

APPLICATION FORM

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Commencement Date:
17th February, 2020



ISSUING HOUSE:
ARM SECURITIES
RC125242

ARM Eurobond Fund

FUND MANAGER:
ARM INVESTMENT MANAGERS
RC 1198280

Initial Public Offer of
1,000,000 UNITS OF \$1EACH
PAYABLE IN FULL ON APPLICATION

Application must be in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as Applications that do not comply may be rejected.

DECLARATION

- I am/We are 18 years of age or over.
- I/We attach the amount payable in full on application for the number of units below in **ARM EUROBOND FUND** at **\$1 per unit**.
- I/we agree to accept the same or smaller number of units in respect of which allotment may be made upon the terms of the Prospectus and subject to the Trust Deed of **ARM INVESTMENT MANAGERS EUROBOND FUND**.
- I/We authorize you to send a Certificate and/or cheque for any amount overpaid by registered post at my/our risk to the address given below and to procure registration in my/our name as holder(s) of such number of units or such smaller number as aforesaid.
- I/We declare that I/We have read the Offer Prospectus dated 17 January 2020, issued by the issuing house on behalf of ARM Investment Managers.

GUIDE TO APPLICATION
Number of Units Applied for: Amount Payable:
Minimum 500 units: \$1000
Subsequent units of: 100 units

PLEASE COMPLETE ALL INBLOCK LETTERS

DATE (DD/MM/YYYY)

Number of Units Applied for

Value of Units Applied For / Amount Paid

FOR REGISTRAR'S USE ONLY	
No. Units Applied for :	<input type="text"/>
No. Units Allotted:	<input type="text"/>
Amount Paid:	<input type="text"/>
Value of Units Allotted:	<input type="text"/>
Amount to be returned:	<input type="text"/>
Cheque Number:	<input type="text"/>
CONTROL NO:	<input type="text"/>

1. INDIVIDUAL / CORPORATE APPLICANT

Surname/CompanyName: **Title:** Mr. Mrs. Miss Others:

Other Names (for Individual Applicant Only) **Gender** M F

Full Postal Address **City**

State **E-mail address**

Mobile number (GSM) **Date of Birth (DD/MM/YYYY)** **Occupation**

Clearing House Number (CHN): **Name of Stockbroker**

Distribution Options: Cash Reinvestment **Details of Next of Kin:**
Name **Mobile number (GSM)**

2. JOINT APPLICANT:

Surname **Other Names**

3. BANK DETAILS (FOR E-DIVIDEND):

Account Name

BankName **Branch**

Account Number **BVN**

Signature: <input type="text"/>	2nd Signature (Joint/Corporate Only) <input type="text"/>
Name of Authorized Signatory (Corporate Only): <input type="text"/>	Name of Authorized Signatory (Corporate Only): <input type="text"/>
Designation (Corporate Only): <input type="text"/>	Designation (Corporate Only): <input type="text"/>

Company Seal & Incorporation Number (Corporate Applicant)

Stamp of Receiving Agent



PROCEDURE FOR APPLICATION

ARM Eurobond Fund

1. Applications should be made only an original or photocopy of the Application Form.
2. All forms must be submitted with proper KYC documents (Passport Photograph, Valid means of Identity and Utility Bill).
3. Applications must be for a minimum of 1000 Units. Applications for more than 1000 Units must be in multiples of 100 Units. The number of Units for which an application is made, and the value of the Units should be entered in the boxes provided.
4. Payment in respect of the application must be transferred into the designated Offer Proceeds account domiciled with FSDH Merchant Bank Limited with the following details:

Account Name: STL Trustees/ARM Euro Bond Fund
Account Number: 1000085938
Bank: FSDH Merchant Bank Limited
5. Subscribers making payment in US Dollars from outside Nigeria should transfer to the account details above
6. The Application Form when completed should be lodged with; any branch of the Fund Manager, any subsidiary of Asset & Resource Management Holding Company Limited, any branch of FSDH Merchant Bank Limited, along with supporting evidence showing the transfer of funds into the Offer proceeds account.
7. The applicant should make only one application, whether in his own name or in the name of a nominee. Multiple or suspected multiple applications will be rejected.
8. Joint applicants must all sign the Application Form.
9. An application by a firm which is not registered under the Companies and Allied Matters Act Cap C20 LFN 2004 should be made either in the name of the proprietor or in the names of the individual partners. In neither case should the name of the firm be mentioned.
10. An application from a corporate body must bear the corporate body's common seal and be completed under the hand of a duly authorized official.
11. An application by an illiterate should bear his right thumbprint on the Application Form and be witnessed by an official of the Bank branch at which the application is lodged who must have first explained the meaning and effect of the Application Form to the illiterate in his own language. Above the thumb print of the illiterate, the witness must record in writing that he has given this explanation to the illiterate in a language understandable to him and that the illiterate appeared to have understood same before affixing his thumb impression.
12. An applicant should not print his signature. If he is unable to sign in the normal manner he should be treated for the purpose of this Offer as an illiterate and his right thumbprint should be clearly impressed on the Application Form.
13. RECEIVING AGENTS
 - Any branch of the Fund Manager; any subsidiary of Asset & Resource Management Holding Company Limited.
 - Any branch of FSDH Merchant Bank Limited