

MONEY MARKET FUND SUBSCRIPTION FORM

PERSONAL APPLICATION DETAILS

Applicant's Title: Mr./Mrs./Ms./Dr./Chief/Other (Specify) _____

Full Name: _____
(Last Name) (First Name)

Address: _____

Phone No: _____ Email: _____

Date of Birth: _____ Nationality: _____

Occupation: _____ Next of Kin: _____

Next of Kin's Number: _____ Relationship to Kin: _____

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

- I am at least 18 years old
- All information provided on this form is accurate and I will inform Inverness Wealth Management Limited (the Fund Manager) of any change(s) in the information already provided.
- I hereby indemnify the Fund Manager for any loss that may be sustained in using the addresses or any information provided.
- I confirm that I have read the contents of this form and by signing it, do agree to be bound by them.

Applicant's Signature & Date

FOR OFFICIAL PURPOSES ONLY

AMOUNT PAID	DATE	OFFER PRICE	UNIT ALLOTTED

CONTACT US

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