



The Vetiva Money Market Fund

UNIT HOLDER UPDATE FORM

DATE:

The Registrar

First Registrars & Investor Services Limited
Iganmu
Lagos.

The Fund Manager

Vetiva Fund Managers Limited
Plot 266b, Kofo Abayomi Street
Victoria Island, Lagos

VETIVA MONEY MARKET FUND – CHANGE OF DETAILS

Kindly amend my records with your goodselves with respect to my investment in the **Vetiva Money Market Fund**.

Unit Holder Name	<input type="text"/>
Account Number	<input type="text"/>

A. CHANGE OF PERSONAL DETAILS

New Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname	First Name	Middle Name

Please check reason for Change of Name	Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Others <input type="text"/>
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Please provide supporting documents as provided below.

B. CHANGE OF CONTACT DETAILS

New Residential Address	<input type="text"/>
	City: <input type="text"/>
	State/Country: <input type="text"/>
Mobile Number	Please Select: New <input type="checkbox"/> Additional <input type="checkbox"/>
Email Address	Please Select: New <input type="checkbox"/> Additional <input type="checkbox"/>

Please provide copy of utility bill (issued within the past 3 months) for new address

C. CHANGE OF NEXT OF KIN DETAILS

NEW NEXT OF KIN DETAILS			
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone Number:	<input type="text"/>		

D. CHANGE OF BANK ACCOUNT DETAILS

OLD BANK ACCOUNT DETAILS			
Bank Name:	<input type="text"/>	Bank Branch:	<input type="text"/>
Bank Account Name:	<input type="text"/>	Bank Account Number:	<input type="text"/>
NEW BANK ACCOUNT DETAILS			
Bank Name:	<input type="text"/>	Bank Branch:	<input type="text"/>
Bank Account Name:	<input type="text"/>	Bank Account Number:	<input type="text"/>

*Kindly note that the account name should correspond with Unitholder name and proceeds of all redemption requests and income distribution will be credited to the account details provided above.

E. CHANGE OF INCOME PAYMENT MANDATE

Kindly change my Dividend / Income Payment Mandate to:	
<input type="checkbox"/> Reinvest in the Vetiva Money Market Fund	<input type="checkbox"/> Pay to my bank account

Individual Applicant Signature	<input type="text"/>	Joint Applicant Signature	<input type="text"/>
Date of Signature	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>	Date of Signature	DD <input type="text"/> MM <input type="text"/> YY <input type="text"/>

Supporting documents required for Change of Name:

- Photocopy of marriage certificate – where applicable (original for sighting)
- Newspaper publication
- Original copy of Sworn affidavit to the change of Name
- Original Banker's confirmation of signature signed by two authorized bank signatories
- Proof of ownership of securities for endorsement
- Valid means of identification

VETIVA FUND MANAGERS LIMITED

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