

CAPITAL EXPRESS BALANCED FUND (UTMF) APPLICATION FORM

PRODUCT INFORMATION (KINDLY SELECT ALL THAT APPLIES)

<input type="checkbox"/> CAPITAL EXPRESS BALANCED FUND		(INDICATE THE AMOUNT YOU WISH TO INVEST)
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INDIVIDUAL/CORPORATE APPLICANT

DATE _____ / _____ / 20_____

Name (Surname/Company):		Middle Name:	Last Name:
D O B: _____ / _____ / _____	E-mail:	Phone:	
Current address:			
City:	State:	Occupation:	ID/RC Number:
Marital Status:	Sex:	Mother's Maiden Name:	
Name of Parent/Guardian(in case of a minor) or Witness (in case of uneducated applicant)			

NEXT OF KIN

Name:		
Address:		
City:	State:	
Phone:	Email:	Relationship:

SPONSOR (IN CASE OF APPLICANTS THAT ARE MINORS)

Name:		
Address :		
Phone:	E-mail:	Relationship:
City:	State:	ID Number:

JOINT APPLICANT INFORMATION

Name:		
Address :		
Phone:	E-mail:	Relationship:
City:	State:	ID Number:

BANK ACCOUNT DETAILS

Bank Name:	
Account Type:	
Account Number:	Branch:

DIVIDEND PAYMENT (THE FUND PROVIDES YOU THE OPTION TO REINVEST YOUR DIVIDEND)

<input type="checkbox"/> Re-invest Dividend	<input type="checkbox"/> Transfer Dividend to the account detailed above
Preferred Mode of Communication: Email <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Visit <input type="checkbox"/>	
Would You Like To Set Up A Direct Debit Mandate: Yes <input type="checkbox"/> No <input type="checkbox"/>	

OTHER NATIONALITIES/CITIZENSHIP (FOR THOSE WITH DUAL CITIZENSHIP OR A CITIZENS OF OTHER NATIONS OTHER THAN NIGERIA)

Nationality:	Residency Status: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Permit Number:
Permit Issue Date: _____ / _____ / _____	Permit Expiry Date: _____ / _____ / _____	Employment Status:
Employer's Name:	Social Security Number:	Tax Identification Number:

Do you hold a senior public office (in or outside Nigeria), or have a close business or personal connection to such a person? (A person who holds a senior public office includes persons who hold, or have held, political offices such as senior government officials, members of the judiciary, senior executives of government owned companies, members of royal families, etc.). If yes, please state the source of the assets or funds to be invested.

DECLARATION BY APPLICANT(S)

<p>I declare that:</p> <ul style="list-style-type: none"> I/We am/are 18 years old or above; I/We have attached a bank draft made payable or transferred to Union Trustees Mixed Fund ("UTMF") with my name, address and telephone number written at the back OR that I have forwarded evidence of payment in accordance with the bank details provided overleaf; All risks involved in this investment have been duly explained to me and I have been informed that depending on the prevailing market conditions, the value of this investment may fluctuate. I confirm that I understand the full implication of making this investment and I enter into it voluntarily on the basis that my decision to invest and continue with the investment is made without any liability or recourse whatsoever to CEAT, its affiliates, employees, officers and/or agents. <p>I agree that:</p>	<p>Attach passport</p>
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- If these Units are redeemed within 90 days of the date of purchase, the Fund Manager shall deduct processing fee of 1% of the value of the redemption
- A fund statement in respect to this investment will be sent by email at my risk, to the address given above.
- All the risks involved in this investment have been duly explained and are understood by me.

SIGNATURES

I/We authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:	Name/Designation:
Signature of applicant: <i>(only if for a joint membership):</i>	Date:	Name/Designation:
Signature of applicant: <i>(For Corporate multiple signatories):</i>	Date:	Name/Designation:
Signature of applicant: <i>(For Corporate multiple signatories):</i>	Date:	Name/Designation:

FOR OFFICIAL USE ONLY

Amount Paid	Bid Price	Offer Price	Number of Units Allocated

CAPITAL EXPRESS BALANCED FUND (UTMF) GENERAL INFORMATION

Payment for units purchased, in the form of a bank draft, transfer or Cheque, should be issued in favor of the Fund and paid at any of CEAT Offices, or the below Bank branches. Cash payments are only acceptable if made directly into the under listed Union Trustees Mixed Fund Account. Where this is done, a copy of the deposit slip should be provided.

Bank: United Bank of Africa	Union Trustees Mixed Fund	Acct Number: 101 403 6720
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APPLICATION CHECKLIST

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|---|--------------------------|
| Completed and signed Purchase Order form | <input type="checkbox"/> |
| 1 passport photograph of applicant/signatories | <input type="checkbox"/> |
| 1 proof of identity of the applicant/signatories e.g. driver's License, International Passport, etc | <input type="checkbox"/> |
| 1 proof of address of applicant e.g. Utility Bill (not more than 3 months old) | <input type="checkbox"/> |
| Bank draft or evidence of payment | <input type="checkbox"/> |

All investors are expected to provide means of identification.

Applicants needing further clarification on any issues should please contact our Customer service on 0818 561 6810 or visit CEAT Office below:

CAPITAL EXPRESS ASSET & TRUST LIMITED:-

Plot 1626 C-E Idejo Street, Off Adeola Odeku, Victoria Island, Lagos.

Tel: 01-454 0089, 0818 561 6810

E-mail: info@capitalexpressassetandtrust.com

	ASSET ALLOCATION	INITIAL INVESTMENT	SUBSEQUENT INVESTMENTS
Capital Express Balanced Fund (Formerly: Union Trustees Mixed Fund)	- Max 60% Equity Securities - Max 60% Money Market - Max 60% Fixed Income Securities	N50,000.00	N10,000.00

Please note: Past performance is not a guide to the future price of investments and the income from them may fluctuate