

## ADDITIONAL SUBSCRIPTION FORM

	E-Account Number	Amount To Be Invested (In Figures)	Fund Account Name	Fund Account Number	Bank Name
<input type="checkbox"/> Anchoria Fixed Income Fund			UBA Nom - United Capital Trustees/Anchoria Fixed Income Fund	1022033148	UBA
<input type="checkbox"/> Anchoria Money Market Fund			UBA Nom - FBN Quest Trustees/Anchoria Money Market Fund	1022033131	UBA
<input type="checkbox"/> Anchoria Equity Fund			UBA Nom - United Capital Trustees/Anchoria Equity Fund	1022033155	UBA

**\*ACCOUNT NAME**

**\*BVN**

**\*MOBILE NUMBER**

**\*MODE OF PAYMENT**

CHEQUE/BANK DRAFT

FUND TRANSFER

**PAYMENT DATE**

DAY	MONTH	YEAR

### DECLARATION

-I/We have read, understand and confirm that as with all capital market investments, the prices of funds invested in quoted securities (i.e. Anchoria Equity Fund; Anchoria Money Market Fund; Anchoria Fixed Income Fund) may fluctuate and that past performances is not necessarily an indication of future performance.

-I/We agree to comply with the minimum tenor(s) of the investment as advised, failing which I accept any loss, cost and charges that may arise as a result of my redemption.

**\*SIGNATURE OF UNIT HOLDER**

SIGNATURE/DATE

SIGNATURE/DATE

\*All Fields with asterisks (\*) are mandatory

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Amount Paid	Offer Price	Units