STANLIB

Offshore Funds

Investment Application Form - Individual Investors

PLEASE RETURN THIS COMPLETED FORM TO:

E-mail: offshorequeries@stanlib.com

Offshore Prospectus: A copy of the current prospectus is available at www.stanlib.com or by request from the Manager or Distributor.

KNOW YOUR CLIENT (KYC) DOCUMENTATION REQUIRED

We require, as a minimum, evidence of your:

- Legal name and name(s) currently used;
- Date of birth;
- Nationality;

- Principal residential address;
- · Place of birth;
- · Passport or National Identity Number; and Sex

Accordingly, please provide:

IDENTIFICATION DOCUMENT

• A certified photocopy of a current national identity document bearing photograph.

AND/ OR:

• A certified photocopy of a current valid passport bearing photograph. A copy of the document(s) should be originally signed by the holder in the presence of a certifying official. (please take note of the certification parameters that must be adhered to below).

RESIDENTIAL ADDRESS CONFIRMATION

Certified copy of one of the following:

- Utility bill (not a mobile phone bill)
- Bank/Building Society or Credit card statement
- Local authority bill i.e. rates or Council tax
- · Current tenancy contract or agreement
- · Address confirmation must be current i.e. statements/bills not more than three months old or valid agreement

CERTIFICATION PARAMETERS

The suitable certifier must state that the copy document is:

"Certified as a true copy of the origina!"

In addition, for photographic documentation:

• "The photograph bears a true likeness to (name of individual)"

Please be advised that "Certification" must clearly state the following information concerning the person who has certified the document(s):

· Name and signature

- Date of certification
- Profession, or professional body which qualifies them as a suitable certifier
- Position or capacity

· Contact address / details

TRANSFERRING OF FUNDS FROM A SOUTH AFRICAN BANK ACCOUNT IF STANLIB PURCHASES FOREIGN CURRENCY ON YOUR BEHALF

Should you wish for STANLIB to assist with the transfer of funds offshore from a South African Bank account, please use the following details when completing the Balance of Payment (BOP) form i.e. the Application to Purchase Foreign Currency. The BOP form you complete would be for the local bank where your funds would be coming from. These funds will be transferred to the below bank account. Once received we will purchase the foreign currency for the investment.

Note: This account only accepts funds in South African Rands (ZAR). Funds should not be converted to any other currency prior to the transfer.

Beneficiary Bank Name: Standard Bank Beneficiary Bank Account Number: 7118874

Beneficiary Name: Stanlib Fund Managers Jersey Limited Beneficiary Bank Address: 47-49 La Motte Street, St Helier, Jersey JE4 8XR

Details of Charges: BEN Details of Payment: Offshore Investment

South African Reserve Bank Authority number/Ruling section: 2587dd2018-04-03



REGISTRATION DETAILS OF THE FIRST HOLDER

Units will be issued in registered, non-certificated form. Please note that the investment portfolio may have up to four holders, forms for the $additional\ two\ investors\ may\ be\ requested\ from\ offshore queries @stanlib.com.$ TITLE SURNAME FORENAME/S (PLEASE LIST ALL NAMES AS PER IDENTITY DOCUMENT) FORMER NAMES (INCLUDING MAIDEN NAME IF APPLICABLE) DESIGNATION OF ACCOUNT / PORTFOLIO (IF APPLICABLE) ID/ PASSPORT NUMBER DATE OF BIRTH D D М М Υ Υ TELEPHONE (BUSINESS) TELEPHONE (HOME) CELLPHONE NUMBER FAX NO (BUSINESS) FAX NO (HOME) E-MAIL ADDRESS (FOR CORRESPONDENCE PURPOSES) PERMANENT RESIDENTIAL ADDRESS POSTAL CODE CITY CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL) POSTAL CODE CITY



