

MONEY MARKET FUND SUBSCRIPTION FORM

CORPORATE APPLICATION DETAILS

Name of Institution: _____

Address: _____

Date of Incorporation: _____ RC Number: _____

Tax ID Number: _____ Email: _____

Industrial Sector: _____ Estimated Annual Turnover: _____

Name & Designation of 1st Signatory: _____

Name & Designation of 2nd Signatory: _____

BANK DETAILS

Account Name: _____ Account No. _____

Bank Name & Address: _____

BVN: _____ Investment Amount _____

ACCOUNT NAME	BANK	ACCOUNT NUMBER
Inverness Wealth Management Limited	First City Monument Bank (FCMB)	3216757020

DIVIDEND PAYMENT

Please confirm how you want the dividends from the investment treated by ticking below:

REINVESTED (*Dividends can only be re invested into the funds from which they were generated*)

PAID INTO MY BANK ACCOUNT (*we can only pay dividends into an account which bears your name*)

DECLARATION

- We are duly authorized to make investment on behalf of the company.
- All information provided on this form is accurate and we will inform Inverness Wealth Management Limited (the Fund Manager) of any change(s) in the information already provided.
- We hereby indemnify the Fund Manager for any loss that may be sustained in using the addresses or any information provided.
- We confirm that we have read the contents of this form and by signing it, do agree to be bound by them.

Specimen Signature of 1st Signatory & Date

Specimen Signature of 2nd Signatory & Date

FOR OFFICIAL PURPOSES ONLY

Amount Paid	Date	Offer Price	Unit Allotted

CONTACT US

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