

Meristem Mutual Fund: Application Form for Corporate Entities.

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Product Details

Please tick as appropriate the fund you wish to invest in

MERISTEM MONEY MARKET FUND MERISTEM EQUITY MARKET FUND EXISTING CLIENT YES NO

AMOUNT (that you want to invest) _____ in words _____

*Company Information

*Company/Business Name: _____

*Certificate of Incorporation Registration No.: _____

*Business Type/Nature _____ *Sector/Industry _____

*Corporate / Operating Address _____

Contact numbers: *Telephone 1 _____ *Telephone 2: _____

Preferred mode of communication: Email Telephone Letter Visit

Tax Identification Number (TIN) _____ BVN _____

*Average Annual Turnover: Less than 50M 50M – Less than 500M 500M – Less than 5B Above 5B

* Special Control Unit Against Money Laundering (Scuml) Reg. No _____

*Bank Account Information

*Account Name _____ *Account Number _____

*Bank Name _____ BVN _____

*INTEREST/DIVIDEND RE-INVESTMENT: Yes No

N.B: Dividends/Redemption payments will only be made to the bank account details stated above.

***Details of Account Signatory**

1.

Title: Mr. Mrs. Miss Dr. Prof. Others _____

(Please mark the applicable option with an X except for others)

*Surname: _____ * Other Names _____

* Date of birth: _____/_____/_____ (dd/mm/yy)

* Nationality: Nigerian Others _____

Marital status: Single Married Widowed

Postal address: _____

*Residential address _____

*Applicant's Email address _____

Contact numbers: Telephone _____ *Mobile Phone: _____

National ID Card National Driver's License International Passport INEC Voters Card

*ID Card Number _____ *ID Card Issue Date _____ *ID Expiry Date _____

Tax Identification Number (TIN) _____ BVN _____

Employed Self Employed Unemployed Retired Student Other (Specify) _____

Date of Employment _____ *Employer's Name _____

*Employer's/Employment Address _____ *Nature of Business/Occupation _____

2.

Title: Mr. Mrs. Miss Dr. Prof. Others _____

(Please mark the applicable option with an X except for others)

*Surname: _____ * Other Names _____

* Date of birth: _____/_____/_____ (dd/mm/yy)

* Nationality: Nigerian Others _____

Marital status: Single Married Widowed

Postal address: _____

*Residential address _____

*Applicant's Email address _____

Contact numbers: Telephone _____ *Mobile Phone: _____

National ID Card National Driver's License International Passport INEC Voters Card

*ID Card Number _____ *ID Card Issue Date _____ *ID Expiry Date _____

Tax Identification Number (TIN) _____ BVN _____

Employed Self Employed Unemployed Retired Student Other (Specify) _____

Date of Employment _____ *Employer's Name _____

*Employer's/Employment Address _____ *Nature of Business/Occupation _____

3.

Title: Mr. Mrs. Miss Dr. Prof. Others _____

(Please mark the applicable option with an X except for others)

*Surname: _____ * Other Names _____

* Date of birth: ____/____/____ (dd/mm/yy)

* Nationality: Nigerian Others _____

Marital status: Single Married Widowed

Postal address: _____

*Residential address _____

*Applicant's Email address _____

Contact numbers: Telephone _____ *Mobile Phone: _____

National ID Card National Driver's License International Passport INEC Voters Card

*ID Card Number _____ *ID Card Issue Date _____ *ID Expiry Date _____

Tax Identification Number (TIN) _____ BVN _____

Employed Self Employed Unemployed Retired Student Other (Specify) _____

Date of Employment _____ *Employer's Name _____

*Employer's/Employment Address _____ *Nature of Business/Occupation _____

***Details of Next of Kin (Sole-Proprietor)**

*Surname _____ *Other Names _____

*Relationship _____ Email address _____ *Telephone _____

*Contact details/address _____

***Declaration By Applicants**

- I/We have attached a cheque, bank draft, or evidence of fund transfer/payment made payable in the name of my chosen fund to Meristem.
- I/We understand that as with all stock market investment, the prices of Mutual Funds (Meristem Equity Market Fund) invested in quoted securities may go down or up. I understand that past performance is not an indication of future performance.
- I/We agree to comply with the minimum investment period specified for any of the Mutual Funds, failing which I accept any losses, charges or costs that may arise at the point of redemption of my investment.
- I/We agree that my e-statement can be sent at my risk to the correspondence address/email address I have provided.
- I/We hereby authorize the Fund Manager to honour redemption requests and instructions sent by electronic mail in respect of my investment holdings in the Fund
- I/We declare that the above information is true

***Indemnity For Redemption Requests/Instructions Sent By Meristem Mutual Fund Clients Through Electronic Mail**

I/We hereby authorize the Fund Manager to honour redemption requests and instructions sent by electronic mail in respect of my investment holdings in the Fund and in this regard confirm the email address captured as designated one for this purpose.

In consideration of the Fund Manager honouring my requests and instructions sent by electronic mail, I hereby undertake to indemnify the Fund Manager against any loss, liabilities, damages, claims, proceedings, cost or expenses of whatever nature that may be incurred by the Fund Manager as a result of any issue arising from the honouring of my redemption requests and instructions sent by electronic mail from my designated email address stated above.

AUTHORISED SIGNATORY	DATE	AUTHORISED SIGNATORY

***Application Checklist**

- Two Passport Photographs of the Applicant or authorized signatory. ()
- Driver's license /international passport/National I.D of the Applicant. ()
- Utility bill (not older than 3 months from date of transaction) ()
- Special Control Unit on Money Laundering (SCUML) Certificate as applicable to applicant. ()
- Visitation form completed by account office ()
- Duly completed and signed account update form (all relevant fields must be completed) ()
- Duly completed and signed specimen signature card(s), where required ()
- Board or Partnership Resolution / Mandate letter / Approval letter (for Public Sector Organisations) ()
- Two (2) clear passport-size photographs of each signatory, with names written on the reverse side ()
- The Sighted, Notarised or Certified copy of the Certificate of Registration ()
- The Sighted, Notarised or Certified copy of the Memorandum & Articles of Association ()
- (MEMART) or its equivalent, Partnership Deed, the club, society, association or charity's constitution or its equivalent ()
- The copy of the enabling Act/Decree (where applicable) ()
- The Sighted, Notarised or Certified copy of the regulatory or supervisory license to operate, if any ()
- The Sighted, Notarised or Certified copy of the Particulars of Shareholders or its equivalent ()
- The Sighted, Notarised or Certified copy of the Particulars of Directors or its equivalent ()

NB: Kindly note that the asterisked fields are mandatory and are to be accurately completed where applicable.

NOTE:

Kindly be advised that SEC regulations require that we return remitted funds back to FOR FUND MANAGERS ONLY the originating account if account opening documentation is not completed within Offer Price Units Allocated two weeks of receipt of funds by Meristem.

FOR FUND MANAGERS ONLY	
Offer Price	Units Allocated