



RC NO.1571343

Official use:

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# Agroyields Farm Investment Form

In response to the advertisement in both print and electronic media, I/we hereby subscribe for Poultry Farm Investment of Agroyields Africa Ltd

Kindly fill the form by providing the appropriate information and tick the boxes where necessary

Tenor Of Investment:	6 Months <input type="checkbox"/>	9 Months <input type="checkbox"/>	12 Months <input type="checkbox"/>
Date of Offer	<input type="text"/>		
Minimum Investment : ₦50,000.00(per unit)	Number of Units Applied for:		
Total Amount Applied For:			

### 1. Individual Applicants (to be completed in block letters)

Full Name

Surname: .....

First Name: .....Middle Name:.....

Sex: Male  Female

Occupation: .....

Phone No: \_\_\_\_\_

Address:.....

.....

Means of I.D: .....

Date of Birth: .....

E-mail Address: .....

Name of Next of Kin:.....

.....

Phone No. of Next of Kin:.....

Name of Bank:.....

Bank Number

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Usual Signature: .....

Date: .....

### 2. Joint Applicants (to be completed in block letters)

**Full Name (Surname first)**.....

..... (State titles if any e.g. Mr., Mrs., Miss)

Occupation:.....

Phone No: .....

Address: .....

.....

Name of Next of Kin:.....

.....

Phone No. of Next of kin.....

Name of Bank.....

Bank Number:

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Usual Signature: .....

Date: .....

**3. Corporate Applicants (to be completed in block letters)**

**Company's Name:**

.....

Type of Business:

.....

R/C No:

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Address:.....

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Means of I.D.....

E-mail Address: .....

Contact Person: .....

Phone No:.....

Signature: .....

Name of Bank: .....

Bank Number

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Usual Signature: .....

Date: .....

**Investor Category of Applicant (tick the appropriate Box)**

Individual  Joint  Corporate  Others

**Confirmation:**

I,.....as the applicant, hereby affirm that the information given in this form is true and I have crossed checked to ensure that there are no errors.

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

## Agroyields Africa Ltd

Contacts:

[info@agroyields.com](mailto:info@agroyields.com)

+234 802 216 2026

+234 802 896 1555

*Office Addresses:*

*Abuja Office:*

*Box Office Incubator, 215 Konoko Crescent,*

*Off Ademola Adetokumbo Crescent,*

*Wuse 2 Abuja.*

*Lagos Office:*

*3rd Floor, Africa Re Building,*

*Plot 1679 Karimu Kotun Street,*

*Victoria Island, Lagos.*

## Our Partners



## INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

**Agroyields Africa Limited hereby outline guidelines on filling the form, kindly read through for proper understanding.**

1. All applications must be filled in the company form provided.
2. Applications must be for a minimum of N50,000.00 and thereafter, in multiples of N50,000.00.
3. The Application Form, when completed should be submitted to the Agroyields staff/office or online. Applications must be accompanied by full payment for the amount applied for, which must be paid to the company's bank account at the time of submission of the form. Payment may be in any form (direct payment, cheque, e-transfer or online transfer).
4. For joint applications, information on the Applicants should be provided in the appropriate boxes. However, all correspondence will be addressed to the first named Applicant.
5. An application by a firm, which is not registered under the Companies and Allied Matters Act, should be made either in the name of the proprietor or in the names of the individual partners. In neither case should the name of the firm be mentioned.
6. An application from a corporation must bear the corporate body's seal and be signed in accordance with the company's signature mandate by duly authorized officials. A corporate stamp may be used where the corporate seal is not available.

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### **BANK ACCOUNT DETAILS:**

- Zenith Bank:

Account name: AGROYIELDS AFRICA LIMITED  
Account Number: 1016305286

- UBA

Account name: AGROYIELDS AFRICA LIMITED  
Account Number: 2129842732