COUNTRIES OF LEGAL RESIDENCE

COUNTRIES OF DOMICILE

| REGISTRATION DETAILS OF THE SECOND HOLDER | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|-----|---|---|---|---|---|--|---------------|------------|----------|--|------|----------|--|---------|---------|---|
| TITLE | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | | | | |
| FORENAME/S (PLEASE LIST ALL NAMES AS PER IDENTITY DOCUMENT) | | | | | | | | | | | | | | | | | | | | | |
| FORMER NAMES (INCLUDING MAIDEN NAME IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | |
| DESIGNATION OF ACCOUNT / PORTFOLIO (IF APPLICABLE) | | | | | | | | | | | | | | | | | | | | | |
| ID/ PASSPORT NUMBER | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | D | D | - | м | М | - | Υ | Υ | Υ | Y | | | | | | | | | | | |
| TELEPHONE (HOME) | | | | - | IVI | | ī | ı | 1 | 1 | | TELE (BUS | PHOI | NE S) | | | _ | | | | |
| CELLPHONE NUMBER | | | | | | | | | | | | | | | | | | | | | |
| FAX NO (HOME) | | | | - | | | | | | | | FAX I (BUS | NO INES | S) | | | - | | | | |
| E-MAIL ADDRESS (FOR CORRESPONDENCE PURPOSES) | | | | | | | | | | | | | | | | | | | | | |
| PERMANENT RESIDENTIAL ADDRESS | | | | | | | | | | | | | | | | | | | | | |
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| CITY | | | | | | | | | | | | | | | | POS' | TAL E | | | | |
| CORRESPONDENCE ADDRESS (IF DIFFERENT FROM RESIDENTIAL | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS) | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| COUNTRIES OF LEGAL RESIDENCE | | | | | | | | | | | | | | | | | | | | | |
| COUNTRIES OF DOMICILE | | | | | | | | | | | | | | | | | | | | | |



RISK ASSESSMENT NOTICE

Each applicant is required to complete the codes for Source of Income, Purpose of Investment, Industry and Occupation under the applicable code category. For example, applicant 1 to complete codes under 'applicant 1 code'

| SOURCE OF INCOME | | | | | | | | | | |
|--|---|---|--|----------------------------------|---|--|--|--|--|--|
| APPLICANT 1 CODE: | APPLICANT 2 CODE: | APPLICA | ANT 3 CODE: | APPLICAN | T 4 CODE: | | | | | |
| 01. Gifts / inheritance / winnings | 04. Passive income | e (Rental, Dividends, Interest) | | 07. Retirement / insur | rance pay out | | | | | |
| 02. Trade / business | 05. Savings | | | 08. Salary / bonus | | | | | | |
| 03. Credit | 06. Child / spousal | support payments | | 09.Tax refund | | | | | | |
| PURPOSE OF INVESTME | ENT | | | | | | | | | |
| APPLICANT 1 CODE: | APPLICANT 2 CODE: | APPLIC | ANT 3 CODE: | APPLICANT 4 CODE: | | | | | | |
| 01. Start and expand a business | 02. Education savings | 03. Foreign exchange hedging | 04. Save for retire | ement / financial goals | 05. Winding up estate | | | | | |
| INDUSTRY | | | | | | | | | | |
| APPLICANT 1 CODE: | APPLICANT 2 CODE: | APPLICA | ANT 3 CODE: | APPLICAN | T 4 CODE: | | | | | |
| 01. Government, state owned enterprise, armed forces | 05. Politics | 09. Administrative and supservice | nport and education | | 17. Information, technology and communication | | | | | |
| 02. Gambling | 06. Mining and quarrying | 10. Agriculture, forestry an fishing | d 14. Electricity, water waste management | | 18. Manufacturing, wholesale or retail | | | | | |
| 03. Non-profit / religious organisation | 07. Motor vehicles, transportation | nn, land 11. Arts, entertainment, hospitality | 15. Financial, inves | , investment and insurance | | | | | | |
| 04. Real estate | 08. Unemployed | 12. Construction | 16. Human health a | ealth and social work activities | | | | | | |
| OCCUPATION | | | | | | | | | | |
| APPLICANT 1 CODE: | APPLICANT 2 CODE: | APPLICA | ANT 3 CODE: | APPLICAN | T 4 CODE: | | | | | |
| 01. Executive / General | | 04. Management | 07. Self employed | 1 | 0. Clerical support | | | | | |
| 02. Heads of government / cabinet minis | ster / judges | 05. Professional | 08. Unemployed | 1 | 1. Craft and trades worker | | | | | |
| 03. Traditional leader / royal family | | 06. Religious leader | 09. Technician, Sales or S | ervices 1 | 2. General Staff | | | | | |
| | | 13. Retired | 14. Sports Professional | 1 | 15. Security Services | | | | | |
| CORRESPONDENCE ME | THOD | | | | | | | | | |
| The Manager will by default compreferred correspondence methor | od to post. | neans, however, investor | s have the choice at | any time to instruc | ct the Manager to update | | | | | |



