MUTUAL FUNDS SUBSCRIPTION FORM (CORPORATE)

MUTUAL FUNDS INVESTMENT OPTIONS

Mutual Funds		
AIICO Money Market Fund (AMMF)	NGN (₦)	☐
AIICO Balanced Fund (ABF)	NGN (₦)	☐
AIICO Eurobond Fund (AEF)	USD ($)	☐

Date:

Who introduced you?

Are you an existing investor? Yes ☐ No ☐

Do you want your interest re-invested? Yes ☐ No ☐

COMPANY DETAILS

Full Name of Company:

RC Number ☐☐☐☐☐☐☐☐☐☐☐☐ Date of Incorporation D D M M Y Y Y Y

Tax ID Number:

Company Type: Limited Liabillity ☐ Partnership ☐ Sole Proprietor ☐ Others:

Company Registered Address:

Phone Number ☐☐☐☐☐☐☐☐☐☐☐☐

Ultimate Beneficial Owner(s)

ANNUAL TURNOVER

Less than ₦50 Million ☐ ₦50M - ₦400M ☐ ₦400M - ₦900M ☐ Above ₦900M ☐

Nature of Business:

Purpose of Investment:

BANK ACCOUNT DETAILS

Account Name: Bank Name:

Account No: ☐☐☐☐☐☐☐☐☐☐☐☐

AUTHORIZED SIGNATORY PERSONAL INFORMATION 1

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement): (Surname)

(First Name) (Other Name)

Date of Birth: D D M M Y Y Y Y Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Seperated ☐ Gender: Male ☐ Female ☐

State of Origin: BVN: ☐☐☐☐☐☐☐☐☐☐☐

Office Phone Numbers: ☐☐☐☐☐☐☐☐☐☐☐

Mobile Phone Numbers: ☐☐☐☐☐☐☐☐☐☐☐

AIICO CAPITAL INVESTMENT MANAGERS LTD. AIICO Plaza, 2nd floor, Plot Pc12, Churchgate Street, Victoria Island, P. O. Box 2577, Lagos, Nigeria.
Website: www.aiicocapitalinvestmentmanager.com or Email us at mail@aiicocapital.com

MUTUAL FUNDS SUBSCRIPTION FORM (CORPORATE)

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type: | ID Number:

Issue Date: D D M M Y Y Y Y | Expiry Date: D D M M Y Y Y Y

Occupation: | Signatory Class: A ☐ B ☐

Are you a Politically Exposed Person? Yes ☐ No ☐ | NIN:

If "Yes" please provide details

Signature: | Date:

AUTHORIZED SIGNATORY PERSONAL INFORMATION 2

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement: (Surname)

(First Name) | (Other Name)

Date of Birth: D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Seperated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type | ID Number:

Issue Date: D D M M Y Y Y Y | Expiry Date: D D M M Y Y Y Y

Occupation: | Signatory Class: A ☐ B ☐

Are you a Politically Exposed Person? Yes ☐ No ☐ | NIN:

If "Yes" please provide details:

Signature: | Date:

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MUTUAL FUNDS SUBSCRIPTION FORM (CORPORATE)

AUTHORIZED SIGNATORY PERSONAL INFORMATION 3

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement): (Surname)

(First Name) | (Other Name)

Date of Birth D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Seperated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type: | ID Number:

Issue Date: D D M M Y Y Y Y | Expiry Date: D D M M Y Y Y Y

Occupation: | Signatory Class: A ☐ B ☐

Are you a Politically Exposed Person? Yes ☐ No ☐ | NIN:

If "Yes" please provide details:

Signature: | Date:

AUTHORIZED SIGNATORY PERSONAL INFORMATION 4

Title: Mr. ☐ Mrs. ☐ Others: ☐

Full Name (or Joint Name where applicable as written in the Statement: (Surname)

(First Name) | (Other Name)

Date of Birth D D M M Y Y Y Y | Nationality:

Marital Status: Single ☐ Married ☐ Divorced ☐ Seperated ☐ | Gender: Male ☐ Female ☐

State of Origin: | BVN

Office Phone Numbers:

Mobile Phone Numbers:

Contact Address:

Email Address:

Mother's Maiden Name(where applicable):

ID Type:

