

SECURITIES AND EXCHANGE COMMISSION (SEC) NIGERIA



APPLICATION FORM FOR REGISTRATION OF SECURITIES OF REAL ESTATE INVESTMENT TRUST (REIT) IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 160 (1) –(4); 161 (1) – (5), 194 OF THE INVESTMENT AND SECURITIES ACT, NO 29, OF 2007 AND RULES 266 – 281 OF THE SEC RULES AND REGULATIONS

Instructions for Completion of Forms

- i. All questions must be answered in the spaces provided and not left blank. Where a question is not applicable please indicate by N/A in the space provided.
- ii. Answers to questions should be typed/printed and not handwritten. Handwritten entries will result in rejection of application.
- iii. 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.
- iv. In event of any material change to the information provided in this application prior to the authorization of the Offer/Scheme, the applicant shall notify the Commission of such changes immediately.
- v. Any false/misleading information found to have been supplied herein shall attract appropriate sanction/penalty in line with the requirement of Rule 3 (4) of the SEC Rules and Regulations.

Date of submission of application	
Reference/Processing Application No	
Cheque NO.	

1 APPLICANT/SPONSOR

- i) Name:.....
(Exact name as in the certificate of incorporation)
- ii) Address:.....
(Principal office address)
- iii) Date of Incorporation:.....
- iv) Type of business/commencement date:.....
- v) Telephone Number:..... Fax..... E-mail.....
- vi) Is applicant registered by S.E.C? Yes No
- vii) If yes, state type of registration.....
- viii) Expiry date of registration.....
- ix) Paid up share capital.....
- ix) Rationale/objective for sponsoring the establishment of the Fund.....
.....

x) **Proposed Type of REITs. (Please tick)**

Listed REITs (Closed ended) Non Listed REITs (Open ended)

Names of individuals or institutions having at least 5% shareholding in the Sponsor Company.

S/N		Names	Address	No. of Shares	Value as at Current date	%
1.	Nigerian					
	-
	-
	-
	-
2.	Foreign					
	-

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2 THE TRUST FUND:

- a) (i) Name of proposed Fund:.....
- (ii) Proposed date of Commencement:.....
- b) Investment Objective of the Fund:.....
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- c) Description/Details on Investment Strategy (please provide explanation on strategy for achieving Investment Objective).....
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- i) Description/Details on Asset acquisition Strategy.....
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- ii) Proposed size/value (Aggregate Number of Units being offered).....
- iii) Nominal Value per unit.....
- d) Frequency of Income Distribution.....
- i) Proposed Obligatory Income Distribution Rate (OIDR) (if beyond the minimum 90% requirement).....
- ii) Proposed plan for utilization of Retained Income Balance (RIB).....
- iii) State Target Market/Class of Investors the Fund is aimed at.....
-
- iv) Estimated Period for Fund to earn Returns on Investment.....

- e) **Give names of any individuals or institutions holding at least 5% of total value of the Fund**

S/N	Asset Types	% Proportion to Total Assets	Details/Description on proposed Assets
1.	Director Real Estate - Residential - Commercial - Others (provide details)		
2.	Secured Mortgage Lending		
3.	Real Estate Related Assets (provide details)		
4.	Non Real Estate Assets - Equity Securities - Fixed Income Securities - Money Market Securities - Government Securities - Bank/Cash		

- f) **Proposed (Geographic Distribution of Properties to be held by the Fund)**

S/N	Type and Description of Property	Location	% Geographic Distribution	Justification

- g) **PROPERTIES** (if proposed Fund already own properties)

- (a) Freehold:

Title and Location	Current Value	Amount of debt secured on the Property (if any)
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(b) Leasehold:
Title and Location Current Value Unexpired Period Annual Rent

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h.) Proposed Time Schedule (Tentative) for completing/achieving asset allocation structure following receipt of offer proceeds.....

3. THE FUND MANAGER

a) Name & Address (b) Date & place of incorporation
 (c) Date of commencement of business

d) Authorized Capital

e) Paid up capital.....

