

**Application List Opens:
August 28, 2017**



**Application List Closes:
October 5, 2017**



Issuing House:

RC 189502

NIGERIA ENTERTAINMENT FUND

(A BALANCED FUND)
(Authorised and Registered in Nigeria as a Unit Trust Scheme)
OFFER FOR SUBSCRIPTION
OF
10,000,000 Units @ ₦100 per Units
Payable on Application

Important Notice: Application must be made in accordance with the instructions set out on the back of this Application Form. If you are in doubt as to the action to take, please consult your financial adviser, stockbroker, solicitor, accountant, tax consultant, bank manager or any other professional adviser for guidance. Care must be taken to follow these instructions as applications that do not comply with the instructions will be rejected.

- I/We attach the amount payable in full on application for the Units indicated in Nigeria Entertainment Fund at ₦100.00 per Unit.
- I/We understand that we will receive our allotted Units in E-certificated form. Accordingly, we hereby authorize you to allot the said Units in E-certificate form.
- 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 dated July 13, 2017, and subject to the provisions of the Prospectus.
- Any amount overpaid or rejected, will be returned by issuing a cheque and sending via registered post to the address given below.
- I/We hereby declare that I/We have read a copy of the Prospectus dated July 13, 2017 issued by the Issuing House on behalf of the Fund Manager.

GUIDE TO APPLICATION Date Control No (Fund Managers Use)

Number of Units Applied For/Amount Payable		2	0	1	7
100 Minimum	₦10,000				
Subsequent multiples of 50	₦5,000				

Number of Units Applied for: Value of Units applied for/Amount Paid:

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1 APPLICANTS DETAILS **Title** **Mr.** **Mrs.** **Miss.** **Dr.**

Surname/Company Name

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Other Names(for Individual applicants only)

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Full Postal Address

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Phone Numbers 1 Phone Numbers 2

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Email Address

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Next of Kin

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Joint Applicant **Title** **Mr.** **Mrs.** **Miss.** **Dr.**

Surname

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Other Names

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INCOME DISTRIBUTION

Please tick in the box to indicate preferred distribution option-

	Cash		Reinvestment	
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3. Bank details:

Name of Bank Branch

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Account No (Please provide NUBIAN account number) Branch Sort Code

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Signature or Thumbprint Signature or Thumbprint

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Stamp of Receiving Agent

P001