

# Application & Redemption Forms

## The Connaught Income Fund, Series 2 (the "Fund")

Please mail the original Application Form with all documents required as per Section A to:

**The Connaught Income Fund Series 2**  
Kleinwort Benson (Channel Islands) Fund Services Limited  
Dorey Court  
Admiral Park  
St Peter Port  
Guernsey  
GY1 3BG  
Channel Islands

**Applicant's name:** \_\_\_\_\_

		Individual Application	Corporate/ Nominee Application	SIPP/SSAS Trust Application	Tick & attach relevant documents to 1st application
A	Anti Money Laundering Measures	Required	Required	Required	<input type="checkbox"/>
B	Individual 1st Application Form	Required			<input type="checkbox"/>
C	Corporate/Nominee 1st Application Form		Required		<input type="checkbox"/>
D	SIPP/SASS/Trust 1st Application Form			Required	<input type="checkbox"/>
E	Application Confirmation & Signatures	Required	Required	Required	<input type="checkbox"/>
F	Method of Payment	Required	Required	Required	<input type="checkbox"/>
G	Introducers Certificate	Required	Required	Required	<input type="checkbox"/>
H	Dealing Notice of Additional Investment & Redemption				<input type="checkbox"/>
I	Coverall Form	Required	Required	Required	<input type="checkbox"/>

1. This Application Form must be received by Kleinwort Benson (Channel Islands) Funds Services Limited, Dorey Court, Admiral Park, St Peter Port, Guernsey, GY1 3BG. The Administrator will only consider applications if the following have been received two business days preceding the date of the relevant Dealing Day:
  - a. Application Form, completed and signed by an Investor or an authorised signatory;
  - b. Subscription amount, in the appropriate currency, net of transfer fees and charges; and
  - c. All due diligence information and documentation required as per Section A.
2. If this Application Form is not fully completed to the satisfaction of the Administrator, including the provision of any information required under Section A, it will be rejected and the relevant subscription money returned without any interest and less any applicable charges.

# Section A – Anti Money Laundering Measures

Measures as defined by the Guernsey Financial Services Commission aimed towards the prevention of money laundering as detailed within the Guidance Notes on the Prevention of Money Laundering and Countering the Financing of Terrorism (as amended from time to time) require a subscriber to verify his/her/its identity to the Administrator. [www.gfsc.gg](http://www.gfsc.gg) The requirements are set out below but the Administrator reserves the right to notify subscribers of additional requirements which may be in addition to that specified below. The obligation and the information to be provided may vary depending upon the identity of the subscriber and the capacity in which the application is made in accordance with the applicable criteria set by the Guernsey Financial Services Commission from time to time under the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999, as amended, as applied by the Administrator in accordance with its anti-money laundering procedures.

## Documents To Accompany The Application Form

### Individual

1. Certified\* copy of a valid current passport or national identity card;
2. Certified\* copy of a recent utility bill or bank statement not more than three months old bearing the applicant's residential address;
3. Details of source of funds being invested; and
4. Introducers Certificate section G (if applicable)

### Corporate Bodies quoted on a regulated market (or is a wholly owned subsidiary)

1. Proof of being quoted on a regulated market; and
2. Certified copy of the authorised signatory list.

### Corporate/Nominee

1. Certified\* copy of the Certificate of Incorporation;
2. Certified\* copy of the Memorandum and Articles of Association;
3. Certified\* copy of the authorised signatory list;
4. Certified\* copy of the share & director's registers;
5. For each director and holder of more than 25% shares a certified\* copy of his/her:
  - a. Valid current passport or national identity card; and
  - b. Recent utility bill or bank statement not more than three months old bearing his/her residential address
6. Proof of financial regulation (if applicable);

7. Proof of exchange listing (if applicable); and
8. Introducers Certificate section G (if applicable)

### Trustee

1. Proof of financial regulation OR certified\* copy of trust incorporation document
2. Certified\* copy of the beneficiary section of trust instrument
3. Certified\* copy of the authorised signatory list
4. For each settlor, protector and beneficiary of more than 25% of the trust a certified\* copy their:
  - a. Valid current passport or national identity card; and
  - b. Utility bill or bank statement not more than three months old bearing their residential address
5. Completed Introducers Certificate Section G (if applicable)

Additional documentation may be requested if deemed necessary by the Administrator.

