



STL CET
SUBSCRIPTION FORM

SUBSCRIBER'S DETAILS

Surname

Other Names

Date of Birth

Sex

Contact Address
.....

Telephone Number
.....

E-Mail

Occupation

Duration of the Trust (Pls Tick).... 2 years() 3years () Specified Period ()

Payment Option (Pls Tick)..... 1. Cash () 2. Draft () 3. SOI ().

I hereby authorize Skye Bank Plc to debit my Account No monthly, with the sum of N..... and credit same to STL Trustees Account No. 1770534767 from/...../201..... Unt il and unless I give contrary instruct ion in that regards.

Affix passport size of Beneficiary

BENEFICIARY (IES)

NAME	ADDRESS	SEX	AGE	RELATIONSHIP

SIGNATURE

DATE