



**SECURITIES AND EXCHANGE  
COMMISSION, NIGERIA**

**APPLICATION FORM FOR AUTHORIZATION AND REGISTRATION OF UNITS AND UNIT TRUST SCHEMES IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 160 (1) –(4); 161 (1) – (5), 194 OF THE INVESTMENT AND SECURITIES ACT, NO 29, OF 2007 AND RULES 41; 240 – 249 OF THE SEC RULES AND REGULATIONS**

**Instructions for Completion of Forms**

- i. All questions must be answered in the spaces provided and not left blank. Where a question is not applicable please indicate by N/A in the space provided.
- ii. Answers to questions should be typed/printed and not handwritten. Handwritten entries will result in rejection of application.
- iii. Information supplied/entered in the application form must be valid and correct as at a date not earlier than 30 days preceding the date of this application.
- iv. In event of any material change to the information provided in this application prior to the authorization of the Offer/Scheme, the applicant shall notify the Commission of such changes immediately.
- v. Any false/misleading information found to have been supplied herein shall attract appropriate sanction/penalty in line with the requirement of Rule 3 (4) of the SEC Rules and Regulations.

Date of submission of application	
Reference/Processing Application No	
Cheque NO.	

**1. APPLICANT/REGISTRANT**

- a) Name .....  
*(Exact name as in certificate of incorporation)*
- b) Address .....  
*(Principal Office Address)*  
.....
- c) Telephone Number .....

**2. THE SCHEME/FUND**

- a) (i) Name of proposed Scheme .....
- (ii) Proposed Date of Commencement .....
  
- b) Objective of the Scheme: .....
  
- c) Number of units proposed for issue: .....
- (i) Asset Allocation (*investment mix of the proposed Fund in % terms*) .....
- (ii) Nominal Value per unit .....
  
- d) (i) State voting rights of unit holders (if any) .....
- (ii) Disclose any special rights under the proposed scheme .....
  
- e) Details of redemption provisions: .....
  
- f) (i) Frequency of Distribution of Income: .....
- (ii) State provision for closure of register of unitholders .....
- (iii) Is automatic reinvestment of distribution permitted? Please give details .....
- (iv) Briefly explain proposals for accounting to unitholders, the share of fund individually invested .....
  
- g) (i) Name and Address of Trustees for the proposed Scheme .....
- (ii) Disclose special relationship of Trustee with Management Company of the Fund .....
- (iii) Remuneration ..... Basis of Remuneration .....

- .....  
 .....
- h) (i) Name and Address of broker nominated for the Scheme .....
- .....  
 .....
- (ii) Disclose special relationship of Brokers Dealer with Management Company and or  
 Trustee of the Fund.....  
 .....
- i) (i) Name and Address of Registrars proposed for the Fund .....
- .....  
 .....
- (ii) Disclose special relationship of Registrar with management company and/or Trustee of  
 the Fund .....
- .....  
 .....
- (iii) Fees ..... Basis of Fees .....
- .....  
 .....
- j) Investment - Portfolio of Fund prior to Application with SEC
- |                                   |  |                     |
|-----------------------------------|--|---------------------|
| (i) Equities                      | (ii) Money Market                                    | (iii) Bonds         |
| (1) Quoted <input type="text"/>   | (1) Treasury Bills/Certificates <input type="text"/> | (1) Government Bond |
| (2) Unquoted <input type="text"/> | (2) Commercial Paper <input type="text"/>            | (2) Corporate Bond  |
|                                   | (3) Bankers Acceptances <input type="text"/>         |                     |
|                                   | (4) Others specify <input type="text"/>              |                     |
- (iv) Real Estate Investment  (v) Other (Specify).....
- k) Management Fees Charged .....
- .....

**3. THE MANAGEMENT COMPANY**

- a) Name & Address .....
- .....
- b) Date & Place of Incorporation .....
- c) Date of commencement of business .....