MUTUAL FUNDS SUBSCRIPTION FORM (CORPORATE)

Issue Date:	D D M M Y Y Y Y	Expiry Date:	D D M M Y Y Y Y
Occupation:		Signatory Class:	A ☐ B ☐
Are you a Politically Exposed Person?	Yes ☐ No ☐	NIN:	
If "Yes" please provide details:			
Signature:		Date:	

PAYMENT DETAILS

Investment Option	Minimum Initial Investment Amount	Minimum Additional Investment Amount	Minimum Holding Investment Period	Account Name	Bank Account Number
AIICO Money Market Fund (AMMF)	₦10,000	₦ 5,000	90 Days	UBA Trustees/ AIICO Money Market Fund	1018218102
AIICO Balanced Fund (ABF)	₦ 50,000	₦ 10,000	90 Days	UBA Trustees/ AIICO Balanced Fund	1018820709
AIICO Eurobond Fund (ABF)	$ 1,000	$ 500	180 Days	VETIVA Trustees/ AIICO Eurobond	RMB 1000162184

Units of the chosen fund(s) will be purchased at the prevailing offer price, on the day the completed subscription form, KYC and payment or evidence of payment are received. Note that all payments shall either be deposited or transferred into the Fund account provided above, before 12:00pm. Inflows received after 12:00pm will be given value at the next business day.

EMAIL INDEMNITY

I/We the undersigned _____ with Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

and Email Address _____ consent to indemnify AIICO Capital Investment

Managers Limited against any losses whatsoever suffered by myself/ourselves or AIICO Capital Investment Managers Limited as a result of AIICO Capital Investment Managers Limited acting on the basis of the stated email. I/We further consent that should I/We or AIICO Capital Investment Managers Limited suffer any loss as more fully enumerated above; I/We shall be liable for the full amount of such loss.

I/We hereby consent that the provided e-mail will be my/our preferred means of communication and that I/We will always notify AIICO Capital Investment Managers Limited of any change in the email as earlier provided through a duly executed letter based on my/our signature mandate.

Signed this _____ day of _____ 20 ☐

Authorized Signatory	Authorized Signatory

MUTUAL FUNDS SUBSCRIPTION FORM (CORPORATE)

TERMS AND CONDITIONS

The Terms and Conditions set forth below shall be binding on the Account holder(s):

The Client agrees that his/her instruction is subject to the Rules and Regulations of the Securities and Exchange Commission (SEC) and The Investment and Securities Act 2025 and all other relevant Rules and Regulations covering the operations of Capital Market Operators.

The Client agrees that all his/her transactions will be subject to all relevant Anti-Money Laundering Laws and Regulations.

The Client agrees that payments of proceeds of investments from his/her account shall be made ONLY to the Client.

The Client agrees to notify AIICO Capital Investment Managers Ltd immediately, of any change in the details provided to the Company or at the request of the Company, update his/her records.

I/We attest that all information provided herein is accurate and a true representation of my present status. I/We hereby state that the funds and

Signature/Date	Signature/Date

KYC CHECKLIST

- ☐ *Duly Completed Account Opening Form
- ☐ *Acceptable means of identification (Valid (current) driver's license/ International Passport/National ID. Voters card) bearing the identity of the accont hold
- ☐ *Two recent passport photographs
- ☐ *Proof of address e.g. copy of utility Bill not more than 3 months old showing residential address of account holder
- ☐ *Certified True Copy of the Memorandum and Article of Association
- ☐ *Certified True Copy of Certificate of Incorporation
- ☐ *Evidence of accepted Initial deposit for account opening (Cheque, Deposit slip, Screenshot of Electronic Fund Transfer
- ☐ *Board Resolution:
  - (a) Authorizing the opening of an Account with the AIICO Capital Limited
  - (b) The list of authorized signatories to the account and their respective signature specimen
- ☐ Form CAC2 (Statement of Share Capital and Return of Allotment of Shares).
- ☐ Form CAC 7 (Particulars of Directors).
- ☐ Status Report.

FOR OFFICIAL USE ONLY

Client's File Number:	
Introduced By:	
Product Code:	
Account Received By:	NAME: SIGNATURE: DATE:
Approved By:	
Compliance Officer:	
Risk Profile:	Low Risk ☐ Medium Risk ☐ High Risk ☐