

(To be completed in duplicate)

**SECURITIES AND EXCHANGE COMMISSION (SEC)  
NIGERIA**

**APPLICATION FORM FOR AUTHORIZATION AND REGISTRATION OF VENTURE CAPITAL FUND IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 13 (h), OF THE INVESTMENT AND SECURITIES ACT, NO. 29, OF 2007, RULES 282 & 283 OF THE SEC RULES AND REGULATIONS**

**Instructions for Completion of Form**

- i. All questions must be answered in the space provided and not left blank. Where a question is not applicable please indicate by writing N/A in the space provided.
- ii. Information supplied/entered in the application form must be valid and correct as at a date not earlier than 30 days preceding the date of this application.
- iii. In the event of any material change to the information provided in this application prior to the authorization of the scheme, the applicant shall notify the Commission of such changes immediately.
- iv. Any false/misleading information found to have been supplied herein shall attract appropriate sanction(s)/penalty(ies) in line with the requirement of SEC Rules and Regulations.

Date of Submission of Application	
Reference/Processing Application No.	
Cheque No.	

- v. The form should be sworn to by a commissioner of oath or a notary public.

**1. APPLICANT/REGISTRANT**

- a) Name:.....  
(Exact name as in certificate of incorporation)
- b) Permanent Home Address:.....  
(Principal Office Address)
- c) Residential Address (i):.....
- d) Residential Address (ii):.....
- e) Residential Address (iii):.....
- f) Telephone Number:.....

**2. THE SCHEME/FUND**

- a) (i) Name of Proposed Scheme:.....  
(ii) Proposed Date of Commencement:.....
- b) Objective of the Scheme:.....  
.....  
.....
- c) Details of exit strategy:.....
  - (i) Sales:.....  
.....
- d) (i) Is reinvestment of distribution permitted? Please give details.....  
.....  
.....

**3) THE MANAGEMENT COMPANY**

- (a) Names:.....
- (b) Address:.....
- (c) Date of Incorporation .....

(d) Date of Commencement of business:.....

4) **SHAREHOLDING**

a) Name(s) of Substantial Shareholders (5% and above)

	Name	No. of Shares	Amount	%
Nigeria				
Foreign				

b) Names of beneficial owners of nominee shareholding of at least 5% of the ordinary share capital apart from pensions funds (state the percentage in each case)

.....

c) State of business (where appropriate) and percentage contribution from each line (projected)

No.	Description	% Contribution to	
		Turn over	Net Profit
1.			
2.			
3.			
4.			
5.			

d) Details of Affiliates as follows: (if applicable)

(i) Name of Affiliate:.....

(ii) Address: .....

(iii) Nature of Affiliate:.....

e) Management and Principal Officers.

Name	Educational Qualification	Address	Share Qualification	% Shareholding in relation to total share capital	Remark	

f) Details of contingent liabilities (if any) estimate probability of actual due:.....

.....  
 .....  
 .....

g) (i) Are you a member of any Association of Venture Capital Association of Nigeria?  
 (ii) Have you ever been found guilty of any misdemeanor breach of the rules of any such association?.....

h) (i) Is any investment advisory contract subsisting between your company and any other?  
 (ii) Details of any such investment Advisers stated below:

Name & Address	Pertinent Fund	Basis of Remuneration
.....	.....	.....
.....	.....	.....
.....	.....	.....

i) (i) Are your officers covered by a Fidelity guarantee Insurance?

(ii) If yes give details:

Name & Insurer	Insured Valued	Date Last Premium paid	Previous Claims (if any)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....



Retained profit  
Profit before tax  
Taxation  
Profit after tax  
Earnings per share  
Dividend per share

**SIGNATURES AND CERTIFICATION**

Pursuant to the requirements of the Investment and Securities Act 2007 and the Rules and Regulations made thereunder, the Applications/Registrants has duly caused this application form to be signed on its behalf by the undersigned hereunto duly authorized.

.....  
Applicant/Registrant

Date:..... Signature:.....

.....  
(Full Name and Title)

I certify that to the best of my knowledge and belief the information set-forth in this application form is true, complete and correct.

.....  
Date Signature

.....  
(Full Name and Title)

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Sworn to Before Me Commissioner of Oath