INVESTMENT DETAILS

The minimum investment amount is USD2,500 or currency equivalent.

| Class Name | Share Class | Fund Currency | Investment Amount | Broker Initial Commission |
|--|-----------------------|------------------|----------------------|------------------------------|
| STANLIB OFFSHORE UNIT TRUSTS | Share Class(A, B1)* | | | |
| STANLIB Euro Cash Fund | A | EUR | | |
| STANLIB Sterling Cash Fund | A | GBP | | |
| STANLIB US Dollar Cash Fund | A | USD | | |
| STANLIB Global Bond Fund | | USD | | |
| STANLIB Global Balanced Cautious Fund | | USD | | |
| STANLIB Global Balanced Fund | | USD | | |
| STANLIB Global Equity Fund | | USD | | |
| STANLIB European Equity Fund | | EUR | | |
| STANLIB Global Emerging Markets Fund | | USD | | |
| STANLIB Global Property Fund | | USD | | |
| STANLIB Multi-Manager Global Bond Fund | | USD | | |
| STANLIB Multi-Manager Global Equity Fund | | USD | | |
| STANDARD BANK INTERNATIONAL FUNDS LIMITED | Share Class (B or C)* | + | | ' |
| Multi-Manager Global Balanced Fund | | USD | | |
| Multi-Manager Global Balanced Fund | | GBP | | |
| Multi-Manager Global Equity Fund | | USD | | |
| Multi-Manager Global Equity Fund | | GBP | | |
| MELVILLE DOUGLAS | | | | ' |
| Melville Douglas Global Growth Fund Limited - USD Global Growth Fund | | USD | | |
| Melville Douglas Select Fund Limited - Global Equity Fund | | USD | | |
| Melville Douglas Income Fund Limited - USD Income Fund | | USD | | |
| Melville Douglas Income Fund Limited - GBP Income Fund | | GBP | | |

^{*} B1 & C Classes are clean and pay no trail commission. Where fees are not selected we will default to 0%.

EXPECTED FUTURE ACTIVITY

Please provide the following details for any regular payments you anticipate making into the class funds:

| | Class Name | Currency | Investment Amount | Frequency |
|----|------------|----------|-------------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

BANK DETAILS

Payment by cheque is not accepted. Funds should be transferred and paid in the Class Fund's currency using the banking details listed below:

| Currency | | Account holding bank | | Account number |
|------------------|---|---|--|--|
| Sterling (GBP) | Bank Name: SWIFT: Sort-Code: IBAN: | Bank of New York Mellon, London IRVTGB2X 70-02-25 GB53IRVT70022554756360 | Account Name: Account Number: Address: | STANLIB Subs and Reds 54756360 One Canada Square, Canary Wharf, London |
| US Dollars (USD) | Bank Name: SWIFT: ABA Number: | Bank of New York Mellon, New York IRVTUS3N 021000018 | Account Name: Account No: Address: | STANLIB Subs and Reds 8901158895 101 Barclay Street, New York, NY 10286, United States |



| | unt Name: STANLIB Subs and Reds unt Number: 7714069711 ess: MesseTurm, Friedrich-Ebert-Anlage 49, 60308 Frankfurt am Main, Germany |
|--|--|
|--|--|

