

SUBSCRIPTION FORM - CLASS A SHARES - INDIVIDUAL(S)

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

If self-employed, Name and Nature of Business

Online Access Required YES NO Email

IF JOINT ACCOUNT - INDIVIDUAL #2

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

If self-employed, Name and Nature of Business

Online Access Required YES NO Email

Source of Funds

Amount of Investment USD Investment Account Number

Minimum initial investment US\$5,000.00, Government Stamp Tax - 1.75%

(To be completed by current shareholders of the Fund only)

Please attach: Certified copy of Passport (First 4 Pages) Residency Card (if applicable) NIB Card
 Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card)

** I _____ affirm that all of the information previously submitted upon my becoming an initial shareholder is accurate and up to date

DECLARATION AND SIGNATURE

By signing this application the investor acknowledges and confirms that they:

- Are 18 years of age or older.
- Read CFAL Global Equity Fund, Ltd. Offering Memorandum and accept the risk associated with the Fund.
- Agree to be bound by the provisions of the Fund's Offering Document (which may be amended from time to time).
- The Investment Manager reserves the right to refuse applications for units at its discretion.
- Acknowledge that neither the Investment Manager nor any other person guarantees the return of capital, or the performance of the Fund.
- Are eligible to invest in the Fund according to guide set out above.
- Agree to waive the right to be sent copies of the financial statements of the Fund which shall be available at the registered office of the Fund for inspection.

Signature _____ Signature _____

DAY	MONTH	YEAR

BENEFICIARY DESIGNATION

I, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the above named fund to be made payable to my beneficiary upon my death

Indicate Status of the Beneficiary Designation Revocable Irrevocable

Name of Beneficiary

Relationship to Investor Date of Birth

DAY	MONTH	YEAR

Contingent Beneficiary(ies)

Relationship to Investor Date of Birth

DAY	MONTH	YEAR

Signatures _____ New Update

DAY	MONTH	YEAR