

## SUBSCRIPTION FORM – CLASS A SHARES – CORPORATE / INSTITUTIONS

Name of Company/Institution

Contact Name

Registered Address

CITY

COUNTRY

Telephone  WORK

FAX

P.O.BOX

Online Access Required YES  NO  Email:

Amount of Investment B\$

Investment Account Number

*Minimum initial investment \$1,000.00*

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

**CFAL Balanced Fund Wire Transfer Details:**

Bank: CIBC FirstCaribbean (Swift: FCIBBSNS)

Account Name: CFAL Balanced Fund Ltd.

Branch: Main Branch, Shirley Street (Transit: 09706)

Account Number: 201667073

Source of Funds

*Required for all subscriptions over \$15,000.00*

### DECLARATION

I/we hereby acknowledge that I/we have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I/we declare that I/we am/are an eligible investor as defined in the Offering Memorandum and I/we 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.

Source of funds (if applicable): I/we certify that the source of funds listed represents the true source of funds status as of this date, and the company's subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources.

Authorized Signature \_\_\_\_\_ Authorized Signature \_\_\_\_\_ 

DAY	MONTH	YEAR

(Please note the Company Seal MUST be affixed by all corporate entities)

Please attach:

- Certified or Notarized copy of the entity's formation document (Certificate of Incorporation, Memorandum & Articles of Association, trust agreement, etc.)
- Certified or Notarized copy of list of authorized signatories
- Register or Listing of Directors
- Verification of identification for each Director (Certified or Notarized copy of Passport)
- Proof of address for each Director (Certified or Notarized copy of utility bill, bank statement or voters card)