Please ensure funds are transferred and paid in the Class Fund's currency and please note that third party payments are not permitted.

| Intergovernmental tax information exchange agreements ex Common Reporting Standards. Personal account holders st tax authority and thereafter any tax authority in which they details sections in full. | nould e | xpect that their | personal and account informa | tion will be exchange | ed with the Jersey |
|--|----------|------------------|--|-----------------------|--------------------|
| FIRST APPLICANT | | | | | |
| CITIZENSHIP DETAILS | | | | | |
| ARE YOU A SOUTH AFRICAN CITIZEN? | YES | NO | IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER | | |
| ARE YOU A USA CITIZEN? | YES | NO | | | |
| TAX DETAILS | | | | | |
| ARE YOU A REGISTERED TAX PAYER? | YES | NO | | | |
| ARE YOU A REGISTERED TAX PAYER IN THE USA? | YES | NO | | | |
| ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? | YES | NO | | | |
| If 'YES', to any of the above, please list all countries (incluassociated tax identification numbers in the table below. By Identification Number. | | | | | |
| Country(ies) of Tax Residency | | | Tax Identification Number | | Not Applicable |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| SECOND APPLICANT | | | | | |
| *Additional forms for applicants three and four may be requested fr | om offsl | horequeries@st | anlib.com | | |
| CITIZENSHIP DETAILS | | | | | |
| ARE YOU A SOUTH AFRICAN CITIZEN? | YES | NO | IF YES, PLEASE PROVIDE YOUR IDENTITY NUMBER | | |
| ARE YOU A USA CITIZEN? | YES | NO | | | |
| TAX DETAILS | | | | | |
| ARE YOU A REGISTERED TAX PAYER? | YES | NO | | | |
| ARE YOU A REGISTERED TAX PAYER IN THE USA? | YES | NO | | | |
| ARE YOU A REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? | YES | NO | | | |
| If 'YES', to any of the above, please list all countries (incluassociated tax identification numbers in the table below. By Identification Number. | _ | | - | | |
| Country(ies) of Tax Residency | | | Tax Identification Number | | Not Applicable |
| 1. | | | | | |



2.

