ValuAlliance Member of the ACA Group																
	Valu	ıAlliaı				RC:7042	30	ne	nt l	Lim	nite	ed				
REPURCHASE PERIOD: OPENS: 21/05/2021 CLOSES: 11/06/2021 PAYMENT DATE: 28/06/2021			FIRST R	EPUR		ELEC	TION									
Date (DD / MM / YYYY)	/										Affix your Passport					
PLEASE COMPLETE IN BLOCK LETTERS																
INDIVIDUAL / JOINT /	CORPOR				N 4		line									
Surname / Company's Name			<u>e∶ □ Mr</u> .		Mrs.	<u> </u>										
Other Names (for individual applic	ant only)															
Full Postal Address/Street Addres	<u>s</u>															
City/Town					·	State										
Telephone Number						Mobile	: (GSM)	Phone	Number	r						
Email Address																
Tick to Indicate your interest	Full Repurc		Partial Re	purchase	3											
Partial Repurchase Unit(s)																
Bank details: Name of Bank																
Account No:			BVN													
Identification No: (NIN Driv	/er's Licenc	e No. Pas	sport No.)													
									Affix Co	orpora	ate Se	al for (Corpora	ate Org	janisa	ition
Individual Signatu		Joint Signature														
Official Use Only: First Registrars Verifi	ification									F	und I	Manac	ier Sia	nature	 	
								Fund Manager Signature								
First Registrars																