APPLICATION FORM

APPLICATION LIST OPENS	INITIAL PUBLIC OFFERING OF	APPLICATION LIST CLOSES
2 MAY, 2014	500,000,000 UNITS OF N1.00 PER UNIT IN THE	10 JUNE, 2014

FUND MANAGER

SFS Capital

SFS Fixed Income Fund

(Authorized and Registered in Nigeria as a Unit Trust Scheme)

PAYABLE IN FULL ON APPLICATION

Application must be made in accordance with the instructions set out on the reverse side of the Application form. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in doubt as to the action to take, please consult your Stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance immediately.

ISSUING HOUSE

Skye Financial Services Limited
Rc. 672560

Please complete all relevant sections of this form USING BLOCK LETTERS WHERE APPLICABLE

GUIDE TO APPLICATION

Number of Units applied for	Amount payable
10,000 minimum	N10,000.00
Subsequent multiple of 10,000	N10,000.00

UNITS APPLIED FOR

VALUE OF UNITS APPLIED/ AMOUNT PAID

DATE (DD/MM/YYYY)

CONTROL NO. (FOR FUND MANAGER'S USE ONLY

DECLARATION

☐ I/ We declare that I/we have read the Prospectus dated 23 April, 2014 issued by Skye Financial Services Limited on behalf of SFS Capital Nigeria Limited.

☐ I/ We the undersigned, confirm that we have full legal capacity to contract and hereby irrevocably apply for the number of Units specified hereon.

☐ I/ We attach the amount payable in full on application for the number of units indicated in the SFS Fixed Income Fund at N1.00 per unit.

☐ I/ We agree to accept the same or any smaller numbers of Units in respect of which allotment may be made upon the terms of the Prospectus dated 23 April, 2014 and subject to the Trust Deed constituting the Fund.

☐ I/ We understand that we will receive our allotted Units in uncertificated form. Accordingly, we hereby authorize you to allot the said Units in uncertified form.

APPLICANT'S DETAILS (INDIVIDUAL/ CORPORATE ((Please use one box for one alphabet leaving one box blank between first word and second)

SURNAME/CORPORATE NAME

FIRST NAME (FOR INDIVIDUALS ONLY)

OTHER NAMES (FOR INDIVIDUALS ONLY)

JOINT APPLICANT'S FIRST NAME (IF APPLICABLE)

OTHER NAMES (FOR JOINT APPLICANT ONLY)

CONTACT PERSON (FOR CORPORATE APPLICANT)/ NEXT OF KIN (FOR INDIVIDUAL APPLICANT)

ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)' NAME). POST BOX NO. ALONE IS NOT SUFFICIENT

CITY		STATE		E-MAIL	

APPLICANT'S DETAILS (INDIVIDUAL/ CORPORATE ((Please use one box for one alphabet leaving one box blank between first word and second)

SURNAME OF MINOR

OTHER NAMES

DATE OF BIRTH

GENDER

MALE ☐ FEMALE ☐

NATURE OF RELATIONSHIP (PARENT/GUARDIAN)

ADDRESS IN FULL (PLEASE DO NOT REPEAT APPLICANT(S)' NAME). POST BOX NO. ALONE IS NOT SUFFICIENT

CITY		STATE		E-MAIL	

APPLICATION FORM (REVERSE SIDE)

INCOME DISTRIBUTION

Please tick in the box to indicate the preferred distribution option: CASH ☐ / REINVESTMENT ☐

BANK DETAILS (FOR DISTRIBUTION)

BANK

BRANCH

ACCOUNT NO

BANK SORT CODE

BANK DETAILS (FOR DISTRIBUTION)

SIGNATURE	SIGNATURE (CORPORATE/JOINT)	OFFICIAL SEAL/RC. NO. OR *THUMBPRINT* (FOR ILLITERATES ONLY)
NAME OF AUTHORISED SIGNATORY (*CORPORATE ONLY*):	NAME OF AUTHORISED SIGNATORY	
DESIGNATION (*CORPORATE ONLY*):	DESIGNATION (*CORPORATE ONLY*):	

FORM OF ATTESTATION (Compulsory requirement for a witness of a thumbprint impression only)

I, _____ *[Please insert full name of person attesting]* of _____ *[address]* hereby testify that the above *thumbprint* was affixed in my presence this.....day of.....2014 and is the true right thumb print of _____ *[insert name of person executing]* who has acknowledged to me after due explanation of the Application Form in the language understandable to him that (i) that he has voluntarily executed this instrument and (ii) that he understands the contents and effect thereof.

As witness my hand this.....day of....., 2014 Witness Signature:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Applications must be made only on this Application Form, or photocopy, downloaded orscanned copy of the Application Form. Applications should be made in accordance with the instructions. Care must be taken to follow these instructions, as applications which do not comply will be rejected.
2. The Application List for the Units will be open to prospective investors for the duration specified in the Prospectus.
3. Applications must be for a minimum of 10,000 Units. Applications for more than 10,000 Units must be in multiples of 10,000. The number of Units for which an application is made and the applicable value should be entered in the boxes provided.
4. An application for a minor must include the full names and date of birth of the minor, as well as the full names and address of the adult (Parent or Guardian) making the application on such minor's behalf.
5. Joint applicants must all sign the Application Form.
6. An application from a corporate body must state its Incorporation (RC) Number and bear the corporate body's common seal and be completed under the hand of a duly authorized official.
7. An application by an illiterate should bear his right thumbprint on the Application Form and be witnessed by an official of the Receiving Agent at which the application is lodged who must have first explained the meaning and effect of the Application Form to the illiterate in his own language. Above the thumb print of the illiterate, the witness must record in writing that he has given this explanation to the illiterate in a language understandable to him and that the illiterate appeared to have understood same before affixing his thumb impression.
8. An applicant should not print his signature. If he is unable to sign in the normal manner he should be treated for the purpose of this Offer as an illiterate and his right thumbprint should be clearly impressed on the Application Form.
9. Applications in Naira below N10 million should be forwarded together with a cheque or bank draft for the full amount of the purchase price made payable to any of the Receiving Agent listed in this Prospectus. The cheque or draft must be drawn on a bank in the same town or city in which the Receiving Agent is located and crossed "**SFS FIXED INCOME FUND**" with the name, address and daytime telephone number of the applicant written on the back. All bank commissions and transfer charges must be prepaid by the applicant. All cheques and drafts will be presented upon receipt and all applications in respect of which cheques are returned unpaid will be rejected and returned through the post at the applicant's risk.
10. Applications in Naira above N10 million should be transferred via RTGS into either of the Issue Proceeds Accounts specified in this Prospectus.
11. All foreign currency subscriptions should be credited to the receiving bank accounts specified in this Prospectus. The applicable Receiving Bank will issue CCIs evidencing such foreign currency subscriptions. CCIs are required to enable subsequent repatriation, in a freely convertible currency, of the dividends from or proceeds of any future sale of the Units acquired in this IPO.

APPLICATION FORM
SFS FIXED INCOME FUND