GREENWICH PLUS



SUBSCRIPTION FORM

Please tick (x)	Individual Corpora	ite					
PERSONAL DETAILS OF APPLICANT(S)							
Full name (or J	Full name (or Joint Names where appropriate, as will be printed on Unit Certificate)						
Title	Name	Surname	Surname				
	to purchase Units of The Fund ne in the space provided below		te the child's full name and date of birth				
AND							
Full name of jo	int applicant (where ap	plicable)					
Title	Name	Surname					
OR							
Full name of ch	nild						
Title	Name	Surname	Date of Birth				
OR							
Name of corpo	rate applicant						
Name	Name RC Number						
Address (Street or Postal Address)							
Telephone Nun	phone Number(s) Email Address						

INVESTMENT DETAILS				
Are you an existing Unitholder?	Yes or No	Income Distribution:	Cash	Reinvestment
You wish to invest the sum of:				
N				
BANK ACCOUNT DETAILS (PIG	ease note that redemption proceed	s will be paid to this account o	nly)	
Bank name:				
Account name:				
Account number:				
BVN:				

DECLARATION BY APPLICANT(S)

I/We Declare that:

TNIVECTMENT DETAILS

- 1. I/we am/are 18 years and over;
- 2. I/we attach a bank draft made payable to "STL Trustees/Greenwich Plus A/C", with my/our name, address and telephone numbers written at the back or that I/we have forwarded evidence of payment or evidence of remittance of foreign currency in accordance with the bank details provided below;
- 3. I/we understand that as with all capital market investment, the yield of this Fund may go up or down and that past performance is not necessarily an indication of future performance

I agree that:

- 1. If Units of the fund are redeemed within relevant holding period from the day of purchase, the manager shall deduct a handling charge based on the net redemption value
- 2. Statements and reports on investment will be made available periodically by the fund manager or on demand

IF APPLICANT IS A CORPORATE BODY, PLEASE ENSURE TWO AUTHORSIED SIGNATORIES SIGN, STATE THEIR DESIGNATION AND APPLY COMPANY SEAL

Signature	Date	Designation	Signature	Date	Designation

IMPORTANT INFORMATION FOR NEW SUBSCRIBERS

- 1. The minimum investment is N10,000.00, with subsequent multiples of N5,000.00
- 2. Foreign currency subscribers are advised to contact the Fund Manager, Greenwich Asset Management Limited, for the applicable US dollar exchange rate on the day the remittance is being effected. Telephone: +234 1 631 094-2; +234 1 631 0929 Email: assetmanagement@gtlgroup.com

PAYMENT INFORMATION

Bank name: Stanbic IBTC Bank

Account name: STL TRUSTEES/GREENWICH PLUS A/C

• Account number: 0018928791

• Sort code: 221150522 **REQUIRED KYC DOCUMENTS**

- 1. Valid Identity Card (Data Page of International Passport; Driver's License etc.)
- 2. 2 recent Passport Photographs
- 3. Proof of address (Copy of utility Bill e.g. PHCN, LAWMA, Water bill etc.)
- 4. Duly completed Subscription Form

FOR FUND MANAGER'S USE ONLY

AMOUNT PAID	OFFER PRICE	NUMBER OF UNITS ALLOTED		