SOLITRUST GROUP

RC.1513753
Head Quarter: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.
Tel: +234 802 559 7656, +234 803 615 8014
E: info@solitech.com.ng
E: solitrust@gmail.com
E: welfare@solitech.com.ng
E: cooperative@solitech.com.ng
W : www.solitech.com.ng

Date: _____

START UP/EXPANSION CASH INVESTMENT

SOLITRUST Group of Companies Ltd. (SOLITRUST INVESTEMENT THRIFT & CREDIT COOPERATIVE SOCIETY LIMITED seeks partnerships with the goal to expanding its businesses under the following terms and conditions:

i) That SOLITRUST Group of Companies Ltd. will accept funds as offered by any investor or Partner
ii) That SOLITRUST Group of Companies Ltd. will trade with the funds as provided and share the interest with the investor on monthly basis.
iii) That an interest of between (1 to 3)% of the invested cash will be given to the Investor monthly but the invested capital remains constant and can be called back by the investor at any time.
iv) That the investor will give a 4 to 16 weeks' notice anytime he/she needs his/her invested cash back.
v) That all cash transactions to both parties must be through an account with any commercial bank in Nigeria or Abroad or duly receipted.
vi) SOLITRUST Group of Companies Ltd. account are as follow:
Account Name**: *SOLITRUST Cooperative Society Ltd***
a) Account Number: **/ Zenith Bank**
b) Account Number: **/ Guaranty Bank**

Based on the above;

I/We_____ have agreed to invest/partner with SOLITRUST Group of Companies Ltd. With the sum of:
Amount In word: _____
Amount in figure: ₦ .00K

Names/Signatures

Investors/Partners
Name: _____
Date: _____Tel: _____
Signature:_____

SOLITRUST Group of Companies Ltd.
Name: _____
Date: _____Tel: _____
Signature: _____

Witnesses

Investors/Partners Witness
Name: _____
Date: _____Tel: _____
Signature:_____

SOLITRUST Group of Companies Ltd. Witness
Name: _____
Date: _____Tel: _____
Signature: _____

SOLITRUST Group Of Companies

HQ: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.
Tel: +234 802 559 7656, +234 803 615 8014

INVESTOR DETAILS

Account Details to which SOLITRUST will only do transaction of all cash to.

FILL WITH CAPITAL LETTERS

Sure Name	
Middle Name	
Other Name	
Phone Number's	
Account Number	
Bank Name	

NEXT OF KIN

FILL WITH CAPITAL LETTERS

Name	
Home Address	
Office Address if any	
Email if Any	
Phone Numbers	

Details Address

FILL WITH CAPITAL LETTERS

Name	
Address 1	
Address 2	
Names know with in your Area.	

Notices

i) Any party can Terminate this contract by written notice of not less than 4 to 8 weeks

ii) Note also that the interest rate are subject to changes in line with the prevailing economic realities, in such case investor/partners will be duly communicated.

Official Use Only

Name Of Staff: _____ Signature: _____ Date: _____

Comment: _____

_____