FATCA/CRS DECLARATION

| Country(ies) of Tax Residency | | | | | Tax Identification Number | | | | | | | | | | Not Applicable | | | | | | | | | |
|---|------------------------------------|------------------------|---------|------------|---------------------------|--|------------|-----------------|---------|--------|-------------|----------------|-----------|-------|----------------|----------|----------|----------|----------|--------|-------|-------|------|----|
| 3. | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION PAYMENT | BANK | (DE | TAII | LS | | | | | | | | | | | | | | | | | | | | |
| Please indicate where the monies party payments. | are beir | ıg pai | d or ti | ransf | errec | l from | n. Pl | ease | note | that : | STA | NLIE | 3 Fu | nd N | /lana | gers | Jers | ey L | imite. | d do | es no | ot ac | cept | th |
| BANK NAME | | | | | | | | | | | | | | | | | | | | | | | | |
| BRANCH | | | | | | | | | SWI | FT/S0 | ORT/ | /BRAN | NCH | | | <u> </u> | | | | | | | | T |
| 77.77 | | | 1 | 1 | | I | I | | COI |)E | | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | l I | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| CCOUNT NAME | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE OF FUNDS | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE OF WEALTH | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Unless you are utilising STA ransferring bank and not to STAN application. | | | | _ | | - | | | | | | | | | | | | | | | - | | | |
| REDEMPTION PAYMENT | BANK | DET | ΓAIL | S | | | | | | | | | | | | | | | | | | | | |
| Please indicate where you will requ | | | | | | | | | | | | at pr | oce | eds | will b | e se | nt by | / Ele | ctron | ic Ba | ank | | | |
| ransfer STANLIR Fund Manager | e larea | / I imi | | | | | | | | | | | | | | | | | | | | | | |
| | s Jerse | / Limi | itea a | 063 1 | | | | party | y pay | nent | s. | | | | | | | | | | | | | |
| ANK | s Jerse | y Limi | ned di | 063 1 | | | | party | y pay | | | T/90 | эт | | | | | | | | | | | |
| ANK | s Jersey | y Limi | nted di | 063 1 | | | | party | y pay | | | T/SOF | RT COD | E | | | | | | | | | | |
| BRANCH | s Jerse | y Limi | ited di | | | | | party | y payl | | | T/SOF | RT COD | E | | | | | | | | | | |
| RANCH | s Jerse | y Limi | ited de | | | | | party | y pay | | | T/SOF | RT COD | E | | | | | | | | | | |
| RANCH | s Jerse | y Limi | itea di | | | | | рапу | y pay | | | T/SOF | RT COD | E | | | | | | | | | | |
| RANCH | s Jerse | / Limi | | | | | | рапу | y pay | | | T/SOF | RT | E | | | | | | | | | | |
| SANK SRANCH ADDRESS | s Jerse | y Limi | | | | | | party | y pay | | | T/SOF | RT | E | | | | | | | | | | |
| BANK BRANCH ADDRESS ACCOUNT NUMBER | s Jerse | y Limi | | | | | | pany | y pay | | | T/SOF NCH (| RT | E | | | | | | | | | | |
| BANK BRANCH ADDRESS ACCOUNT NUMBER ACCOUNT HOLDER'S ID NUMBER | s Jerse | y Limi | | | | | | Party | y pay | | | T/SOPNCH (| RT | E | | | | | | | | | | |
| BRANCH ADDRESS ACCOUNT NUMBER ACCOUNT HOLDER'S ID NUMBER ACCOUNT NAME | | | | | | | | party | у рауу | | | T/SOP | RT | E | | | | | | | | | | |
| BANK BRANCH ADDRESS ACCOUNT NUMBER ACCOUNT HOLDER'S ID NUMBER ACCOUNT NAME I NVESTOR SI GNI NG AUT FOR JOINT ACCOUNTS, PLEASE TICK TICKED, ALL PARTIES WILL BE REQUIF | HORI THE BOX | TY | OU WIS | 6H TH | HE MA | NAGE: | ER TCS GIV | D'ACC VEN TO | EPT II | S //E | UCT | CIONS | FRC | DM AI | | | | | | | | | | |
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| BANK BRANCH ADDRESS ACCOUNT NUMBER ACCOUNT HOLDER'S ID NUMBER ACCOUNT NAME I NVESTOR SI GNI NG AUT FOR JOINT ACCOUNTS, PLEASE TICK ICKED, ALL PARTIES WILL BE REQUIF If you wish for any other specific | HORI ^T THE BOX RED TO B | TY < IF YC EXECU | DU WIS | BH THE INS | HE MAD | NAGE THE PROPERTY OF THE PROPE | ER TCS GIV | DACC /EN To | EEPT II | S // I | UCT IAGE | CIONS R | FRC | DM Al | vith | this | app | licat | ion f | orm. | | | | Y |
| Transfer. STANLIB Fund Manager BANK BRANCH ADDRESS ACCOUNT NUMBER ACCOUNT HOLDER'S ID NUMBER ACCOUNT NAME I NVESTOR SI GNI NG AUT FOR JOINT ACCOUNTS, PLEASE TICK TICKED, ALL PARTIES WILL BE REQUIF If you wish for any other specific VALUATIONS Please tick the currency in which your specific currency for valuations | HORI THE BOX | TY < IF YC EXECU | DU WIS | SH THE INS | HE MAD | NAGE THE PROPERTY OF THE PROPE | ER TCS GIV | DACC /EN To | EEPT II | S //E | UCT IAGE | CIONS R | FRC | DM Al | vith | this | app | licat | ion f | orm. | | | | Y |



