SECURITIES AND EXCHANGE COMMISSION (SEC) NIGERIA



APPLICATION FORM FOR AUTHORIZATION AND REGISTRATION OF INFRASTRUCTURE FUNDS IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 13 (h); 160 (1) - (4); 161 (1) - (5) OF THE INVESTMENT AND SECURITIES ACT, NO. 29, OF 2007, AND THE DRAFT RULES ON INFRASTRUCTURE FUNDS

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. All entries made in this form must be typed. Hand written entries will result in rejection of application
- 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 change (s) 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 notary public.

1. APPLICANT/REGISTRANT

2.

a)	Name.
	(Exact name as in certificate of incorporation)
b)	Head Office
c)	Branch Office (i)
d)	Branch Office (ii)
e)	Other Address, if any (iii)
f)	Telephone Number
TI	HE SCHEME/FUND
a)	(i)Name of Proposed Scheme:
	(ii)Proposed Date of Commencement:
b)	Objective of the Scheme:
c)	Industry or Geographical focus of the Fund:
d)	Investment Criteria for Target Portfolio Companies:
e)	(i) Total Capital Commitment:
	(ii) Net Target Investment Return:
	(iii) Distribution of Proceeds and Sharing Ratio:
g)	Fees and Charges connected with investment in the Fund:

h)	Provision for admission of new and withdrawal of existing investors:
i)	Exit Routes from Investments:
:)	
j)	Management participation in the Fund:
k)	Repayment of Capital:
1)	Duration of the Fund and extension:
DET	AILS OF MANAGEMENT COMPANY/ GENERAL PARTNER ¹
(a)	Names:
(b)	Address:
(c)	Date of Incorporation
(d)	Date of Commencement of business:

4. SHAREHOLDING STRUCTURE OF THE MANAGEMENT COMPANY/ GENERAL PARTNER

3.

a)	Name(s) of Substantial Shareh	olders (5% and above)		
	Name	No. of	Amount	%
		Shares		
Nigeria				
Foreign				

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

.....

1. Details of General partner applies if fund is setup as a partnership, otherwise fill in details of Fund Manager

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

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

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

(i) Name of Affiliate:....

(ii) Address:

(iii)Nature of Affiliate:

e) Management and Principal Officers.

	0	1			
Name	Educational	Address	Share	% Shareholding in	Remarks
	Qualification		Qualification	relation to total share	
				capital	

f) Details of Management of other Schemes in the last five (5) years

Name of Scheme	Nature of Business	Year of floatation	Current status

f) Details of contingent liabilities (if any) & estimate probability of an outflow of resources resulting from contingent liabilities.

g) (i) Are you a member of any Trade Association? If yes please give de

	(ii)	•	r been found guilty on?	•			•	
h)	(i) Is any investment advisory contract subsisting between your company and any other?(ii) Details of any such investment Advisers stated below:							
	Name a	& Address	Pertinent	Fund	Ba	sis of Ren	nuneration	
i)	(i)		ers covered by a F					
	(ii)	If yes give det	ails:					
	Name o	& Insurer	Insured Valued		e Last nium paid		ous Claims (if any)	
						• •••••		
		· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••					
j)		• • • •	vious claims relation	-				
k) 1)	Details	of Subvention						
m)	•		mmary (including of application)	manageme	ent account a	as at imme	diate quarter	
5. MA	Five ye		ANY/ GENERAI tatement or such 5years.				has been in	
			Year 5 N'000	Year 4 N'000	Year 3 N'000	Year 2 N'000	Year 1 N'000	
	Proprie Accour Financi	t bank and in h ety investments						
	ТОТА	L ASSETS:						

LIABILITIES:

Bank Overdraft Accounts payables Financial liabilities Tax payable Dividend Payable Deferred Taxation

TOTAL LIABILITIES:

FUNDS UNDER MANAGEMENT

NET ASSETS

CAPITAL RESERVES: Share Capital Share premium Reserve

Retained Earnings Profit before tax

Taxation Profit after tax Earnings per share Dividend per share

6. DETAILS OF TRUSTEE²

a)	Name of Proposed Trustee
b)	Date & place of incorporation
c)	Relationship of Trustee with Management company
d)	Authorized Capital
e)	Amount of issued & paid up share capital

f).Management and principal officers of Trustee

Name	Educational Qualifications	Position held	Address	Units of scheme held	Remark

g).Details of Trusteeship of other Schemes within the last 10 years

Name of Scheme	Year trusteeship	Current status	Reason for cessation (if
	commenced		applicable)

h). Remuneration/charges of Trustee (with respect to this application).....

i). State basis of remuneration.....

7. TRUSTEE'S FINANCIALS:

Five year financial statement or such number of years the Trustee has been in existence if less than 5 years.

·	Year 5	Year 4	Year 3	Year 2	Year 1
	N'000	N'000	N'000	N'000	N'000

ASSET:

Cash at bank and in hand Propriety investments Account receivables and other assets Financial Assets Non current Assets

TOTAL ASSETS:

LIABILITIES:

Bank Overdraft Financial Liabilities Other Liabilities Tax payable Dividend Payable Deferred Taxation

TOTAL LIABILITIES:

NET ASSETS

CAPITAL RESERVES:

Share Capital Share premium Reserve Retained Earnings

Profit before tax Taxation Profit after tax Earnings per share

SIGNATURES AND CERTIFICATION

Pursuant to the requirements of the Investment and Securities Act 2007 and the Rules and Regulations made there under, the Applicant/Registrant 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 application form is true,	ny knowledge and belief that the information set-forth in this mplete and correct.
Date	Signature
	(Full Name and Title

NB:

This form should be notarized