

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

FOR OFFICIAL USE ONLY

Amount Paid	Offer Price	Units