

APPLICATION FORM

FSL EUROBOND FUND

Public Offering of
5,000,000 UNITS
at \$1 EACH

PAYABLE IN FULL ON APPLICATION

FUND MANAGER:



RC: 1348155

Commencement Date
October 14th 2024

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 in the FSL 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 FSL EUROBOND FUND.
I/We authorize you to send via bank or e-transfer any amount overpaid 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 September 17th 2024, issued by FSL Asset Management Limited.

Table with 7 rows: FOR REGISTRARS' USE ONLY, No. units Applied for:, No. units Allotted:, Amount Paid:, Value of units allotted:, Amount to be returned:, Account Number:, CONTROL NO:

GUIDE TO APPLICATION
Number of units Applied For: Amount Payable:
Minimum 5,000 UNITS: \$5,000
Subsequent multiples of 1,000 Units: \$1,000

PLEASE COMPLETE ALL IN BLOCK LETTERS
DATE (DD/MM/YYYY)

DATE (DD/MM/YYYY) grid

Number of Units Applied For grid

Value of Units Applied For/ Amount Paid grid

1. INDIVIDUAL/CORPORATE APPLICANT

Surname /Company Name: 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

Bank Name Branch

Account Number BVN

Table with 2 columns: Signature, 2nd Signature (Joint/Corporate Only); Name of Authorised Signatory (Corporate Only); Designation (Corporate Only):

