

PART 1:**Subscription Form: Legal Entities and Trusts**

**MANHATTAN DOLLAR YIELD FUND
SUBSCRIPTION FORM
Legal Entities and Trusts**

How to Invest	
1	Once completed this form should be returned to: Manhattan Dollar Yield Fund Limited Ebene Heights, 1 st Floor, 32 Ebene Cybercity, Ebene, Mauritius
	Phone: +230 404 7000 Fax: +230 467 7050 Or e-mailed to manhattandollaryield@africanalliance.com
2	Subscriptions will only be processed on receipt of this Subscription Form and the following supporting documentation.
<input type="checkbox"/> AML documentation <input type="checkbox"/> Proof of deposit <input type="checkbox"/> Proof of banking details <input type="checkbox"/> Completed FATCA & CRS Declarations	

For office use only	Investor Number:
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Details	
<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Local Company
<input type="checkbox"/> Foreign Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Other

Investor	
Name	
Registration Number	
Income Tax Number	VAT Number
Registered Address	
	Post Code
Postal Address	
	Post Code
Telephone	Telephone (W)
Cell	Fax
Email Address	
Please specify your preferred method of receiving correspondence *	
<input type="checkbox"/> E-mail	<input type="checkbox"/> Postal address

*Where no selection is made correspondence will be sent to the e-mail address supplied above. If no email address is supplied, correspondence will be sent via post.

Investment Instruction	
Fund	Portfolio Number
Manhattan Dollar Yield Fund	
New Portfolio	<input checked="" type="checkbox"/>
Investment Amount	Lump Sum (minimum subscription: USD100 000)
Source of Funds	Total USD
	(This amount must match Cheque/ Deposit slip/Copy of Fund Transfer)
Income Distribution - mark with X	
Re-Invest	Pay into bank account
<small>Note: all income distributions will automatically be re-invested unless stated otherwise. This section only to be completed if this is the first investment made or if there must be a change.</small>	

Contact Person			
Title		Surname	
First Name(s)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Identity Number or Passport			
Income Tax Number		Country of Residence for tax purposes	
Telephone		Telephone (W)	
Cell		Fax	
Email Address			

Joint Signatory Authority	
Please indicate whether you require a joint signing authority by making an election below:	
<input type="checkbox"/>	We instruct the Manhattan Dollar Yield Fund Limited ("the Fund") to only action instructions signed by all authorised signatories.
<input type="checkbox"/>	We instruct the Fund to action instructions signed by the indicated number of signatories <input type="checkbox"/>
<input type="checkbox"/>	We instruct the Fund to action instructions signed by any of the authorised signatories and agree to terms (a) to (d) below.

The Fund will action instructions signed by any of the authorised signatories if no election is made. We jointly and severally authorise the Fund to act upon instructions placed by any one signatory on behalf of the entity subject to terms (a) to (d) below:

(a) We authorise the Fund to act upon instructions given, signed or purportedly signed by any one of the authorised signatories.

(b) We confirm that these authorisations shall apply to any further shares purchased, transferred or otherwise held by the entity.

(c) We agree that this authorisation shall remain in force until notice signed by all the authorised signatories in writing of its termination or replacement is received by the Fund and any such notice shall be without prejudice to the completion of transactions already initiated by the Fund African pursuant to the above terms.

(d) It is the policy of the Fund to send monies to the same bank account from where it originated.

Source of Funds Invested
Please specify the source of funds (e.g. investment proceeds; sale of assets; etc.) The Fund reserves the right to request documentary proof e.g. income statement, bank statement.

Banking Details of Investor			
Name of Account Holder			
Name of the Bank			
Branch Name		Branch Code	
Account Number		Account Type	
Swift Code			

Signature of Account Holder _____

- A cancelled cheque or bank statement must be attached as proof of banking details.
- The onus is on the investor to inform African Alliance of any changes to the bank account details.
- No payments will be made into third party bank accounts or credit cards. (i.e. payments will only be made to the bank account in the name of the registered investor).

Authorisation and Declaration
1 I have read and fully understood all the pages of this Subscription Agreement and agree to the Terms and Conditions of this investment and I understand that this Subscription Agreement and any further documents, read with the Constitution and PPM, constitutes the entire agreement between the Fund and me.
2.I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.

Signed at _____ Date _____

Authorised Signatories (complete Annexure A for all persons below)			
1. Full Name		Capacity	
Signature of Authorised Signatory			
2. Full Name		Capacity	
Signature of Authorised Signatory			
3. Full Name		Capacity	
Signature of Authorised Signatory			
4. Full Name		Capacity	
Signature of Authorised Signatory			

* If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.

Additional Compulsory Information (if applicable)

AUTHORISED SIGNATORIES / TRUSTEES	
Details of all authorised representatives, each manager, member, partner(s), persons exercising executive control, shareholders, trustees, and ultimate beneficial owner. (Please make extra copies where needed)	
Please tick the correct category of individual for which additional information is herewith submitted.	
<input type="checkbox"/> Managing member (CC)	<input type="checkbox"/> Additional member (CC)
<input type="checkbox"/> Partner	<input type="checkbox"/> Shareholder (Company)
<input type="checkbox"/> Founder (Trust)	<input type="checkbox"/> Trustee (Trust)
<input type="checkbox"/> Director	<input type="checkbox"/> Authorised representative
<input type="checkbox"/> Foreign signatory (Company or CC)	<input type="checkbox"/> Ultimate Beneficial Owner
<input type="checkbox"/> Named Beneficiary (Trust)	

Title		Surname	
First Name(s)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		Nationality	
Identity Number or Passport (if no RSA ID)			
Income Tax Number			
Residential Address			
		Postal Code	
Postal Address			
		Postal Code	
Telephone (H)		Telephone (W)	
Cell		Fax	
Email Address			

Signature: _____