### \*Certification

Documents **without** photos must be certified by a professional person (e.g. notary public, lawyer, accountant or banker) using wording similar to '*I [name of person], hereby confirm that I have seen the original documentation and that the copy documentation hereby provided represents a complete and accurate copy of the original*'. Documents **including** photos must be certified by a professional person (e.g. notary public, lawyer, accountant or banker) using wording similar to '*I [name of person], hereby confirm that I have seen the original documentation and that the copy documentation hereby provided represents a complete and accurate copy of the original and bears a true likeness of the person named*'.

The certifier should sign and date the copy document and indicate the position or capacity on it, together with a contact address and phone number.

*For applicants other than individual and corporate/nominee entities please contact the registration team at the administrator, Kleinwort Benson, on (+44)1481 752481 for the documentation that needs to accompany the application.*

# Section B – Individual/Joint Application Form

## Individual/Joint Application

### Joint application Y / N

I/We request that the Units issued pursuant to this subscription are registered in the name and address set out below. In respect of joint applicants, we direct that on the death of one of us the Units for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of each survivor or survivors.

1. Applicants Name in full \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

email \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Passport number \_\_\_\_\_

Occupation \_\_\_\_\_

2. Applicants Name in full \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

email \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Passport number \_\_\_\_\_

Occupation \_\_\_\_\_

Please tick this box if you wish for your income to be reinvested in the Fund each quarter.  
If you select this option you will not receive a cash payment.

Please complete the Bank details below for any income/redemption payments

### Applicant Bank Account Details

Name of Bank \_\_\_\_\_ Bank address \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_ SWIFT code \_\_\_\_\_

### I/We Enclosed With The Individual Application Form:

- a. A certified\* copy of a valid current passport or national identity card
- b. A certified\* copy of a recent utility bill or bank statement not more than three months old bearing the applicant's residential address
- c. Details of source of funds being invested \_\_\_\_\_
- d. Completed Introducers Certificate Section G (if applicable)

# Section C – Corporate/Nominee Application Form

## Corporate/Nominee

The applicant's authorised signatory request that the Units issued pursuant to this subscription are registered in the name and address set out below.

Applicants Name in full \_\_\_\_\_

Tel \_\_\_\_\_

Reference number \_\_\_\_\_

email \_\_\_\_\_

Registered address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incorporation Date \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incorporation Jurisdiction \_\_\_\_\_

Contact name \_\_\_\_\_

Incorporation no \_\_\_\_\_

Regulated Jurisdiction (if applicable) \_\_\_\_\_

Please tick this box if you wish for your income to be reinvested in the Fund each quarter.  
If you select this option you will not receive a cash payment.

Please complete the Bank details below for any income/redemption payments

### Corporate Applicant Bank Account Details

Name of Bank \_\_\_\_\_ Bank address \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_ SWIFT code \_\_\_\_\_

### I Enclosed With The Corporate Application Form:

- a. Certified\* copy of the Certificate of Incorporation
- b. Certified\* copy of the Memorandum and Articles of Association
- c. Certified\* copy of the authorised signatory list
- d. Certified\* copy of the share & director's registers
- e. For each director **and** holder of more than 25% shares a certified\* copy of their:
  - a. Valid current passport or national identity card; and
  - b. Utility bill or bank statement not more than three months old bearing their residential address
- f. Proof of financial regulation (if applicable)
- g. Proof of exchange listing (if applicable)
- h. Completed Introducers Certificate Section G (if applicable)

### Corporate Bodies quoted on a regulated market (or is a wholly owned subsidiary) ONLY

- a. Proof of being quoted on a regulated market
- b. Certified copy of the authorised signatory list
- c. Completed Introducers Certificate Section G (if applicable)

# Section D – SIPP/SSAS/Trust Application Form

## Trust

The Trustee request that the Units issued pursuant to this subscription are registered in the name and address set out below.