DECLARATION FOR PERSONAL INFORMATION, SECURITY AND PRIVACY

The Applicant confirms that the Applicant has permission to disclose to STANLIB the personal information of any dependent or beneficiary provided in this application form. The Applicant agrees that the information provided will apply to all products and/or services whereby the Applicant has entered into an agreement with STANLIB or any of its affiliates. The Applicant agrees that STANLIB, its representatives, contracted third party service providers and any appointed financial adviser(s), including those in foreign jurisdictions, may collect, disclose or otherwise process the Applicant's personal information for the purposes of providing the Applicant with products and/or services which the Applicant has requested from STANLIB.

The Applicant understands that any information it provides in relation to any natural person (a "relevant Applicant") in this application form by whatever means in relation to an application for units in the Fund or information which may be obtained in relation to any relevant Applicant from other sources (the "personal data") will be held, controlled and processed by the Trustee/Custodian and the Manager and their respective associates as "data controllers" for the purposes of (as applicable) (i) the General Data Protection Regulation (2016/679) and any national law issued under that regulation, and (ii) the Data Protection (Jersey) Law 2018, each as amended from time to time (together, the "DP Laws"). The Applicant is advised to read in detail the Privacy and Security Statement at http://www.stanlib.com/Pages/PrivacyandSecurity.aspx, which provides an outline of the Applicant's data protection rights and the manner and purposes for which personal data relating to relevant Applicants may be processed by or on behalf of the Trustee/Custodian and the Manager and their respective associates under the DP Laws as they relate to the Applicant.

The Applicant warrants and confirms that:

- (a) it has all necessary authority to provide the personal data on behalf of each relevant Applicant;
- (b) it has and shall continue to comply in all respects with the DP Laws in relation to the disclosure of personal data pursuant to this application form; and
- (c) it will make the Data Protection Notice available to each relevant Applicant and draw their attention to it.

STANLIB undertakes to only process the Applicant's personal information as permitted by law or when STANLIB is required by law to collect and process the Applicant's personal information. STANLIB may also process or share the Applicant's personal information if required for the purposes of law enforcement or to combat money laundering and fraud. STANLIB will take reasonable steps to ensure that all personal information about the Applicant(s), their dependents or beneficiaries will be kept secure and confidential, whether processed by STANLIB or third parties, and will only be kept for as long as required or prescribed by law. In some instances, STANLIB may be required to collect or process the Applicant's personal information in order to service products or conduct research. Where appropriate, this information will be de-identified such that it cannot be linked back to the Applicant individually.

The Applicant is entitled to request access to, update or rectify the Applicant's personal information at any time. Should the Applicant's personal details change, he/she is required to notify STANLIB through his/her appointed financial adviser, or directly by calling the contact centre on 0860 123 003 within 30 days of the changes or +27(0)11 448 5000. The Applicant can make certain changes to their profile online via our secure web portal (www.stanlib.com).

SIGNATURES AND DECLARATIONS

I/We understand that this application is subject to the current Prospectus of the funds, as amended from time to time. I/We confirm that I/We have read and understand the relevant Prospectus pertaining to this investment. I/We warrant that the information contained herein is true and correct, and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our power.

I/We confirm that I/we are contracting as principal with the relevant fund (acting through the Manager as appropriate). I/We declare that I/We are not a resident/residents of the United States of America and that I/We are not holding and will not hold shares in the fund(s) for or on behalf of an individual or individuals so resident or a US person or persons. ('U.S. Person" is defined in the Prospectuses). I/We acknowledge and understand that the funds are for unit holders/shareholders who understand the inherent risks associated with such investments.

