

APPLICATION FORM

Application List Opens
August 11, 2008

Application List Closes
September 17, 2008



Offers for Subscription
50,000,000 Units of ₦100 each
At Par in the

AFRINVEST EQUITY FUND

Payable in Full on Application

Issuing House:



Guaranty Trust Bank plc
RC 153281

FOR REGISTRAR'S USE ONLY
Number of Units Applied For
Number of Units Allotted
Amount Paid (₦)
Value of Units Allotted (₦)
Amount to be Returned (₦)
Cheque Number

Applications must be made in accordance with the instructions set out on the back of this 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.

Date:/...../2008

Number of Units applied for	Value of Units applied for
	₦
Value of Cheque/Bank Draft attached:	
Bank Details	
Name of Bank/Branch:	
Account Number:	
Guide To Application	

Number of Units applied for	Amount payable
500 minimum	₦50,000.00
Subsequent multiples of 10	₦10,000.00

DECLARATION

- I/We am/are 18 years of age or over
- I/We attach the amount payable in full on application for the number of units indicated in the Afrinvest Equity Fund at ₦100 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 July 29, 2008 and subject to the Trust Deed constituting the Afrinvest Equity Fund.
- I/We authorise you to send a unit certificate and/or a cheque/warrant for any amount overpaid, by registered post to the address given below and to procure registration in my/our name as the holder(s) of such number of units or such smaller number, as aforesaid.
- I/We declare that I/we have read the Prospectus for the Offer dated July 29, 2008 issued by Guaranty Trust Bank plc on behalf of Afrinvest (West Africa) Limited.
- I/We understand that, as with all stock market investments, the prices of quoted securities including this Fund may go up or down and that past performance is not necessarily an indication of future performance.

PLEASE COMPLETE IN CAPITAL LETTERS

1A. INDIVIDUAL APPLICANT

Title: Mr Mrs Miss Email:

Surname

First Name Other Names

Full Postal Address

City State

Daytime Telephone Number Next of Kin

Signature or Thumbprint

1B. IF YOU WISH TO PURCHASE UNITS OF THE AFRINVEST EQUITY FUND FOR A CHILD UNDER 18 YEARS, PLEASE COMPLETE THIS SECTION:

Title: Master Miss Date of Birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname

First Name Other Names

Daytime Telephone Number Next of Kin

Signature or Thumbprint

2. CORPORATE APPLICANT

Company's Name:

Full Postal Address

City State

Daytime Telephone Number Incorporation Number

Authorised Signature

Authorised Signature

Designation

Designation:

Corporate Seal

Registrars: Meristem Registrars Limited

Stamp of Receiving Agent

PLEASE TURN OVER