

# APPLICATION FORM

Commencement Date  
**October 14, 2024**

## FSL MONEY MARKET FUND

Public Offering of  
**5,000,000,000 UNITS**  
at **₦1 EACH**

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 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 28, 2024, issued by FSL Asset Management Limited.

### FOR REGISTRARS' USE ONLY

No. of Units Applied for:	
No. of 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 (Individual Applicant only)

Gender (Pls tick)

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M

F

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

Name of Next of Kin

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<sup>nd</sup> 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