

## 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

## JOINT ACCOUNT SIGNING MANDATE (IF APPLICABLE)

Please select signing mandate for joint account:

Select one:  Single (any one to sign)  Joint  Other

If selected, describe alternative method of signing instructions above.

Amount of Investment US\$

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

Please deduct the stamp tax from the investment amount  I/we will send additional monies to cover the stamp tax

**CFAL Global Equity Fund Wire Transfer Details:**

Bank: CIBC FirstCaribbean (Swift: FCIBBSNS) Branch: Main Branch, Shirley Street (Transit: 09706)  
Account Name: CFAL Global Equity Fund Ltd. Account Number: 201753593

Source of Funds

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

Investment Account Number

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

Please attach:  Certified copy of Passport (Photo & Signature pages)  Residency Card (if applicable)  NIB Card  
 Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card)  Wire Transfer Confirmation (if applicable)

**DECLARATION**

I/we hereby acknowledge that I/we have read The CFAL Global Equity 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. I/we acknowledge that neither the Investment Manager nor any other person guarantees the return of capital, or the performance of the Fund.

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

Signature \_\_\_\_\_ Signature \_\_\_\_\_

| DAY | MONTH | YEAR |
|-----|-------|------|
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|     |       |      |

**BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY)**

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 |
|-----|-------|------|
|     |       |      |
|     |       |      |
|     |       |      |

\*Please complete supplementary beneficiary form if designating more than one beneficiary.

Signature (s) \_\_\_\_\_

| DAY | MONTH | YEAR |
|-----|-------|------|
|     |       |      |
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New  Update