



ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)' NAME. POST BOX NO. ALONE IS NOT SUFFICIENT)																											
CITY							STATE							E-MAIL													
<b>CONTACT DETAILS – (to be filled by all applicants)</b>																											
OFFICE TEL.:														RESIDENCE TEL.:													
MOBILE:														FAX:													
EMAIL ADDRESS:																											

<b>KNOW – YOUR – CUSTOMER DOCUMENTATION</b> (All Investors should provide attested KYC documents. Please see instruction for requirements)																											
Please tick in the box to indicate that KYC documents are attached <input type="checkbox"/>																											
<b>OCCUPATION</b>																											
<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Public Sector/ Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (please specify) _____																											
Is any person associated with this account a current/former head of state, senior official in any government, senior executive of state-owned enterprise or senior politician in/outside of Nigeria; or an immediate family member or close advisor of such an individual; or is this account held by an organization controlled by such an individual? (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No																											

<b>BANK ACCOUNT DETAILS FOR E-DISTRIBUTIONS</b> (Please refer to instructions)																											
NUBAN Account No.: _____																											
Account Name: _____																											
Bank Name: _____														Bank Branch: _____													
State: _____														Sort Code: _____													
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others (please specify) _____																											

<b>INVESTMENT DETAILS: (PLEASE TICK APPROPRIATE BOX)</b>																											
<input type="checkbox"/> CASH SUBSCRIPTION														<input type="checkbox"/> IN- SPECIE SUBSCRIPTION (BASKET DELIVERY)													
No. of Units _____ (in words) _____																											
(Please include the number of Units you wish to Subscribe for/ Redeem. Please refer to Instruction)																											



**PAYMENT DETAILS:**Direct transfer  Cheque/Bank Draft 

Cheque No./ DD No.	Cheque./ Bank Draft Date	Bank Name	
Amount in figures (₹)		Bank Branch	
Amount in words			

**AUTHORISATIONS:**

<b>SIGNATURE</b>	<b>2<sup>ND</sup> SIGNATURE</b> (Corporate/Joint)	<b>OFFICIAL SEAL/RC. NO.</b>
		<b>OR *THUMBPRINT*</b> (For Illiterates only)
<b>NAME OF AUTHORISED SIGNATORY</b> (Corporate only)	<b>NAME OF AUTHORISED SIGNATORY</b> (Corporate/Joint)	
<b>DESIGNATION</b> (Corporate only)	<b>DESIGNATION</b> (Corporate only)	

Please note that by signing this Application Form, the Investors also give the Important Declarations set out in the instructions section of the Application Form.

I/We hereby apply for the allotment / Purchase of Units of the Scheme, as indicated in this form and confirm that I/we have read, understood and are bound by the terms and conditions of this Application Form, including the Important Declarations in the instructions to the Application Form, the contents of the Prospectus for the Offer, and am/are fully capable of assessing and bearing the risks involved in purchasing the Units, and agree to abide by the terms, conditions, rules and regulations of the Scheme.

I/We hereby authorise Vetiva Fund Managers Limited and its agents to disclose personal data / details of my investment to anyone as may be necessary or expedient for the purposes of administration of investments in the Units of the Scheme.

I/We hereby undertake to pay the required money/payment towards Subscription of the Units of the Scheme made through this Application Form within

**FORM OF ATTESTATION** (Compulsory requirement for a witness of a thumbprint impression only)

I, \_\_\_\_\_ [please insert full name of person attesting] of \_\_\_\_\_ [insert address] hereby testify that the above \*thumbprint\* was affixed in my presence this.....day of.....201...., and is the true right thumb print of [insert name of person executing] who has acknowledged to me after due explanation of the Application Form in the language understandable to him that (i) he/she has voluntarily executed this instrument and (ii) he/she understands the contents and effect thereof.

As witness my hand this.....day of..... 201....

Witness Signature:

