17. APPLICATION FORM

														FUND MANAGER:															
FUND COMMENCEMENT DATE						00.0	OFFER FOR SUBSCRIPTION ,000 UNITS OF \$1 EACH (\$500,000) AT PAR							VETIVA															
08 January, 2025 OF 500,0							00,0								FUND MANAGERS LIMITED														
										IN THE																			
										IVA USD FIXED INCOME FUND I registered in Nigeria as a Unit Trust Scheme																			
										PAYA	BLE IN	I FULL	ON A	PPLIC	ATION														
Applicat	ions m	ust be	made	in acco	ordan	ice with	the i	instr	uctio	ns se	t out a	n this	: Applic	ation	Form.	Care	e mu	st be	take	n to fo	ollow t	hese i	nstruct	ions a	as app	olicatio	ons tł	hat do	o not
comply guidance				f you a	re in	doubt	as to	the	actio	n to	take, p	lease	consu	lt you	r Stoc	kbrok	er, A	Ассои	ntant	, Ban	ker, S	olicitor	or an	y oth	er pro	fessio	nal a	dvise	r for
GUIDE	το Αρ	PLICA	TION								DEC	ARA	TION																
Number			ied for			unt pay	<u>able</u>					am/	We are	18 ye	ears of	age o	or ab	ove											
500 unit Subsequ			s of 50		\$500 \$500								the un			-			have	full le	aal ca	pacity	to con	tract	and he	erebv	irrev	ocably	v
units											apply	for t	he nun	ber o	f Units	speci	ified	here	on.		-								
NUMER O	F UNITS	APPLIE	D FOR								□ I/We agree to accept the same or any smaller number of Units than I/We applied for in respect of whi allotment may be made upon the terms of the Prospectus dated [Day, Month 2024], subject to the Tru deed of the VETIVA USD FIXED INCOME FUND																		
													dersta							ed Uni	its in e	ither (Certific	ate or	r E-ce	rtifica	te for	m.	
VALUE OF	UNITS	APPLIE	D FOR:	\$	Ċ				İ				thorise r rejec														for an	ny am	ount
												am/	We att	ach th	e amo	unt pa	ayab	ole in						-			ı in th	ne VET	ΓIVA
DATE													O INCO clare t				•		d Pro	spectu	us date	ed [Da	y, Mon	th 20)24] is	sued	by th	e Fun	d
DATE											Mana	iger								•		-			-				
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DATE C)F BIR	TH (D	D/MM	1/YYY	Y)									I	NATU	RE OF	RE	LATI	onsi	HIP (I	PARE	NT/GL	ARDI	AN)					
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SORT CODE:	BVN:											
INCOME DISTRIBUTION												
PLEASE TICK TO INDICATE PREFERRED OPTION:	CASH DISTRIBUTION V	IA BANK TRAN	NSFER				RE	INVES	TMENT			
AUTHORISATIONS												
SIGNATURE	2ND SIGNATURE (Corpo	orate/Joint)			OFFICIAL SEAL/RC. NO.							
					OR *TH (For III	IUMBPR iterates						
NAME OF AUTHORISED SIGNATORY (Corporate only)	NAME OF AUTHORISED (Corporate/Joint)											
DESIGNATION (Corporate only)	DESIGNATION (Corpora	te only)										
FORM OF ATTESTATION (COMPULSORY REQUIREMENT FOR	A WITNESS OF A THUMBPRINT	IMPRESSION O	NLY)									
testify that the above *thumbprint* was affixed in my prese			and is the	true r	ight thur	nb print	of			-		
[inser	t name of person executing] rily executed this instrument								lication	Form in the		
As witness my hand thisday of 2025.	,		ness Sigr									