

APPLICATION FORM

FUND MANAGER:

VALUALLIANCE ASSET MANAGEMENT LIMITED

FUND COMMENCEMENT DATE
January 26, 2026



VALUALLIANCE SPECIALIZED DOLLAR FUND

OFFER FOR SUBSCRIPTION

OF

100,000 UNITS

OF

\$10 EACH AT PAR

Payable in full on Application

Important Notice: Application must be made in accordance with the instructions set out on the back of this Application Form. If you are in doubt as to the action to take, please consult your financial adviser, stockbroker, solicitor, accountant, tax consultant, bank manager or any other professional adviser for guidance. Care must be taken to follow these instructions as applications that do not comply with the instructions will be rejected

DECLARATION

- I am/We are 18 years of age or over.
I/We authorize you to send an allotment letter and/or cheque for any amount overpaid by post to the address given below and to procure registration in my/our name as holder(s) of the number of units or such smaller number, as aforesaid.

- I/We attach the amount payable in full on the application for the number of units in the VALUALLIANCE SPECIALIZED DOLLAR FUND of \$10 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 and subject to the Trust Deed of VALUALLIANCE SPECIALIZED DOLLAR FUND.
I/We declare that I/We have read a copy of the Prospectus for the Offer dated October 23, 2025 by VALUALLIANCE SPECIALIZED DOLLAR FUND.

GUIDE TO APPLICATION

Number of Shares applied for: 500 Minimum
Amount Payable: USD\$10.00

Bank details:

Account Number: 1000229267
Account Name: Leadway Trustees Ltd/ Valualliance Specialized Dollar Fund
Bank Name: Rand Merchant Bank

Number of Units Applied for:

Grid for entering number of units applied for

Value of Units applied for/Amount Paid:

\$ Grid for entering value of units applied for/amount paid

PLEASE COMPLETE IN BLOCK LETTERS

1. INDIVIDUAL / CORPORATE APPLICANT

Title: MR. MRS. MISS DR OTHERS

Grid for entering title

Surname / Company Name

Grid for entering surname/company name

Other Names (for Individual Applicants only)

Grid for entering other names

Full Postal Address/Street Address

Grid for entering full postal address/street address

City/Town

Grid for entering city/town

State

Grid for entering state

Maiden Name

Grid for entering maiden name

Gender

Male Female

Land Phone Number

Mobile (GSM) Telephone Number

E-mail Address

BVN

National Identification Number

Bank Account Number

Bank Name

Bank Account Name

Occupation

TIN

Next of Kin

Name

Phone Number

E-mail Address

**2. JOINT APPLICANT**

Title:  MR.  MRS.  MISS  DR.  OTHERS

Surname

Other Names

**INCOME DISTRIBUTION**

Please tick in the box to indicate preferred distribution option

Cash  /Reinvestment

**Signature or Thumbprint**

**Signature or Thumb print**

CompanySeal/Incorporation No:

**Date**

**FORM OF ATTESTATION** (Compulsory requirement for a witness of a thumbprint impression only)

I,..... (insert full name of person attesting) of ..... (address) hereby testify that the above thumbprint was affixed in my presence this ..... day of ..... 2026, having acknowledged to me after due explanation of the Application form in the language understandable to him that (i) he has voluntarily executed this instrument and (ii) he understands the contents and effect thereof.

As witness my hand this ..... day of ..... 2026

Witness Signature: