



MARBLE HALAL COMMODITIES FUND

CATEGORY OF BUSINESS

Limited Liability Company ☐ Partnership ☐ Enterprises ☐ Others: please specify _____

1. COMPANY INFORMATION

Company Name:

Registration Number:

Date of Incorporation:

Type/Nature of Business:

Industry:

Company Address:

Mailing Address:

Country:

Email Address:

Telephone: Website:

Purpose of Investment:

Source of Investment Fund:

Tax Identification Number(TIN):

Average Annual Turnover(NGN):

Less than 50m ☐ 50m - Less than 500m ☐ 500m - Less than 5B ☐ Above 5B ☐

2A. ACCOUNT SIGNATORY'S DETAILS

Title: Mr ☐ Mrs ☐ Ms ☐ Others, Please specify

Surname:

First Name:

Other Name(s):

Date of Birth:

Mother's Maiden Name: Gender: M ☐ F ☐

E-mail:

State of Origin: LGA:

Nationality: Marital Status: Single ☐ Married ☐ Divorced ☐

Residential Address:

City: State:

Telephone: Mobile:

Means of ID: International Passport ☐ Driver's License ☐ NIMC ☐ Voter's Card ☐

ID Number: Issue Date:

Expiry Date: TIN:

Occupation: Status/Title:

Nationality: (Non-Nigerian) Resident Permit No:

Permit Issue Date: Permit Expiry Date:

BVN:

Class of Signatory:
 (Please indicate class in the box) A ☐ B ☐ C ☐

Signature: Date:

2B. ACCOUNT SIGNATORY'S DETAILS

Title: Mr ☐ Mrs ☐ Ms ☐ Others, Please specify

Surname:

First Name:

Other Name(s):

Date of Birth:

Mother's Maiden Name: Gender: M ☐ F ☐

E-mail:

State of Origin: LGA:

Nationality: Marital Status: Single ☐ Married ☐ Divorced ☐

Residential Address:

City: State:

Telephone: Mobile:

Means of ID: International Passport ☐ Driver's License ☐ NIMC ☐ Voter's Card ☐

ID Number: Issue Date:

Expiry Date: TIN:

Occupation: Status/Title:

Nationality: (Non-Nigerian) Resident Permit No:

Permit Issue Date: Permit Expiry Date:

BVN:

Class of Signatory:
 (Please indicate class in the box) A ☐ B ☐ C ☐

Signature: Date:

3A. DETAILS OF THE DIRECTORS/ EXECUTIVES/ PRINCIPAL OFFICER

Title: Mr ☐ Mrs ☐ Ms ☐ Others, Please specify

Surname:

First Name:

Other Name(s):

Date of Birth:

Mother's Maiden Name: Gender: M ☐ F ☐

E-mail:

State of Origin: LGA:

Nationality: Marital Status: Single ☐ Married ☐ Divorced ☐

Residential Address:

City: State:

Telephone: Mobile:

Means of ID: International Passport ☐ Driver's License ☐ NIMC ☐ Voter's Card ☐

ID Number: Issue Date:

Expiry Date: TIN:

Occupation: Status/Title:

Nationality: Resident Permit No:

(Non-Nigerian)

Permit Issue Date: Permit Expiry Date:

BVN:

3B. DETAILS OF THE DIRECTORS/ EXECUTIVES/ PRINCIPAL OFFICER

Title: Mr ☐ Mrs ☐ Ms ☐ Others, Please specify

Surname:

First Name:

Other Name(s):

Date of Birth:

Mother's Maiden Name: Gender: M ☐ F ☐

E-mail:

State of Origin: LGA:

Nationality: Marital Status: Single ☐ Married ☐ Divorced ☐

Residential Address:

City: State:

Telephone: Mobile:

Means of ID: International Passport ☐ Driver's License ☐ NIMC ☐ Voter's Card ☐

ID Number: Issue Date:

Expiry Date:

Occupation: Status/Title:

Nationality: Resident Permit No:

(Non-Nigerian)

Permit Issue Date: Permit Expiry Date:

BVN:

4. BANK DETAILS

Account Name:

Bank Name:

Account Number:

You are responsible for the accuracy of the bank account details provided and MCL will not be liable for any loss that may arise due to the inaccuracy of the bank account details provided by you.

5. INVESTMENT DETAILS

| MARBLE HALAL COMMODITIES FUND | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Amount to be invested(NGN): | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <ul style="list-style-type: none"> • 500 Units Minimum • Subsequent multiples of 100 units | | | | | | | | | |

6. AUTHENTICATION FOR POLITICALLY EXPOSED PERSON

Have any signatory or any affiliate/relatives occupied any Political Position? Yes ☐ No ☐

If Yes, please give details _____

7. HOW DID YOU HEAR ABOUT US??

Marble Capital Limited Branch ☐ Online Website ☐ Social Media ☐ SMS ☐
Direct Marketing Mail/Email ☐ Networking/Referral ☐ Others {Please Specify} _____

8. DECLARATION

- ☐ I/We am/are 18years of age or above.
- ☐ I/We attach the evidence of payment for the stated investment amount for units in the MARBLE CAPITAL HALAL COMMODITIES FUND.
- ☐ I/We agree to accept the number of units allotted based on the terms of the Prospectus dated 17th April 2023.
- ☐ I/We understand that we will receive our allotted units in either Certificate or E-certificate form.
- ☐ I/We authorize you to send a Certificate and/or cheque, for any amount overpaid or rejected, by registered post at my/our risk to the address given above.
- ☐ I/We hereby declare that I/We have read the Offer Prospectus dated 17th April 2023 issued by the Fund Manager.

