BOSL
Global Investment Fund

COLLECTIVE INVESTMENT SCHEME(CIS) SUBSCRIPTION FORM

A. PRIVACY & CONSENT

In subscribing for units in the BOSL Global Investment Fund Limited, you acknowledge that BOSL Fund Management Company (BFMC), as Fund Manager, is likely to collect and use some of your personal and non-personal information including details about your transactions, your financial statuses, your account relationship with BFMC and/or your account(s) (referred to collectively as "**Information**" or "**Data**") as explained in your application for the **Collective Investment Scheme** (**The Services**).

*** Denotes required information.**

B. PERSONAL/BUSINESS DETAILS

*Full Account Name: _____ *UID Number: | | | | | | | | | | | |

*Occupation/Business Description: _____

Details of Self-Employment, if Self Employed: _____

C. PERSONAL/BUSINESS CONTACT DETAILS

*Contact Numbers: Home/Fixed 1: _____ Work/Fixed 2: _____ Mobile: _____ Fax#: _____

*E-mail address: _____ Website: _____

All communication will be done via the above mentioned email address

D. ADDRESS DETAILS

* **Physical Address:**	*Mailing Address: ☐ SAME AS PHYSICAL ADDRESS (Select if applicable)
Address Line 1: _____	Address Line 1: _____
Address Line 2: _____	Address Line 2: _____
Country: _____	Country: _____
Zip Code: _____	Zip Code: _____

E. JOINT ACCOUNT HOLDER DETAILS (Please fill-in this section if applicable)

*First Name, Middle Name(s), Surname *D.O.B. (month/day/year)

2. _____ _____

3. _____ _____

SUBSCRIPTION	BOSL Global Income Fund – Series_____	BOSL Global Balanced Fund – Series_____	BOSL Global Growth Fund – Series_____
Purchase Amount (XCD)			
Front End Fee (%)			
Broker Fee (%)			
Total Amount (XCD)			

PAYMENT MODE	☐ Cheque No ☐ Account Debit ☐ Wire Transfer
	☐ Other (state):

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F. AGREEMENT

I/We subscribe for units set out above,
Frequency (select one):

☐ One -Time
☐ Monthly (commencing on the ____day of _____(month)____(year))
☐ Quarterly (every three (3) months; commencing on the _____ day of _____(month) _____(year))

I/We hereby certify that, to the best of my/our knowledge, the information provided is true, accurate and complete. I/We confirm that the money invested is from a legitimate source.

Applications that are not in accordance with the terms and conditions of the Offer Document and Subscription form are liable to be rejected.

Disclaimer:
I/We have read the Offer Document, understand and agree to all the terms and conditions set out therein including the risk factors.

The Past performance is NOT a guarantee of the future performance of the Fund.

The value of investment may fluctuate based on the market value as on the transaction date and that BFMC shall NOT be responsible for the losses suffered on account from such market fluctuations.

The BFMC, its Directors and the Investment Manager shall not be liable and will be held free and harmless against any losses, claims or liability that they may have incurred while performing their duties in good faith.

Signatory 1 (Full Name)	Signature	Date (dd/mm/yyyy)
Signatory 2 (Full Name)	Signature	Date (dd/mm/yyyy)
Signatory 2 (Full Name)	Signature	Date (dd/mm/yyyy)
Witness Name	Witness Signature	Date (dd/mm/yyyy)

BANK USE ONLY

*UID Number ☐☐☐☐☐☐☐☐☐☐☐☐

*Method of solicitation ☐ In person ☐ Via phone ☐ Email ☐ Other (please state): _____

Broker's Name	Date and Time of Receipt	UID	Reference Number

Received by:	Name:	Signature:	(dd/mm/yyyy)
Approved by	Name:	Signature:	(dd/mm/yyyy)
Verified by:	Name:	Signature:	(dd/mm/yyyy)