CFAL Money Market Investment Fund Ltd.

Third Floor 308 East Bay Street Nassau, The Bahamas Tel: (242) 502-7010 Fax: (242) 393-4639



SUBSCRIPTION FORM - CLASS A SHARES - CORPORATE / INSTITUTIONS

Name of Company/Institution							
Contact Nan	me						
Registered A	Address						
	CITY				COUNTRY		
Telephone		WORK		FAX		P.O.BOX	
Online Access Required YES NO Email:							
Amount of Investment B\$				Investme	nt Account Number		
		Minimum initial in	vestment \$1,000.00		(То	be completed by current sha	reholders of the Fund only)
Source of Funds Required for all subscriptions over \$15,000.00 DECLARATION							
I/we hereby acknowledge that I/we have read The CFAL Money Market Investment 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			MONTH YEAR
(1 10050 11010	o the compa	ny dear 11001 be	annice by an corp	orace entitles)			
Please at	ttach:						
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)							