I/We acknowledge and agree that the Manager, at their absolute discretion, have the right to refuse any application for shares/units in whole or in part without providing an explanation in line with the legislative and regulatory requirements. I/We confirm that I/we will provide all the details and documentation requested in accordance with the Managers KYC I Due Diligence requirements as detailed in the relevant Prospectus pertaining to this investment. I/We also agree and authorise you to make any enquiries you deem necessary in order to verify the information contained in this application. I/We acknowledge that the contract note evidencing the issue of units/shares to me/us will not be issued until all documentary evidence requested by the Manager in order to full its obligations pursuant to applicable Anti Money Laundering legislation has been provided to the Managers satisfaction. I/We acknowledge that the Manager may not be able to effect a redemption request if documentary evidence relevant to that investment as requested by the Manager in order to fulfil its obligations pursuant to applicable Anti Money Laundering legislation in Jersey has not been provided. I/We agree that the Manager will not be liable for any losses suffered, (for example as a consequence of losses on redemption) by me/us due to any delay in obtaining documentation it requires from me/us. I/We warrant that all funds invested with STANLIB Fund Managers Jersey Limited are not the proceeds of unlawful activities and warrant that I/we have not contravened any anti-money laundering legislation and regulation applicable to me/us.

Electronic transfer of information and in particular, e-mail communication cannot be guaranteed to be secure or virus or error free. It can be intercepted, lost, corrupted and be delivered late or incomplete. By signing this application I/We accept the risks of such communication and hereby authorise electronic communication between us in the full knowledge and understanding of all the risks associated with e-mail communication. I/We agree to adopt reasonable procedures to check for and prevent the transmission of viruses prior to sending information electronically. I/We shall each be responsible for protecting our own systems and interests in relation to communicating electronically and neither the Manager or me/us (and in each case their respective directors, partners, employees, agents or servants and trustees) shall have any liability to each other on any basis (including negligence) in respect of any error, damage or loss or omission arising from or in connection with the electronic communication of information between us and the Managers/Administrators reliance upon such information. I/We confirm that I/we have read and understood the declarations as per this application form and agree to be bound by it, prior to completing this form.

I/We confirm that I/we understand the risk profile of these investments and that it is my/our obligation to familiarise myself/ourselves with and accept the risks associated with these investments.

I/We acknowledge that my/our personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which I/We have tax residence. The mandate over the holding is that notified to the Manager on this application, or subsequently received in writing.



| SIGNATURE OF FIRST HOLDER/ | DATE | | | - | | | - | | | | |
|---|------|---|---|-----|-----|-----|-----|----|----|---|---|
| AUTHORISED SIGNATORY | | D | D | | М | M | | Υ | Υ | Υ | Υ |
| SIGNATURE OF SECOND HOLDER/ | DATE | | | - [| | | -] | ., | ., | | Y |
| AUTHORISED SIGNATORY | | D | D | | М | М | | Y | Y | Y | Υ |
| SIGNATURE OF THIRD HOLDER/ AUTHORISED SIGNATORY | DATE | D | D | - | M | M | - | Υ | Y | Y | Y |
| AUTHORISED SIGNATORT | | | | | IWI | IVI | | • | • | • | • |
| SIGNATURE OF FOURTH HOLDER/ AUTHORISED SIGNATORY | DATE | | | - [| | | - [| | | | |
| AUTHORISED SIGNATURY | | D | D | | М | M | | Y | Y | Y | Y |

INTERMEDIARY DECLARATION

I/We, the Intermediary hereby confirm that I have satisfied myself as to the identity of the Applicant(s) and that I attach all the relevant certified KYC documentation to this form.

I/We acknowledge that for higher risk business further AML/CDD documentation may be requested. I/We also acknowledge that where scanned documentation is unclear, originals will be made available to the Manager or Administrator before the deal is captured.

I/We confirm we have made the applicant(s) aware of the Groups Offshore Banking capabilities and have made the appropriate direct referral as necessary.

| SIGNATURE OF INTERMEDIARY | DATE | D | D | - | М | M | - [| Y | Y | Y | Y |
|---------------------------|----------------------|---|---|---|---|---|-----|---|---|---|---|
| SIGNED AT | STANLIB ONLINE ID | | | | | | | | | | |
| BROKER NAME | OFFSHORE BROKER CODE | | | | | | | | | | |

