

APPLICATION FORM

Commencement Date
October 14th 2024

FSL MONEY MARKET FUND
 Public Offering of
5,000,000,000 UNITS
at ₦1 EACH
 PAYABLE IN FULL ON APPLICATION

FUND MANAGER:



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 MONEY MARKET 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 MONEY MARKET 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 August 28th 2024, issued by FSL Asset Management Limited.

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)

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Number of Units Applied For

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Value of Units Applied For/ Amount Paid

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1. INDIVIDUAL/CORPORATE APPLICANT

Surname /Company Name: TITLE: Mr. Mrs Miss Others.....

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Other Names (For Individual Applicant Only) Gender M F

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Full Postal Address City

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State E-mail address

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

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Clearing House Number (CHN) Name of Stockbroker

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Distribution Options: Cash Reinvestment

Details of Next of Kin:

Name Mobile number (GSM)

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2. JOINT APPLICANT

Surname Other Names

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3. BANK DETAILS (FOR E-DIVIDEND):

Account Name

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Bank Name Branch

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Account Number BVN

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Signature	2 nd Signature (Joint/Corporate Only)
Name of Authorised Signatory (Corporate Only):	Name of Authorised Signatory (Corporate Only):
Designation (Corporate Only):	Designation (Corporate Only):

Stamp of Receiving Agent