9. DATA PRIVACY CONSENT

Personal Information: Information about an identifiable, natural person and where applicable, a juristic person, including, but not limited to information about: race, gender, sex, pregnancy, marital status, nationality, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language, birth, education, medical, financial, criminal or employment history, any identifying number, symbol, e-mail, postal or physical address, telephone number, location, any online identifier, any other particular assignment of the person, biometric information, personal opinions, views or preferences of the person or the views or opinions of another individual about the person, correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence, and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

Process: Any operation or activity, automated or not, concerning personal information, including: alteration, blocking, collation, collection, consultation, degradation, destruction, dissemination by means of transmission, distribution or making available in any other form, erasure, linking, merging, organization, receipt, recording, retrieval, storage, updating, modification, or the use of information. Processing and Processed will have a similar meaning.

Data protection

1. You consent to us collecting your personal information from you and where lawful and reasonable, from public sources for credit, fraud and compliance purposes, as well as the purposes set out below.
2. If you give us Personal Information about or on behalf of another person (including, but not limited to, account signatories, shareholders, principal executive officers, trustees and beneficiaries), you confirm that you are authorized to: (a) give us the Personal Information;
(b) consent on their behalf to the Processing of their personal information, specifically any cross-border transfer of Personal Information into and outside the country where the products or services are provided; and
(c) receive any privacy notices on their behalf.
3. You consent to us Processing your personal information:
 - to provide products and services to you in terms of this agreement and any other products and services for which you may apply;
 - to carry out statistical and other analyses to identify potential markets and trends, evaluate and improve our business (this includes improving existing and developing new products and services);
 - In countries outside the country where the products or services are provided. These countries may not have the same data protection laws as the country where the products or services are provided. Where we can, we will ask the receiving party to agree to our privacy policies;
 - By sharing your personal information with our third-party service providers, locally and outside the country where the products or services are provided. We ask people who provide services to us to agree to our privacy policies if they need access to any personal information to carry out their services; and within Marble Capital Limited.
4. You will find our Processing practices in our privacy statements. These statements are available on the Marble's website or on request.
5. If you are unsure about your tax or legal position because your personal information is processed in countries other than where you live, you should get independent advice.

IMPORTANT

1. Please note that the units of the funds will be purchased at the prevailing offer price on the day the evidence of the funds transfer and subscription form are received.
2. Please read the prospectus and consult your stockbroker, fund/portfolio manager, accountant, banker, solicitor, or any other professional adviser for guidance before subscribing.
3. Note that fund price is subject to market performance.
4. Past performance does not guarantee future performance.

10. SIGNATURE(S):

| CORPORATE UNIT HOLDER'S SIGNATURE | CORPORATE UNIT HOLDER'S 2 ND SIGNATURE |
|-----------------------------------|---|
| NAME: | NAME: |
| DESIGNATION: | DESIGNATION: |
| COMPANY SEAL / STAMP AND DATE | |

Please ensure two authorised signatories execute and state their designation

PAYMENT ACCOUNT INFORMATION

| Payment should be made into the account detailed below | |
|--|---|
| Bank Name: | FSDH Merchant Bank |
| Account Name: | Stanbic IBTC Trustees Limited/Marble Halal Commodities Fund |
| Account Number: | 1000139697 |
| Narration: | Name of Corporate Investor |

This completed form should be sent with payment/evidence of remittance to:

The Fund Manager,
MARBLE CAPITAL LIMITED.
Email: mutualfunds@marble.capital M: +234 909 111 1938 , +234 80 99 MARBLE
Western House, 8th Floor, 8-10 Broad Street, Lagos Island, Lagos, Nigeria.

FOR FUND MANAGER'S USE

| Documents Required | Checked | Deferred | Waived |
|--|--------------------------|--------------------------|--------------------------|
| Completed Application Form (all relevant fields must be completed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of company's address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear passport-size photographs of each signatory, with names written on the reverse side | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specimen Signature Card (where required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Board Resolution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Return of Allotment of Shares Form CAC2 (LLC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of CAC Certificate of Registration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copy of Memorandum and Articles of Association (certified as True copy by the Registrar of Companies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence of Registration with Special Control Unit on Money Laundering (SCUML) (where applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Corporate Search Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Particulars of Directors Form CAC7 (LLC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident Permit or Work Permit (for non-Nigerians) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of Identity of all Signatories and Directors/Officers whose name appear on the account opening form/document (Preferred Identity card are Int'l Passport, National Identity Card, National Driver's License, and Valid Nigerian INEC Voter's Card) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of Address of all Signatories and Directors/Officers whose name appear on the account opening form/document Utility bill(Certified true copy is acceptable if original is not held) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |