

## REGISTRATION DETAILS

### APPLICANT

Title (Mr/Mrs/Ms...)	First Named Holder's name in full	Customer Ref.:
Address		
Post Code	Country	
Tel No.	Nationality	I.D. Card/Passport/Reg No.

### JOINT HOLDERS / LEGAL GUARDIANS

Title (Mr/Mrs/Ms...)	First Joint Holder's name in full
I.D. Card/Passport/Reg No.	
Title (Mr/Mrs/Ms...)	Second Joint Holder's name in full
I.D. Card/Passport/Reg No.	

## INVESTMENT DETAILS

I/We apply for shares in the Fund/s indicated below under the Terms and Conditions as outlined on the back of this form and in the Prospectus.

FUND NAME	TYPE OF SHARES	CCY	LUMP SUM INVESTMENT	MONTHLY SAVINGS AMOUNT	COMMISSION

## METHOD OF PAYMENT

I/We wish to pay by: (tick as appropriate)

Cheque / Banker's Draft (details of cheque/banker's draft) \_\_\_\_\_

Debiting my/our account with: \_\_\_\_\_  
Name of Bank and Branch

Account Number \_\_\_\_\_ Account Type  Euro  External  Foreign Currency

Standing Order: (for monthly savings only - please attached photocopy fo Standing Order Request form)

Other: \_\_\_\_\_

## SOURCE OF FUNDS

"Source of funds" refers to the activity, event, business, occupation or employment generating the funds used in this particular transaction. *Tick those that apply*

- Employment
  Inheritance
  Income from Assets  
 Property Sale
  Other

FOR VFM USE ONLY:

Client Ref.

Deal No.

No. of Shares

For official use only  
Intermediary's Rubber Stamp

## DECLARATION BY INVESTOR

I am/We confirm all declarations as contained in my/our first application form. Execution by bodies of persons is to be made by duly authorised officers whose capacity must be stated.

\_\_\_\_\_  
First Named Holder's Signature

\_\_\_\_\_  
First Named Holder's Name in full and capacity (if applicable)

\_\_\_\_\_  
First Joint Holder's Signature

\_\_\_\_\_  
First Joint Holder's Name in full and capacity (if applicable)

\_\_\_\_\_  
Second Joint Holder's Signature

\_\_\_\_\_  
Second Joint Holder's Name in full and capacity (if applicable)

Date \_\_\_\_\_

Date: Signing Instructions:  ALL TO SIGN  ANY TO SIGN

## DECLARATION BY INTERMEDIARY

I/We confirm to the Manager that:

- I/We have personally verified the identity of the customer appearing on this application;
- I/We have identified the source of funds in respect of this application;
- I/We maintain at our offices, the necessary identification records as well as the records relating to the source of funds to ensure a proper audit trail in relation to 1, 2 and 3 above; and
- I/We have taken all other action as required by and in accordance with applicable Prevention of Money Laundering rules and regulations to which I/we am/are subject.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in full

\_\_\_\_\_  
Designation

\*\* If applicable