



# Value Fund Repurchase Election Form

Please complete in BLOCK LETTERS  
(Kindly tick where appropriate)

**Repurchase Period:**

Opens:

Closes:

Payment Date:

Affix your passport

Date (DD / MM / YYYY)

/   /

Individual / Joint /  
Corporate Applicant

**Title:**

☐

Mr.

☐

Mrs.

☐

Ms.

☐

Other (Specify)

**Surname/  
Company's name:**

**Other names:**

(For individual applicant only)

**Full Postal Address/  
Street Address**

**City / Town:**

**State:**

**Telephone Number:**

**Mobile (GSM) Phone Number:**

**Email Address:**

**Type of Repurchase** (Tick to indicate your interest)

☐

Full Repurchase

☐

Partial Repurchase

**No. of Units:**

**Units (in words)**

Bank details

**Name of Bank:**

**Account Number:**

**BVN:**

**Identification No:**

(NIN / Driver's Licence No. /  
Passport No.)

Individual Signature

Joint Signature

Affix Corporate Seal for  
Corporate Organization



**Official  
Use Only**

First Registrars Verification

Fund Manager's Signature