Trust Name in full \_\_\_\_\_

Registered Address \_\_\_\_\_

Registered address \_\_\_\_\_

Regulated Jurisdiction (if applicable) \_\_\_\_\_

\_\_\_\_\_

Regulation no \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Settlor(s) name in full (if applicable) \_\_\_\_\_

\_\_\_\_\_

Registered address \_\_\_\_\_

Contact name \_\_\_\_\_

Protector(s) name in full (if applicable) \_\_\_\_\_

Tel \_\_\_\_\_

Registered address \_\_\_\_\_

email \_\_\_\_\_

\_\_\_\_\_

Trust Incorporation Date \_\_\_\_\_

Beneficiary(ies) (of more than 25% of trust) \_\_\_\_\_

No (if applicable) \_\_\_\_\_

Registered/residential address \_\_\_\_\_

Jurisdiction \_\_\_\_\_

\_\_\_\_\_

Trustee(s) Name in full \_\_\_\_\_

Unique Tax Reference Number (if applicable) \_\_\_\_\_

Please tick this box if you wish for your income to be reinvested in the Fund each quarter.  
If you select this option you will not receive a cash payment.

Please complete the Bank details below for any income/redemption payments

### Trust Applicant Bank Account Details

Name of Bank \_\_\_\_\_ Bank address \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_ SWIFT code \_\_\_\_\_

### I enclosed with the trustee application form:

- e. Proof of financial regulation OR certified\* copy of trust incorporation document
- f. Certified\* copy of the beneficiary section of trust instrument
- g. Certified\* copy of the authorised signatory list
- h. For each settlor, protector & beneficiary of more than 25% of the trust a certified\* copy their:
  - (i) Valid current passport or national identity card; and
  - (ii) Utility bill or bank statement not more than three months old bearing their residential address
- i. Completed Introducers Certificate Section G (if applicable)

# Section E – Application Confirmation & Signatures

I/WE THE UNDERSIGNED HAVING RECEIVED AND READ A COPY OF THE CURRENT CONFIDENTIAL SCHEME PARTICULARS OF THE FUND (THE 'SCHEME PARTICULARS'), HEREBY APPLY TO SUBSCRIBE FOR UNITS AND UNDERTAKE TO HAVE SETTLED THEREFORE IN FULL NET OF TRANSFER FEES AND CHARGES BY TELEGRAPHIC TRANSFER, FOR VALUE BY TWO BUSINESS DAYS PRECEDING THE RELEVANT DEALING DAY FOR THIS APPLICATION.

I/WE CONFIRM THAT I/WE UNDERSTAND THE SCHEME PARTICULARS INCLUDING THE RISK FACTORS DISCLOSED ON PAGE 8 AND 9. I/WE CONFIRM THAT INVESTING IN THE FUND MAY INVOLVE SPECIAL RISKS THAT COULD LEAD TO A LOSS OF ALL OR A SUBSTANTIAL PORTION OF ANY INVESTMENT MADE IN THE FUND.

I/We acknowledge that the Fund is a Guernsey Authorised Open-Ended Investment Scheme which has been established in Guernsey and is, accordingly, only suitable for those investors who satisfy the relevant requirements of the Scheme particulars.

**I/We hereby apply for Units in the Fund as specified above and confirm that I/we agree with the terms of this Application Form and to be bound by the Scheme Particulars, and the Trust Instrument of the Fund.**

I/We confirm that I am/we are 18 years of age or over, and are aware of the risks involved in investing in the Fund.

I/We hereby confirm that this subscription is based solely on the Scheme Particulars current at the date of this subscription and that I am/we are not relying on any representations made by placement agents or other third parties. I/We understand that should I/we request payment in a currency other than that of the currency of the Units subscribed for the associated foreign exchange and administration charges at prevailing rates will be deducted from the payment amount. I/We understand that should I/we make the investment in a currency other than British Pound Sterling the associated foreign exchange and administration charges at prevailing rates will be deducted from the investment amount. The Administrator will not be liable in any manner for any loss resulting from a foreign exchange. If the value received is less than the amount stated in the Application Form the amount received will be invested on behalf of the Applicant provided that the amount received exceeds the Minimum Initial Application Amount.

