САР	PITAL EX	PRESS BAL	ANCED FL	JND (UTMF	) APPLIC	CATION FORM			
PRODUCT INFORMATION (KINDLY SEI	LECT ALL	THAT APPLIES	)						
CAPITAL EXPRESS BALANCED FUND			BVN:				(INDICATE THE	AMOUNT YOU WISH TO INVEST)	
INDIVIDUAL/CORPORATE APPLICANT		DATE_	/_	/ 20	0	_			
Name (Surname/Company):			Middle Na	me:		Last Name:			
D O B: / E-mail			nail: P			none:			
Current address:	·				·				
City:	State:	State:			Occupation:			ID/RC Number:	
Marital Status:	Sex:			Mother's Maiden Name:					
Name of Parent/Guardian(in case of a mino	r) or Witne	ss (in case of un	educated ap	oplicant)					
			NEXT (	OF KIN					
Name:									
Address:									
City: State:									
Phone: Em		Email:	Email:			Relationship:			
		ВА	NK ACCOU	INT DETAILS					
Bank Name:				Bank Name:					
Account Type:				Account Type:					
Account Number: Branch:				Account Number: Branch:					
DIVIDEND PA	YMENT (1	THE FUND PRO	VIDES YO	U THE OPTIO	N TO REIN	VEST YOUR DIV	IDEND)		
Re-invest Dividend				Transfer	Dividend to	the account detail	led above		
Preferred Mode of Communication: Ema	ail 🔲 1	Γelephone [		Letter 🗀	Vi	sit 🗆			
Would You Like To Set Up A Direct Debit Ma	andate: Ye	es 🗀 No							
		DECLA	RATION B	Y APPLICANT	(S)				
<ul> <li>I declare that:</li> <li>I/We am/are 18 years old or above;</li> <li>I/We have attached a bank draft made payable or transferred to Union Trustees Mixed Fund ("UTMF") with my name, at the back OR that I have forwarded evidence of payment in accordance with the bank details provided overleaf;</li> <li>All risks involved in this investment have been duly explained to me and I have been informed that depending on the puthis investment may fluctuate. I confirm that I understand the full implication of making this investment and I enter into decision to invest and continue with the investment is made without any liability or recourse whatsoever to CEAT, its af agents.</li> </ul>				ddress and telephone number written evailing market conditions, the value of it voluntarily on the basis that my			Attach pass <sub>l</sub>	oort	
<ul> <li>I agree that:</li> <li>If these Units are redeemed within 90 days of the date of purchase, the Fund Manager may deduct processing fee of 19.</li> <li>A fund statement in respect to this investment will be sent by email at my risk, to the address given above.</li> <li>All the risks involved in this investment have been duly explained and are understood by me.</li> </ul>				o of the value of the redemption					
			SIGNA	TURES					
I/We authorize the verification of the information provi	ided on this fo	orm as to my credit a	and employmer	nt. I have received	a copy of this	application.			
Signature of applicant:		Date:	Date:		Name/Designation:				
Signature of applicant: (For Corporate multiple signatories):		Date:			Name/Design	ation:			
		FO	R OFFICIA	L USE ONLY					
Amount Paid		Bid I	Bid Price		Offer Pric	е	Number of Units Allocated		
CA	PITAL E	XPRESS BAL	ANCED F	UND GENE	RAL INF	ORMATION			
Payment for units purchased, in the form of Bank branches. Cash payments are only according							any of CEAT	Offices, or the below	
Bank: United Bank of Africa			Union Trustees Mixed F				Acct Number: 101 403 6720		
		A	ASSET ALI		LOCATION IN		NVESTMENT SUBSEQUENT INVESTMENTS		
Union Trustees Mixed Fund		- Max ( - Max (	60% Money 60% Fixed I	ncome Instrum	N50,000.00		)	N10,000.00	
Please note: Past performance is not a guide to the future	ure price of in	vestments and the in	ncome from the	em may fluctuate					