RC No.347832



Opticom Finance Limited

FUNDS INVESTMENT FORM INDIVIDUAL

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. PERSONAL INFORMATION		
SURNAME OTHER NAMES		
DATE OF BIRTH GENDER		
DATE OF BIRTH GENDER F M		
MARITAL STATUS SINGLE MARRIED SEPERATED WIDOWED		
RESIDENTIAL ADDRESS		
L.G.A STATE OF ORIGIN		
NATIONALITY		
MODIFICAL ADDRESS		
MOBILE NUMBER EMAIL ADDRESS		
IDENTIFICATION TYPE		
IDENTIFICATION TYPE INTERNATIONAL PASSPORT NATIONAL ID (NIN) DRIVERS LICENSE VOTERS ID		
ID NUMBER (SELECTED OPTION ABOVE) TAX IDENTIFICATION NUMBER (TIN)		
DANK VEDICATION AUTADED (DVA)		
BANK VERIFICATION NUMBER (BVN)		
2. NEXT OF KIN INFORMATION		
SURNAME OTHER NAMES		
RELATIONSHIP		
NATIONALITY		
GENDER		
F M		
HOME/POSTAL ADDRESS		
THOME TO STALE ADDRESS		
MOBILE NUMBER EMAIL ADDRESS		
BANK VERIFICATION NUMBER (BVN) NATIONAL ID/PASSPORT/DRIVER'S LICENSE NO		

3. BANK ACCOUNT DETAILS	
We hereby instruct Opticom Finance Limited to arrange for payme	nts to be made directly to our Bank, as detailed below
BANK NAME	
BANK BRANCH	
ADDRESS OF BANK BRANCH	
NAME(S) OF ACCOUNT HOLDER(S)	
ACOUNTNUMBER	
BANK SORT CODE	
4. INVESTMENT DETAILS	
AMOUNT TO BE INVESTED	
DATE OF INVESTMENT	
TENOR	
ROLLOVER INSTRUCTION ON EXPIRATION (YES/NO)	
5. DECLARATION	
I declare that:	
 The information given is correct to the best of my knowledge an 	d belief & I shall inform OPTICOM FINANCE LIMITED of any
change.I have attached a bank draft/cheque/evidence of fund transfer i	n name of Fund ticket above to OPTICOM FINANCE LIMITED
with my name, address and day time telephone number writt	
 I understand that the value of the investment may go up or dow 	
of future performance.	, ,
lagree:	
 To comply with the minimum holding period of the investment as a result of my redemption 	, failing which I accept any loss, cost and charges that may arise
as a result of my redemption.That a Fund Certificate/Statement in respect of this investm	ent may be cent by email at my rick to the address given
above.	ent may be sent by email, at my risk, to the address given
	CICALATURE OR THURADREAT
	SIGNATURE OR THUMBPRINT SIGNATURE OR THUMBPRINT
	DATE:

6. APPLICATION CHECKLIST
This completed and executed Application Form
1 Passport photograph of applicant
1 Proof of identity of each applicant, e.g. Driver's License, International Passport, National ID Card
1 Proof of address of applicant e.g. Utility Bill, Telephone Bill (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: 08033458230, 01-2799160, 01-2799161

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