NOTE: The Fund is unable to accept cash, cheques, travelers' cheque payments or bank drafts

## Subscription Amount

£	(In words)
€	(In words)
\$	(In words)

If you wish to remit your subscription in a currency other than those detailed above please contact the Registration Team on (+44)1481 752481

FOR EXECUTION ONLY APPLICANTS - I/WE CONFIRM THAT THE BENEFICIARY AND THEIR ADVISOR(S) HAVE READ AND UNDERSTOOD THE SCHEME PARTICULARS INCLUDING ALL RISK WARNINGS.

AUTHORISED SIGNATORY SIGNATURE: (1) \_\_\_\_\_ (2) \_\_\_\_\_

AUTHORISED SIGNATORY PRINT NAME: (1) \_\_\_\_\_ (2) \_\_\_\_\_

AUTHORISED SIGNATORY TEL (1) \_\_\_\_\_ (2) \_\_\_\_\_ DATE: \_\_\_\_\_

## Section F – Method of Payment

All investment amounts should be paid to the following account in British Pound Sterling:

Account name: Kleinwort Benson (Channel Islands) Fund Services Ltd RE Connaught Income Fund Series 2

Bank name: Kleinwort Benson (Channel Islands) Limited

Account no: 00554960

Sort code: 40-48-18

Swift code: KBENGGST

Reference: [YOURNAME] + CIFS2

### \*USD Payment Details

Account name: Kleinwort Benson (Channel Islands) Fund Services Ltd RE Connaught Income Fund Series 2

Bank name: Kleinwort Benson (Channel Islands) Limited

Swift code: KBENGGST

Correspondent Bank: JP Morgan Chase Bank NA, New York

SWIFT: CHASUS33

ABA: 02100021

Account number with JP Morgan: 001-1-926946

Reference: [YOURNAME] + CIFS2

### \*EUR Payment Details

Account name: Kleinwort Benson (Channel Islands) Fund Services Ltd RE Connaught Income Fund Series 2

Bank name: Kleinwort Benson (Channel Islands) Limited

Swift code: KBENGGST

Correspondent Bank: Commerzbank AG, Frankfurt

SWIFT: COBADEFF

Account number with Commerzbank: 4008745291

IBAN: GB68 KBEN 4048 1800 0465 76

Reference: [YOURNAME] + CIFS2

**\*When the investment be made in a currency other than British Pound Sterling the associated foreign exchange and administration charges at prevailing rates will be deducted from the investment amount. The Administrator will not be liable in any manner for any loss resulting from a foreign exchange.**

## Section G – Introducing Adviser's Certificate & Bank Details

Name of Investor as on application form \_\_\_\_\_

Reference \_\_\_\_\_ Deal size in £ \_\_\_\_\_ Account Designation \_\_\_\_\_

We certify that in accordance with the provisions of the UK Money Laundering Regulations 2003 and the Guidance Notes for Insurance and Investment Products as amended from time to time that we have verified the identity of the above named Investor and their name and address as shown on the application form corresponds with our records.

We attach certified copies of original documents as listed on application form and list them to be:

1 \_\_\_\_\_

2 \_\_\_\_\_

### We confirm that the commission structure as agreed with the Investor is as follows:

Introducer Commission Options (tick as appropriate)

1% Trail  No commission required

Trail commission payments are calculated on the position held in the Fund as at the cut off point for calculating each quarterly distribution. Trail commission will be payable by the Investment Manager quarterly in arrears thereafter during the term of the Fund. Where a reduction in the trail commission is taken, the investment allocation will be increased on a one for one basis.

Full name of introducing advisor's firm: \_\_\_\_\_

FSA Registration No: \_\_\_\_\_ Name of advisor: \_\_\_\_\_

Authorised signature: \_\_\_\_\_ Full name: \_\_\_\_\_

Contact tel: \_\_\_\_\_ Date: \_\_\_\_\_

### Introducer's Bank Details

Name of Bank \_\_\_\_\_ Bank Address \_\_\_\_\_

Bank Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_ SWIFT code \_\_\_\_\_

We will scan and e-mail a copy of this completed form to [info@connaughtam.com](mailto:info@connaughtam.com) before attaching it to the application forms. If scanning is not possible please fax a copy to 020 8947 3902 marked for the attention of Nick Hilton.