State number and amount per share

Telephone no..... Fax..... E-mail

e) Issued and paid up Capital

f) Shareholding of Fund Manager

i) Give names of individual(s) or institution(s) holding at least 5% of shares in Management Company:

	Name of Company	No. of Shares	Amount	%
NIGERIAN				
FOREIGNER				

ii) **MANAGEMENT AND PRINCIPAL OFFICERS OF THE FUND MANAGER**

Name	Educational Qualification	Position Held	Address	Share Qualification	% Shareholding in relation to total share capital	No. of Units of Scheme held	Remarks

iii. Furnish details of Affiliates of the Sponsors/Management Company of the Trust as follows:

Name of Affiliate	Address:	Nature of Affiliation
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.....
.....
.....
.....
.....
.....

(a) Have you ever been found guilty of any misdemeanor or breach of the rules of any such Association? *Yes/ No

(b) Give below details of charge(s) and sanction imposed by the Association:

iv) Funds under Management within the last 5years (if any)

Title of Fund	Year Commenced	Current *Yes/No	Estimated Value of Aggregate Assets	Reason(s) for Discontinuance (where applicable)
.....
.....
.....
.....

v) Give full details of contingent liabilities (if any)

4 TRUSTEES TO THE TRUST FUND

a) i. Name and Address of Trustees:.....

Telephone no..... Fax..... E-mail

ii. Disclose special relationship with/or Management Company

iii. Remuneration

vi) Management of Trustee Company

Name	Educational Qualification	Position Held	Address	Units of Scheme held	Remarks

vii. Particulars of Trusteeship of other Collective Investment Schemes within the last 5 years.

Title of Scheme	Year Commenced	Current	Reasons for Cessation *Yes/No

viii. Have you ever been sued for or found guilty of breach of trust under the laws of Nigeria?
*Yes/No

If Yes, Please give details.....
.....
.....

ix. Remunerations/Charges of Trustee.....
.....

x. Briefly describe below the facilities available for ensuring safe custody of the Funds and assets of the Real Estate Investment Trust/Fund(s) under your Trusteeship.....
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5. PROPERTY MANAGEMENT COMPANY

- i. (a) Name of Proposed Property Management Company.....
.....
- (b) Date and Place of Incorporation.....
- (c) Address
.....
.....
- (d) Relationship with Management Company.....
- (e) Relationship with Trustee Company.....
Telephone no..... Fax..... E-mail

- ii. SEC Registration Status:
 - Date of Registration.....
 - Validity/Currency of Registration.....

iii History of Property Management Operation

S/N	Description/Type of Properties	Location of Property	Value of Property as at the last year	Length Period covered for the Management of the Property

- iv. Relationship with Management Company.....
- v. State No. of Shares and Amount.,.....
- vi. Authorized Capital.....
- vii. Issued and Paid up Capital.....

6. PROPERTY VALUATION COMPANY (ESTATE VALUER)

(c) Name of Estate Valuer.....
 Business Address.....

.....
 Telephone no..... Fax..... E-mail

- vii) (a) Are your officers covered by a Fidelity Guarantee Insurance? Yes/No
- (b) Furnish further details as below:

Name of Insurer	Insured Value	Date Last Premium Paid	Previous Claims (if any)
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.....
.....

7 INSURERS OF THE TRUST PROPERTIES

- a) i. Name and Address of Insurance Company nominated for the Trust Fund:.....

 Telephone no..... Fax..... E-mail.....

- ii. Disclose special relationship with Trustee and/or Management Company of the Trust Fund (if any)
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- iii. Remuneration.....

8 RATING AGENCY

- i. Name and Address of Rating Agency:.....
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- Telephone no..... Fax..... E-mail
- ii. Disclose special relationship with Trustee and/or Management Company of the Trust Fund (if any).....
- iii. Is Agency registered with the S.E.C. YES NO
- iv. Fees.....
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8. LITIGATION

State briefly any material legal proceedings to which your company, any of your partners or associates are a party.....

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SIGNATURES AND CERTIFICATION

Pursuant to the requirements of the Investments and Securities Act, NO 29, 2007 and the Rules and Regulations thereunder, the Applicant/Sponsor has duly caused this application form to be signed on its behalf by the undersigned hereunto duly authorized.

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Applicant/Sponsor

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)

SWORN to at the Court Registry this day of

BEFORE ME

.....

COMMISSIONER FOR OATHS