTED: <input type="text"/>
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Completed Subscription Form: 1 passport photograph for each applicant / minor:

Utility bill of applicant(s): Proof of identification for applicant / minor:

N.B.: Where the document cannot be sighted by an AIIICO Capital staff, a copy notarized by a Solicitor or Notary public is required. All information may be verified from independent source.

**This completed form should be sent with payment/evidence of remittance to:
 The Fund Manager of the AIIICO Balanced Fund**



2nd Floor,
 PC 12 Churchgate Street,
 Victoria Island Lagos.
 Telephone: +234-1-2792974
 Email: mail@aivicapital.com