

GIFT

Complete this section only if you wish to purchase units of the **Coral Fund** as a gift for another person Date of Birth: _____
Receiver's Surname: _____ Receiver's First Name: _____ Other Names: _____

2 Which FSDH Fund(s) Do You Want To Invest In?

CORAL GROWTH FUND (CGF) CORAL INCOME FUND (CIF)

Initial Investment: _____ Periodic Contribution: _____

PAYMENT MODE Cheque Direct Debit Transfer Are you an existing investor? Yes No

How did you hear about the Coral Funds? Internet Radio Referrals Other

Dividend 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 the box to the right Cash Dividend

Statement will be issued as evidence of your investment. If you prefer to receive a certificate, indicate by ticking the box to the right Certificate

3 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 applicant
- 1 copy of the proof of identity of the applicant (International Passport or Drivers Licence)
- 1 copy of the proof of address of the applicant (utility bill issued within the last 90 days)

4 NOTE:

Minimum initial investment amount is **N50,000.00**
Units of the funds will be purchased at the ruling offer price on the date value is received for the investor's bank draft, cheque or transfer.

5 Declaration by Applicant(s)

<input type="checkbox"/> CORAL GROWTH FUND (CGF) 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.	<input type="checkbox"/> CORAL INCOME FUND (CIF) I/We have attached a bank draft to Coral Income 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 30 days of the date of initial purchase, the fund manager shall deduct a handling charge equivalent to 20% of the income earned on the investment I/We understand that past performance is not necessarily an indication of future performance.
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To lodge a complaint, please visit http://www.fsdhaml.com/footer/AML_Complaint-Management-Framework.aspx.

Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____

FOR FUND MANAGERS USE ONLY

Amount Paid	Offer Price	Number of Units Allocated
_____	_____	_____
Date Processed	_____	
Name of Processor	_____	Signature of Processor