**4. SHAREHOLDING**

a) Name(s) of Substantial Shareholders (5% & above)

	<b>Name</b>	<b>No. of shares</b>	<b>Amount</b>	<b>%</b>
Nigerian				
Foreign				

b) Give the names of beneficial owners of nominee shareholding of at least 5% of the ordinary share capital apart from pension funds. *(State the percentage in each case)* .....

.....

c) Details of funds and portfolio being managed

<b>Name of Fund</b>	<b>Year Commenced</b>	<b>Privately managed funds/Aggregate Value</b>			<b>Institutional Investors/Aggregate Value</b>		
		Quoted Equities	Money Markets	Others	Quoted Equities	Money Markets	Others

*(Attach schedule to accommodate additional clients if need be)*

d) State specific lines of business (where appropriate) and percentage contribution to turnover from each line

<b>No.</b>	<b>Description</b>	<b>% contribution to</b>	
		<b>Turnover</b>	<b>Net Profit</b>
1			
2			
3			
4			
5			

e) Furnish details of Affiliates as follows:

- (i) Name of Affiliate .....
- (ii) Address: .....
- (iii) Nature of Affiliate .....

f) Management and Principal Officers

Name	Educational Qualification	Position Held	Address	Share Qualification	% Shareholding in relation to total share capital	No. of Units of Schemes held	remark

g) Give full details of contingent liabilities (if any) estimate probability of falling actually due:

.....  
 .....  
 .....

h) (i) Are you a member of any Association of Fund Managers or Security Dealers? .....  
 (ii) Have you ever been found guilty of any misdemeanour or breach of the rules of any such association? .....

i) (i) Is any Investment advisory contract subsisting between your company and any other  
 (ii) Give details about such Investment Advisers as below:

Name & Address	Pertinent Fund	Basis of Remuneration
.....	.....	.....
.....	.....	.....
.....	.....	.....

j) (i) Are your officers covered by a Fidelity guarantee Insurance? \* Yes/No  
 (ii) Furnish further details as below:

Name & Insurer	Insured Valued	Date Last Premium paid	Previous Claims (if any)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

k) Furnish greater details regarding previous claims relating to xii (b)

.....  
 .....  
 .....  
 .....



Name	Educational	Position Held	Address	Units of Scheme held	remark

vii) Particulars of Trusteeship of other Unit Trust Schemes within the last 10 years

Title of Scheme	Year Commenced	Current	Reasons for Cessation *Yes/No

viii) Have you ever been sued for or found guilty of breach of Trust under the laws of Nigeria?  
\*Yes/No

If yes, please give details .....

.....

.....

.....

ix) (a) Remunerations/Charges of Trustee .....

(b) State basis .....

.....

.....

x) Briefly describe operational procedure and provision for safe custody of the funds and assets of the Unit Trust Scheme(s) under your Trusteeship .....

.....

.....

.....

xi) Five Year financial Summary (including management account as at immediate quarter preceding submission of application)

**TRUSTEES:**

**Five Year Financial Statements**

**Yr 5**  
**N'000**

**Yr 4**  
**N'000**

**Yr3**  
**N'000**

**Yr 2**  
**N'000**

**Yr 1**  
**N'000**

**ASSET:**

Fixed assets

Investments

Debtors  
Bank balances and deposits  
Commercial papers

**LIABILITIES**

Called-up share capital  
General reserve  
Bonus issue reserve

**SHAREHOLDERS' FUNDS**

Creditors and accruals  
Due to clients  
Taxation  
Deferred taxation

Income  
Profit before taxation  
Profit after taxation  
Dividend

**PRE-SHARE DATA (adjusted)**

Earnings per share  
Net assets per share

**SIGNATURES AND CERTIFICATION**

Pursuant to the requirements of the Investment and Securities Act CAP I24 LFN 2007 and the Rules and Regulations thereunder, the Applicant/Registrant has duly caused this application form to be signed on its behalf by the undersigned hereunto duty authorised.

.....  
Applicant/Registrant

Date..... Signature .....

.....  
(Full Name and Title)

I certify that to the best of my knowledge and belief the information set forth in this application form is true, complete and correct.

.....  
Date

.....  
Signature

.....  
(Full Name and Title)

**NB: This form should be notarized.**