

BGL CORSICA FUND APPLICATION FORM

The application form should be completed and sent to BGL Asset Management Limited, Plot 1061, Abagbon Close, off Ologun Agbaje Street, Victoria Island, Lagos.

The procedure for application is set in the Information Memorandum

To: The Managers of The BGL Corsica Fund.

I/we offer irrevocably to subscribe the amount stated below for units of the **BGL Corsica Fund** on the terms of the document attached to this application and subject to the terms of the Memorandum of the Fund and Nigerian Laws.

Investment details

Investment Amount: Naira

(Minimum initial investment is not less than ₦500,000.00)

Method of Payment

("Delete as appropriate),

*I/we enclose a cheque/draft (cheques/drafts should be made payable to The **BGL Corsica Fund**) for the sum of being payment forunits of the **BGL Corsica Fund**

Or

*I/we understand that the completion of this application form accompanied by a cheque or bank draft or confirmation that monies have been paid and cleared into the **BGL Corsica Fund** account constitutes a warranty that the cheque or bank draft will be honoured on first presentation and constitutes and acceptance of the other terms and conditions of application set out in the Information Memorandum and application form.

I/we consent to the processing of personal data given in relation to this application and acknowledge and accept the Fund Manager may in order to fulfil its duties to the Fund and comply with regulatory requirements retain such personal data for prescribed periods after redemption of units subscribed for.

SECTION I – Subscribers

Existing Client: Yes No

Ia) Individuals / Joint Applicants

Title: Mr/Mrs/Miss/Ms/Other. Surname _____

Forename(s): _____

Marital Status (Please tick where appropriate): Single Married Divorced Other

Date of birth: ____ / ____ / ____ Sex: Male Female

Country of birth: _____ Nationality: _____

Residential Address: _____

Postal Address _____

Telephone Number(s) _____

E-mail Address _____

Signed

Ib) 2nd Subscriber

Existing Client: Yes No If yes, provide Account Number _____

Ia) Individuals / Joint Applicants

Title: Mr/Mrs/Miss/Ms/Other. Surname _____

Forename(s): _____

Marital Status (Please tick where appropriate): Single Married Divorced Other

Date of birth: ____ / ____ / ____ Sex: Male Female

Country of birth: _____ Nationality: _____

Residential Address: _____

Postal Address _____

Telephone Number(s) _____

E-mail Address _____

Signed

Joint Applicants - If you wish the Fund Manager to act upon instructions placed by any one subscriber on behalf of all joint subscribers please tick the box

N.B. If you select this option you must be aware of the following applicable Terms and Conditions:

- (a) We authorize the Fund Manager to act upon the instructions given in writing (and, if we have so elected by E-mail) with regard to the units signed or purportedly signed by **any one of the subscribers above**, without any liability in respect of any transfer, payment or other act made or done or omitted to be done in accordance with such instructions and notwithstanding that it shall be shown the same was not signed or sent by the relevant person with the express authority of all joint subscribers.
- (b) We confirm that these authorizations shall apply to further units of the Fund purchased, transferred or otherwise held jointly in all of the names of the signatories above.
- (c) We agree that this authorization shall remain in force until notice in writing of its termination or replacement is received by the Fund Manager and any such notice shall be without prejudice to the completion of transactions already initiated by the Fund Manager pursuant to the above terms.

I(c) Trust/ Corporate/ Pension Scheme Applicants

Trust/Corporate/Pension Scheme Name: _____

Registration number: _____ Country of Incorporation: _____

Physical Address: _____

Registered Address: _____

Contact details of Trust/ Corporate/ Pension Scheme Name:

Title: Mr/Mrs/Miss/Ms/Other. Surname _____

Forename(s) _____

Telephone Number(s) _____ Fax Number(s) _____

E-mail Address _____

Signed

(Please provide an up to date authorized signatory list).

*I/ we understand, acknowledge and agree that the provision of a partnership agreement and/or a trust deed or any other relevant agreements in connection with this application does not constitute a fiduciary duty on the part of the fund.

Instructions for completing the application form

1. Applications should be made only on the accompanying Application form, photostat or scanned copies of the application form.
2. Application must be a minimum of 5 units of ₺100,000 each.
3. The Application form when completed should be submitted to BGL Asset Management Limited. Application must be accompanied by cheque or bank draft made payable to BGL Corsica Fund.
4. Applicants must be at least 18 years or older
5. Joint applicants must all sign the Application Form.
6. An application from a corporate body must bear the corporate body's seal and be completed under the hand of a duly authorised official.