

APPLICATION FORM

Commencement Date
..... day of 2025



CFG AM NAIRA FIXED INCOME FUND
OFFER FOR SUBSCRIPTION OF
1,000,000 Units AT ₹1000 per Units
Payable in full on Application

INSTRUCTIONS FOR COMPLETING THE PARTICIPATION FORM

Applications must be made in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult your Stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance

FOR REGISTRARS' USE ONLY					
No. Units Applied for					
No. Units Allotted					
Amount Paid					
Value of units allotted					
Amount to be returned					
CONTROL NO.					

DATE: (DD/MM/YYYY)

--	--	--	--

DECLARATION

- ☐ I am/We are 18 years of age or older
- ☐ I/We attach the amount payable in full on application for the number of units in the CFG AM Naira Fixed Income Fund at ₦1,000 per unit.
- ☐ I/We agree to accept the same or any smaller number of units in respect of which allotment may be made upon the terms of the Prospectus of the CFG AM Naira Fixed Income Fund
- ☐ I/We hereby declare that I/We have read a copy of the Prospectus dated day of, issued by the Fund Manager

GUIDE TO APPLICATION

Number of shares applied for

10 Minimum

Subsequent multiples of 5

Amount Payable

2

Please tick in the box to indicate preferred dividend subscription option

Cash ☐Reinvestment ☐

Number of Units Applied for:

[illegible]

Value of Units Applied for/Amount Paid:

[illegible]

PLEASE COMPLETE IN BLOCK LETTER

Title: Mr. Mrs. Miss. Minor. Other.

1. INDIVIDUAL / CORPORATE APPLICANT

Surname/Company Name

[illegible]

Other Names (for Individual Applicants only)

[illegible]

Full Postal Address/Street Address

[illegible]

City/Town

[illegible]

State

--	--	--	--	--	--	--	--	--

Mobile (GSM) Telephone Number

[illegible]Date of Birth (*Minor Only*)

--	--	--	--	--	--	--	--

[illegible][illegible]

Surname

[illegible][illegible]

Bank Name

[illegible]

Account Number

[illegible]

Sort Code/Swift Code

[illegible]

BVN

[illegible]

Please tick in the box to indicate the preferred distribution option-

Cash ☐ Reinvestment ☐

Name of Bank/Branch / Account Number.....

Signature or Thumbprint

Signature or Thumbprint

Company Seal/Incorporation No:

--	--	--	--	--	--	--	--

I, (insert full name of person attesting) of..... (address) hereby testify that the
above

thumbprint was affixed in my presence this day of 2025, having acknowledged to me after due explanation of the Application form in the language understandable to him that (i) he has voluntarily executed this instrument and (ii) he understands the contents and effect thereof.

As witness my hand thisday of 2025.