

# Radix

Asset Management Company Limited  
 Radix Asset Management Limited  
 Initial Public Offering of  
 10,000,000 Units  
 at ₦100 per Unit  
 In the  
 Radix Horizon Fund  
 Payable in full on Application

**Application Opens: 15th July 2021**

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

**DECLARATION**

- I/We are 18 years of age
- We, the undersigned, confirm we have full legal capacity to contract and hereby irrevocably apply for the number of Unit specified hereon
- I/We attach the amount payable in full on application for the number of unit indicated in the Radix Horizon Fund at ₦100.00 per unit
- I/We agree to accept the same or any smaller number of units in respect of which allotment may be made upon the terms of the Prospectus dated 3rd of June 2021 and subject to the Trust Deed constituting the Radix Horizon Fund

Guide to Application	
Number of Shares Applied For	Amount Payable
100 Minimum	N
Subsequent Multiples of 50	N

Date (dd/mm/yyyy)  
 /  /

Control Number

Number of Shares Applied For:

Value of Shares Applied For/Amount Paid  
 ₦

PLEASE COMPLETE IN BLOCK LETTERS

**1 Individual Applicant**

Title:  Mr  Mrs  Miss

Surname

Other Name

Full Street Address/Postal Address

City/Town

State

Mobile Number

Email Address

Next of Kin

Next of Kin Mobile Number

Clearing House Number (CHN No)

Name of Stockbroker

CSCS Number

**2 Joint Applicant**

Title:  Mr  Mrs  Miss

Surname

Other Name

**3 Corporate Applicant**

Company's Name

Registered Address

**4 Bank Details (for E-Dividend)**

Name of Bank

Account No:

Branch

BVN

Witness Name (Where Applicable)

Witness Address

Witness Signature

Signature or Thumbprint

Stamp of Receiving Agent

Company Seal & Incorporation Number (Corporate Applicant)

APPLICATION FORM (REVERSE SIDE)

Please tick the box  to indicate preferred option- BANK TRANSFER  REINVESTMENT

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

I,..... [please insert full name of person attesting] of  
.....[insert address] hereby testify that the above \*thumbprint\* was affixed  
in my presence this.....day of.....202..., 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) he/she has voluntarily executed this instrument and (ii) he/she understands the contents and effect thereof.

As witness my hand this.....day of..... 202...

Witness Signature:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Applications must be made only on this Application Form, or photocopy, downloaded or scanned copy of the Application Form. All form must be submitted with proper KYC documents. (Passport Photograph, Valid means of Identity and Utility Bills)
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 100 Units. Applications for more than 100 Units must be in multiples of 50. 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 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. Payment in respect of the application must be transferred into the designated Offer proceed account domiciled with United for Africa Plc with the following details:

Account Name:	UBA NOM SAMTL RADIX HORIZON FUND
Account No.	1024233382
Bank	United Bank for Africa

10. All foreign currency subscriptions should be credited to the Custodian account above. UBA Custodian will issue CCl's evidencing such foreign currency subscriptions. CCl's 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

**RADIX HORIZON  
FUND  
APPLICATION FORM**