# Section H – Dealing Notice

## Additional investment & Redemption

The Connaught Income Fund, Series 2 (the "Fund")  
Kleinwort Benson (Channel Islands) Fund Services Limited  
PO Box 44, Dorey Court, Admiral Park  
St Peter Port, Guernsey GY1 3BG Channel Islands

Tel +44 (0)1481 752481  
Fax+44 (0)1481 716762

### Additional Investments & Redemption Are Subject To Investment Terms & Notice Periods

I/We \_\_\_\_\_  
being the **registered holder(s)** (from time to time) of **Units in the Fund** (the "Units") hereby give notice to:

Reference	Invest/ Redeem	Unit amount in words	Accumulate/ Income	Investment Advisor (if applicable)

I/we have NOT previously filed a Coverall Form of Additional Investment, Renunciation & Indemnity form with Kleinwort Benson (Channel Islands) Fund Service Limited.

I/We understand that the contract note for additional investments will be sent to my/our registered address. I/We understand that for redemptions the settlement proceeds will be paid to the bank account specified in my/our in my/our original unit application form. I/We have read and considered the Scheme Particulars and the Risk section within it.

Complete &  
post signed form  
do not fax

I/We have previously filed a Coverall Form of Additional Investment, Renunciation & Indemnity form with Kleinwort Benson (Channel Islands) Fund Service Limited.

I/We understand that the contract note for additional investments will be sent to my/our registered address. I/We understand that for redemptions the settlement proceeds will be paid to the bank account specified in my/our Coverall Form of Additional Investment, Renunciation & Indemnity form filed previously with Kleinwort Benson (Channel Islands) Fund Services Limited. I/ We have read and considered the Scheme Particulars and the Risk section within it.

Complete &  
fax signed form  
do not post

Unitholder(s)/Authorised Signatorie(s) Signature(s) \_\_\_\_\_

Unitholder(s)/Authorised Signatorie(s) Name(s) \_\_\_\_\_

Unitholder(s)/Authorised Signatorie(s) Tel \_\_\_\_\_ Date \_\_\_\_\_

# Section I – Coverall Form

## of Additional Investment, Renunciation & Indemnity

I/We . \_\_\_\_\_

being the **registered holder(s)** (from time to time) of **units in the Fund** ("Units"), administered by Kleinwort Benson (Channel Islands) Fund Services Limited ('You') as the Registrar wish You to:

- i. accept our general authority hereby given in this document to **invest in additional Units** of the Fund we may from time to time invest in via faxing/posting the signed **DEALING NOTICE(Section H) to You** and transferring the net settlement amount electronically;
- ii. accept our general authority hereby given in this document as a **renunciation of the Units** we may from time to time redeem via faxing/posting the signed **DEALING NOTICE** to You;
- iii. pay the settlement proceeds of all redemptions of Units to the bank account specified below by electronic transfer and in consideration of such payment(s) we hereby renounce all our interest, legal or otherwise, in the Units of the Fund but not limited to title to any such; and
- iv. dispense with the requirement for separate forms of renunciation for each and any redemption of Units now or in the future.

### In consideration of You

- i. accepting the above addition of Units; and
- ii. accepting the above renunciation of Units; and
- iii. settling the redemption proceeds electronically to the bank account specified below,

we agree to indemnify You against all claims, losses and costs which You may incur as a result of any error, omission, negligence or fraud by me/us or a member of our staff, contractors or agents with regard to the above mentioned additional investment and renunciation of Units.

We understand and accept that, notwithstanding this agreement, Kleinwort Benson (Channel Islands) Fund Services Limited reserve the right to ask for an original Redemption Notice before releasing the proceeds of any and all deals. In addition, we acknowledge that only registered holders of Units will be considered for additional investment. Furthermore, we accept that to alter the bank details to which renunciation proceeds are paid will require the completion of new agreements.

### Bank Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Sort Code \_\_\_\_\_ Swift Code \_\_\_\_\_ IBAN Number \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

### Authorised Signatories

1. \_\_\_\_\_
2. \_\_\_\_\_

This indemnity should be signed by officials authorised to give such indemnities

This document must be accompanied by a Current Certified List Of Authorised Signatories