



# Investment Application Form

Please use BLOCK LETTERS when filling the form

## Part One Personal Details Section to be completed by all applicants

Are you an existing investor in NIT? yes  no

Title : Mr  Mrs  Miss  Other

Surname : \_\_\_\_\_

Full forenames : \_\_\_\_\_

\_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone No. : \_\_\_\_\_

National ID No. : \_\_\_\_\_

\* If your application is on behalf of a child, please write the child's details below.

\* Minor's Name : \_\_\_\_\_

For one additional holder, please complete details below. Please note : in the case of joint holders, all correspondence will be sent to the first-named holder only.

Title : Mr  Mrs  Miss  Other

Surname : \_\_\_\_\_

Full forenames : \_\_\_\_\_

\_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone No. : \_\_\_\_\_

National ID No. : \_\_\_\_\_

\* Minor's Date of birth : \_\_\_\_\_  
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## Part Two Investment Details Section to be completed by all applicants

Please state the Fund(s) and indicate the amount(s) you wish to invest. You can invest by lump sum and/or monthly instalments. Please make your cheque payable to NIT Ltd. I/We understand that Units will be allocated at the issue price prevailing on the next valuation following receipt of My/Our remittance.

	Investing a lump sum Minimum investment Rs 5000 per fund.	Investing monthly Minimum investment Rs 500 per month.
NIT Local Equity Fund	Rs _____	Rs _____
NIT Global Opportunities Fund	Rs _____	Rs _____
	<b>Total</b>	<b>Total</b>

Note : Investing a lump sum  
A contract note will be sent within one week.  
For distribution, please complete part three.

Investing monthly  
A statement of account will be sent on a quarterly basis. And investors will receive units which increase the value of their investments through the reinvesting of the net income from it automatically. Please ask for the direct debit instruction form.

## Part Three Distribution of Income

Please arrange for My/Our dividends to be :

Reinvested  Paid to me/us by crossed cheque to My/Our address  Paid directly to My/Our Bank Account after deducting any bank charges applicable.

If no preferred treatment is indicated, dividends will be reinvested.

Name of Account Holder(s) : 1. \_\_\_\_\_

2. \_\_\_\_\_

Bank : \_\_\_\_\_

Account No. : \_\_\_\_\_ Locality : \_\_\_\_\_

End Note : Only the person(s) in whose name(s) the investment is registered, irrespective of who the payer is, is/are the legal owner(s) of the investment.  
If a minor, only the legal guardian may deal with the investment. The price per units fluctuates according to the value of the underlying assets in the relevant portfolio.

## Part Four Declaration Section to be completed by all applicants

I/We confirm that I/We have read and understood the information contained in this form.

Signature(s) : \_\_\_\_\_ Date : \_\_\_\_\_