RC No.347832



Opticom Finance Limited

Funds Investment Form COMPANY/BUSINESS

Please fill all relevant sections in **CAPITAL LETTERS**, sign and date the form.

Do not use correction fluid on any errors. If you need to correct a mistake, please cross-out and initial any changes.

1. BUSINESS INFORMATION		
COMPANY/BUSINESS	RC No.	TIN No.
TYPES OF ORGANIZATION (Pls tick) LIMITED COMPANY PARTNERSHIP S	OLE PROPRIETORSHIP	STATEOWNED ASSOCIATION
REGISTERED OFFICE ADDRESS		
TELEPHONE		
EMAIL ADDRESS		
2. NAME(S) AND ADDRESS(ES) OF SIGNATORIES		
NAME:	. NAME:	
ADDRESS:	ADDRESS:	
DATE:	DATE:	
SIGNATURE:	. SIGNATURE:	
3. BANK ACCOUNT DETAILS		
We hereby instruct Opticom Finance Limited to arrange for	r payments to be made direct	ly to our Bank, as detailed below
BANK NAME		
BANK BRANCH		
ADDRESS OF BANK BRANCH		
NAME OF ACCOUNT HOLDER(S)		
ACOUNT NUMBER		
BANK SORT CODE		

4. SIGNATURES			
SIGNATURE	SIGNATURE		
5. INVESTMENT DETAILS			
AMOUNT TO BE INVESTED			
DATE OF INVESTMENT			
TENOR			
ROLLOVER INSTRUCTION ON EXPIRATION (YES/NO)			
6. DECLARATION			
 We declare that: The information given is correct to the best of my knowledge and belief & we shall inform OPTICOM FINANCE LIMITED of any change. We have attached a bank draft/cheque/evidence of fund transfer in name of Fund ticket above to OPTICOMFINANCELIMITED with my name, address and day time telephone number written at the back. We understand that the value of the investment may go up or down and that past performance is not necessarily an indication of future performance. We agree: To comply with the minimum holding period of the investment, failing which we accept any loss, cost and charges that may arise as a result of our redemption. That a Fund Certificate/Statement in respect of this investment may be sent by email, at my risk, to the address given above. 			
7. APPLICATION CHECKLIST			
This completed and executed Application Form			
1 Passport photograph of each signatory			
1 Proof of identity of each signatory, e.g. Driver's License, International Passport, National ID Card			
1 Proof of address of each signatory (not more than 3 months old)			
Cheque/Bank draft or evidence of payment to OPTICOM FINANCE LIMITED			

IMPORTANT

It is advisable to consult your Financial Advisor, Accountant and/or Solicitor to ensure proper understanding of the investment you are contemplating.

Also note that a copy of this Form will be given to you as evidence of your investment

PLEASE SUBMIT THIS COMPLETED FORM TO OPTICOM OFFICE BELOW

Address: 10th Floor, UAC House, 1-5 Odunlami Street, Lagos Telephone: 0803 345 8230, 01-279 9160, 01-279 9161

Email: info@opticomfinance.com Website: www.opticomfinance.com