BUCKSWAY'S – APPLICATION FORM

SECTION 1 – GENERAL INFORMATION							
Date D D Y Y Y Account Mana	Control No. (Internal)						
	SWAY'S CUSTOMER Buckswa						
	ick the box to select any other Person ay's product or service that you have) Others	Bucksway's security PORTFOLIO CODE					
	3 • [• • • • • • • • • • • • • • • • •						
SECTION 2 – PRODUCT INFORMA Bucksway's Partnershp Investment Mini	Bucksway;s Partnershp Investment M						
amount you want to collect	edidiii						
Bucksway's Partnershp Investment Large	Bucksway's Partnershp Investment C	Classic					
amount you want to collect amount you want to collect							
SECTION 3 – CUSTOMER INFOR	MATION						
FULL NAME							
Title	Surname						
First Name	Other Names						
IF APPLICANT IS A MINOR, PLEASE V	VRITE NAME OF SPONSOR BE	LOW					
Title	Surname						
First Name	Oth on Names						
First Name	Other Names						
RESIDENTAL ADDRESS:							
		DATE 0F					
State	Country	BIRTH: dd mm yyyy					
Nationality	Occupation	Mother's Maiden Name					
	i						
Mobile Phone Number	Email Address	Type of ID ID Number					
Next of Kin		Relationship With Next of Kin					
Next of Kin's Phone Number	Next of Kin's Address	Next of Kin's Email Address					
Preferred mode of communication Email	Telephone	Letter					
FOR JOINT	Others Manage						
APPLICANTS Surname	Other Names						
CUSTOMER BANK ACCOUNT INFROMATION: Account Name		Account Number					
		Dividends / Redemption payments will only be made to the bank account details stated above.					
Bank Name	BVN Number						
NATIONALITY ■ Nigeria ■	If not Nigeria please state Nationality						
NATIONALITY Nigeria If you have residence in a jurisdiction other than Nigeria, please state							

BUCKSWAY'S FUNDS - APPLICATION FORM

SECTION 4 – DECL	ARATION BY APPLI	CANTS				
I am at least 18 years old						
I have attached a cheque, bank draft, or evidence of fund transfer/ payment made payable in the name of my chosen fund BUCKSWAY'S with my name captured overleaf						
SECTION 5 INDEMN	NITY FOR REDEMPTION	N DEOLIESTS/INSTDIA	CTION SENT DV DIIC	VZCWAVIC CI IENTE		
	UGH ELECTRONIC N		CHON SENT BY BUC	RSWAI S CLIENIS		
I am an investor in the Bucksv	vav's					
I hereby authorize the Bucksway	's to honour redemption request and		in respect of my investment in the C	company and in this regard confirm		
(email address of client) as my d	esignated email address for this purp	ose.				
In consideration of the Bucksway	's honouring my request and instructi (penses of whatever nature that may b	on sent by electronic mail, I hereby	undertake to indemnify the Company	y against any loss, liabilities,		
	mail from my designated email addre		san or any local anomy normals nor	iouning of my rousinpasm roquests		
Signature	Thumbprint	Joint Signatory	Thumbprint			
Name	Designation	Name	Designation	_		
SECTION 6 APPLIC	CATION CHECKLIST					
Completed Application Form Means of Identification (Driver L	icense, Intl Passport or National ID card)	Proof of Address (Utility Bill, Tenancy A Recent Passport Photograph (no	(Driver's I	n's means of Identification License, Intl Passport or National ID card)		
Birth Certificate (if application is a mino	or)	Evidence of Initial Deposit/Transfer (Cop	y)			
SECTION 7 – PAYMENT DETAILS						
SECTION 7 - TATMENT BETAILS						
BANK	PARTNERSHIP INVESTMENT MIN BELOW (N1M)	PARTNERSHIP INVESTMENT MEDIUM (N1M – 19M)	PARTNERSHIP INVESTMENT (LARGE)	PARTNERSHIP INVESTEMNT (SPECIAL)		

BUCKSWAYS'S FUNDS - APPLICATION FORM



SECTION 8 - ONLINE REDEMPTION CONSENT FORM & AGREEMENT

BANK ACCOUNT DETAILS

Kindly note that all the redemption requests processed via the online redemption platform will be transferred to the bank account details as provided on your initial account opening document or update forms. In event no bank detail was provided or you wish to substitute the bank account on our records that will be done in writing by completing another consent/update form, which content shall take effect immediately upon submission and processing at any of our branches.

- * You are responsible for the accuracy of the bank account details provided and we shall not be liable for any loss that may arise due to the inaccuracy of the bank account details provided by you.
- * The Fund Manager is not obligated to confirm the status of the account to be credited with the redemption proceeds, we shall therefore not be liable in case of any delay experienced because of dormancy or inactivity of the Bank Account details you have provided for our records.

TERMS AND CONDITIONS

Account Officer Name/Signature:

By signing the box below and using this Portal, you are stating and acknowledging that you have read the Terms and Conditions and that you understand these Terms and Conditions and agree to be bound by them.

SIGNATURE OF UNIT HOLDER(S)						
Sign & Date			Sign & Date			
*For Joint Account Holders: Please note that by executing this form, you have both given consent to BUCKSWAY'S to effect: (1.) all redemption requests initiated by either party via the online redemption platform; and (2.) the transfer of online redemption proceeds to the bank account details provided on the Consent Form; without further recourse to either joint account holder. For this purpose, bank account details shall either be a joint bank account in the name of the joint account holders or an individual bank account belonging to either of the joint account holders.						
R REGISTRARS USE ONLY						
Signature Verified? Access granted?	☐ Yes	□ No□ No				