ValuAlliance Member of the ACA Group		
ValuAlliance Asset Management Limited		
	ALUE FUND REPURCHASE ELECTION FOR	
Date (DD / MM / YYYY)		Affix your Passport
PLEASE COMPLETE IN BLOCK LETTERS		
INDIVIDUAL / JOINT / CORPORATE APPLICANT Surname / Company's Name Title: Mr. Mrs. Miss		
Other Names (for individual applicant only) Full Postal Address/Street Address		
City/Town	State	
Telephone Number	Mobile (GSM) Phone Nur	
Email Address		
Tick to Indicate your interest Full Repurchase Please state the Unit(s) to be repurchased below		
Full Repurchase Unit(s)		
Partial Repurchase Unit(s)		
Bank details: Name of Bank		
Account No:	BVN	
Identification No: (NIN Driver's Licence No. F	Passport No.)	
Individual Signature	Affi Joint Signature	x Corporate Seal for Corporate Organisation
Official Use Only: First Registrars Verification		Fund Manager Signature
First Registrars	L	