

CORAL GROWTH FUND PURCHASE ORDER FORM

Details of Investor

Date: ___ / ___ / ___

PLEASE COMPLETE IN CAPITAL LETTERS

1. CORPORATE APPLICANT

Company's Name:																
Full Contact Address (P. O>Box not accepted)																
City											State					
Daytime Telephone Number											Fax					
Incorporation Number						Email										
Nature of Business																
Registered Office Address (if different from above)																

Authorised Signatory Designation: _____	Authorised Signatory Designation: _____	Corporate Seal
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Contact Person (S) _____

Value of Cheque / Bank draft
Cheque details- Cheque number
Name of Bank

ARE YOU AN EXISTING UNITHOLDER YES NO

HOW DID YOU HEAR ABOUT THE CORAL GROWTH FUND

SMS
 RADIO
 INTERNET
 OTHERS (please specify)

INCOME PAYMENTS
 DIVIDENDS ARE AUTOMATICALLY RE-INVESTED IN THE FUND ON THE PAYMENT DATE AS DECLARED BY THE FUND MANAGER, IF YOU PREFER TO RECEIVE A CASH DIVIDEND, INDICATE BY TICKING THIS BOX BELOW

ISSUE CHEQUE IN COMPANY'S NAME

EVIDENCE OF INVESTMENT
 STATEMENTS WILL BE ISSUED AS AN EVIDENCE OF YOUR INVESTMENT. IF YOU PREFER TO RECEIVE A CERTIFICATE, INDICATE BY TICKING THIS BOX BELOW

CERTIFICATE

Declaration by Applicant(s)

- I/We have attached a bank draft to Coral Growth Fund with my/our name, address and daytime telephone number written at the back **OR** I/We have evidence of payment **OR** I/We have forwarded evidence of remittance of foreign currency in accordance with the bank details provided below;
- 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 equivalent to 2% of the redemption proceeds.
- I/We understand that equity (including mutual funds-Coral Growth Fund) prices fluctuate and losses in the value of my/our investment may occur and that past performance is not necessarily an indication of future performance

Application Checklist

- This completed and signed purchase order form
- A bank draft or evidence of payment **(cash lodgments are not accepted)**
- 2 passport photographs of the signatories
- 1 copy of a proof of identity of each of the signatories (International passport or drivers license)
- 1 copy of the proof of address of the signatories (utility bill)
- Board resolution and signature mandate
- The proof of address(utility bill) for the company
- 2 Passport Photographs, Utility Bill and a copy of valid identification card for at least 2 Directors of the Company
- Certificate of Incorporation
- CAC certified copy of MEMAT
- CAC certified copy of the Form CAC 2{Statement of Share Capital and Return Allotment of Shares} (or its equivalent)
- CAC certified copy of the Form CAC 7 {Particulars of Directors or any Change Therein}{or its equivalent}

NOTE:

- Minimum initial investment amount is **₦50,000.00**
- Units of the funds will be purchased at the ruling offer price on the date value is received for the investor's bank draft or cheque.
- Transfer details - Naira
 - Bank Name: Stanbic IBTC Bank Plc
 - Bank Branch: Plot 1712 Idejo Street Victoria Island, Lagos
 - Account Name: FSDH CORAL GROWTH FUND /UCAT
 - Account Number: 9201848427
- Transfer details – foreign currency
Foreign currency subscribers are advised to contact The Coral Help Desk, FSDH Asset Management Limited, for the applicable exchange rate on the day the remittance is being effected:
 - Telephone: +234(1) 2704884-5
 - E-mail: coralfunds@fsdhgroup.com

<p>GBP</p> <p>Correspondent Bank: Standard Bank London Limited 20 Gresham Street London</p> <p>Account Number: 100004755</p> <p>Swift Code: SBLLGB2L</p> <p>Intermediary Bank Barclays Bank plc (168 Fenchurch St)</p> <p>Account Number: 80145505</p> <p>Swift Code: BARCGB22</p> <p>Sort Code: 203253</p>	<p>USD</p> <p>Correspondent Bank: Deutsche Trust Bank Co. Americas 130, Liberty St. NY 10015, USA</p> <p>Account Number: 04433874</p> <p>Swift Code: BKTRUS33</p> <p>ABA: 021001033</p>
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***For Further Credit to: (Coral Growth Fund/name of investor)**

The transferring Bank should request that the Receiving Bank advise Stanbic IBTC Bank Plc of the payment by SWIFT and quote full details of the transfer i.e. full name and address of the transferor

***For transfers in other currencies apart from the information in the table above, kindly contact the fund manager**

FOR FUND MANAGER'S USE ONLY

Amount Paid	Offer Price	Number of Units Allotted

Date Processed _____

Processed By _____



UAC House (8th Floor) 1/5 Odunlami Street, P.M.B. 12913, Lagos, Nigeria. RC. 434206

Coral Help Desk: (01) 2704884-5.

Abuja Office: Orji Uzor Kalu House, 2nd Floor Central Business District, Abuja Tel: 09-8700465

Port Harcourt Office: 2nd Floor, Mainstreet Bank Building, 5 Trans Amadi Road, Port Harcourt Tel: 0802-408-1331