

# AIICO EUROBOND FUND ACCOUNT OPENING FORM



Offer for subscription of **5,000,000** units of **USD \$1.00** EACH AT PAR Payable in full on Application.

Applications must be made in accordance with instructions set out on the back of this application. Care must be taken to follow these instructions that do not comply may be reject if you are in any doubt, please consult your stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance.

## DECLARATIONS

- I/We are 18 years of age.
- I/We authorise you to send an allotment letter and/or cheque for any amount overpaid by Registered post to the address given below and to procure registration in my/our name as the holder(s) of number of units or such smaller number, as aforesaid
- I/We attach the amount payable in full on application for the number of unit indicated in the AIICO Eurobond Fund at \$1.00 per unit.
- 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 and subject to the Trust Deed of Fund.
- I/We declare that I/We have read a copy of the Prospectus for the offer dated ( )/( ) 202( ) by AIICO Eurobond Fund.

<b>Guide to Application</b>	<b>Amount Payable</b>
<b>Number of Shares Applied For</b>	<b>\$100.00</b>
10 Minimum	

Date (dd/mm/yyyy):

 /  / 

Control Number (Registrar's use only)

Number of Units Applied For:

         

Value of Units Applied For/Amount Paid

                    

## PLEASE COMPLETE IN BLOCK LETTERS

### 1. INDIVIDUAL APPLICANT

\* Title: Mr. / Mrs. / Ms. / Dr. / Chief Other (Specify) \_\_\_\_\_

Surname/Company's Name:

Other Names:

Full Street Address/Postal Address:

City/Town:

State:

Land Phone Number:

Mobile (GSM) Phone Number:

Email Address:

Next Of Kin:

Next of Kin Mobile Number:

Clearing House Number (CHN No):

### 2. JOINT APPLICANT

\* Title: Mr. / Mrs. / Ms. / Dr. / Chief Other (Specify) \_\_\_\_\_

Surname:

Other Names:

### 3. BANK DETAILS (for E-Dividend)

Name Of Bank:

Account No:

Branch Code:

BVN:

4. DIVIDEND PAYMENTS:  Reinvested in the fund  Transfer to bank details provided

### Signature or Thumbprint:

Signature or Thumbprint:

Signature or Thumbprint:

Company Seal & Incorporation Number  
(Corporate Applicant)



## **AIICO CAPITAL LIMITED**

### **E-MAIL INDEMNITY FORM**

I/We, the undersigned \_\_\_\_\_ with Account Number \_\_\_\_\_ and E-mail Address \_\_\_\_\_ (es) \_\_\_\_\_ being a client of AIICO Capital Limited hereby authorise to effect any & all transactions relating to my account held with them on the basis of my electronic Mail (E-Mail).

I/We consent to indemnify AIICO Capital Limited against any losses whatsoever suffered by myself/ourselves or AIICO Capital Limited as a result of AIICO Capital Limited acting on the basis of the stated E-mail. I/We further consent that should I/We or AIICO Capital Limited suffer any loss as more fully enumerated above; I/we shall be liable for the full amount of such loss.

I/We hereby consent that the provided e-mail will be my/our preferred means of communication and that I/We will always notify AIICO Capital Limited of any change in the email as earlier provided through a dully executed letter based on my/our signature mandate.

Signed thus \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Authorised Signatory