APPLICATION FORM

Application List Opens
May 14, 2020

AVA GAM DOLLAR FUND

FUND MANAGER:

Application must be in accordance with the instructions set out on the back of the application. Care must be taken to follow these instructions as Applications that do not comply may be rejected.

DECLARATION

- I am/ we are 18years of age or over
- I/We attach the amount payable in full on application for the units below in **AVA GLOBAL ASSET MANAGEMENT LIMITED**
- I/We accept the same or smaller units in respect of which allotment may be made upon the terms of the **AVA GAM Dollar Fund** dated ..... and subject to the provision of the Memorandum and Articles of Association of the **AVA GLOBAL ASSET MANAGEMENT LIMITED**
- I/We authorized you to send a statement of unit-holding and/or cheque for any amount overpaid, by registered post at my/our risk to the address given below and to produce registration in my/our name as holder(s) of such number of units or smaller number as aforesaid
- I/We declare that I/We have read the **Offer Prospectus** dated..... issued by **AVA GLOBAL ASSET MANAGEMENT Limited** on the Dollar **Fund.**

GUIDE TO APPLICATION

Number of Units Applied For:	Amount Payable
Minimum of 10 UNITS Subsequent Multiples of 5 Units	.....

Number of Units Applied For

Value of Units Applied For / Amount Paid

FOR REGISTRARS' USE ONLY	
NO. Units Applied for	
No. Units Allotted	
Amount Paid	
Value of units allotted	
Amount to be returned	
CONTROL NO:	

DATE (DD/MM/YYYY)

PLEASE COMPLETE IN BLOCK LETTERS

1. INDIVIDUAL APPLICANT

Tittle: Mr. ☐ Mrs. ☐ Miss. ☐ Minor. ☐ Other. ☐

Surname

Other names (for individual / minor applicants only)

Date of Birth *(Minor Only)*

Postal / Residential Address

City

State

Postal Code

Land / Mobile Phone

E-mail address

Next of Kin

2. JOINT APPLICANT

Tittle: Mr. ☐ Mrs. ☐ Miss. ☐ others. ☐

Surname

Other Names *(For Parent/Guardian Only)*

3. INCOME DISTRIBUTION

Please tick ☑ in the box to indicate preferred option: CASH ☐ REINVESTMENT ☐

4. BANK DETAILS (FOR E-DIVIDEND)

Bank Name

Domiciliary Account Number

Sort Code/Swift Code

BVN

Signature or thumbprint:	Signature or thumbprint:
Africa Prudential RC 649007 220B, Ikorodu Road, Palmgrove, Lagos. Tel: +234 813 984 0850 - 4	Stamp of Receiving Agent

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Applications should be made only on the Application Form or photocopy, downloaded or scanned copy of the Application Form.

2. The Application List for the Units will be open to prospective investors for the duration specified in the Prospectus

3. Applications must be for a minimum of 10 Units at the first instance and multiples 5 Units thereafter. The number of Units for which applications are made and the amount of the applicable value should be entered in the boxes provided.

4. Payment must be made in Dollars.

5. All payment for applications should be transferred via RTGS into the Offer Proceeds Accounts indicated on Page 38 of this Prospectus.

6. Joint applicants must all sign the Application Form.

7. An application for a minor must include full names and date of birth of the minor, as well as the full names and addresses of the adult (Parent or guardian) making the application on his/her behalf.

8. An application from a group of individuals should be made in the names of those individuals with no mention of the name of the group. An application by a firm, which is not registered under the Companies and Allied Matters Act Cap C 20 LFN 2004, should be made either in the name of the proprietor or in the names of the individual partners. In neither case should the name of the firm be mentioned.

9. An application from a corporate body must bear the corporate body's common seal and be completed under the hand of a duly authorised official.

10. An application by an illiterate should bear his/her right thumbprint on the Application Form and be witnessed by an official of the Fund Manager or Receiving Agent at which the application is lodged, who must first have explained the meaning and effect of the Application Form to the illiterate in the illiterate's own language. Above the thumbprint of the illiterate, the witness must record in writing that he has given this explanation to the illiterate in a language understandable to him/her and that the illiterate appeared to have understood same before affixing his/her thumb impression.

11. The applicant should not print his/her signature. If he/she is unable to sign in the normal manner, he/she should be treated for the purpose of this Offer as an illiterate and his/her right thumbprint should be clearly impressed on the Application Form.