

Once completed this form should be delivered to the Administrator:

Instruction Forms can also be mailed to the Manager:

Pivot Limited

1st Floor, 32 Ebène Heights,
Cybercity, Ebène,
Mauritius

African Alliance Mauritius Management Company Limited

1st Floor, 32 Ebène Heights,
Cybercity, Ebène, Mauritius
Phone: +230 404 7400
Fax: +230 467 7050

(If sent by fax, please confirm telephonically that the form has been received)

Investor Details		To be Completed by African Alliance	
Client Name		Received	Date
Client Number	New Client <input type="checkbox"/>	Portfolio Number	Initials
Contact Telephone		Details Verified	
		Processed	
		Paid - Cheque no	

Transaction	
Investment	<input type="checkbox"/> Deposit Slip Attached <input type="checkbox"/> Debit Order <input type="checkbox"/> Completed Cheque <input type="checkbox"/> Attached Copy of Fund Transfer <input type="checkbox"/> Stop Order Copy Attached <input type="checkbox"/>

Investment Instruction				
Fund	Portfolio Number	New <input checked="" type="checkbox"/> Portfolio	Investment Amount	
			Lump Sum min. 5 000	Debit/Stop Order min. 500
Haussmann Rech Global Equity Multi Strategy Fund	_____ DP _____		USD	USD
Haussmann Rech Global Equity Opportunities Fund	_____ DP _____		USD	USD
Haussmann Rech Fixed Income Fund	_____ DP _____		USD	USD
Haussmann Rech Global Managed Fund	_____ DP _____		USD	USD
Source of Funds		TOTAL		
			<small>(This amount must match cheque/Deposit slip/copy of Fund Transfer)</small>	<small>(Please complete the Debit Order Form) Details below.</small>
Comments (To be completed by African Alliance)		Income Distribution - mark with X		
		Re-invest <input type="checkbox"/>	Pay into Bank Account <input type="checkbox"/>	
Note: All income distribution will automatically be re-invested unless stated otherwise.				

Indemnity

I/We agree that any investment which you shall make in accordance or purporting to be in accordance with this instruction shall be binding upon us and shall be accepted by us as conclusive evidence that you were authorized to make such investment or comply with any demand given by us. I/We undertake to indemnify you against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by you of whatever nature and howsoever arising, out of or in connection with you honouring and acting upon such, including faxed or emailed instructions.

Investment Notes	
<p>All cheques to be made payable to: Haussmann Rech Unit Trust Scheme</p> <p>Cash is not accepted at the offices of African Alliance Mauritius and should not be paid to staff, agents or brokers under any circumstances.</p> <p>Cash payments should be deposited directly into the bank account detailed below and copies of the deposit slip faxed or delivered to the offices of African Alliance along with this Instruction Form.</p> <p>Investments in units are subject to the terms of the relevant Trust Deed, which are available at African Alliance Offices. Investment Instructions (this form) received and confirmation of cleared Funds in the below account by 11h00 each day will result in the allocation of the Investment in the relevant Fund to the value of the Funds received on the same day providing that it is a business day, otherwise this will be done on the following business day. Investments are made at the price ruling of units at the close of business on that day.</p> <p>We reserve the right to return deposited funds if supporting documentation (including proof of transfer and investment form) is not provided within 72 hours.</p>	<p>Bank details for Haussmann Rech Unit Trust Scheme</p> <p>Standard Chartered Bank (Mauritius) Ltd</p> <p>Account Name: Haussmann Rech Unit Trust Scheme – Investor Account</p> <p>Account No: 0105118176-07</p>

Debit Order Instruction		
Recurring / Monthly Debit Order <input type="checkbox"/>	Once-Off Debit Order <input type="checkbox"/>	
I/We hereby authorise African Alliance Mauritius Management Company Limited to debit the bank account listed below with:	I/We hereby authorise African Alliance Mauritius Management Company Limited to debit the bank account listed below as a once-off Debit with:	
Start Date of Debit Order <input style="width: 100px; height: 20px;" type="text"/>	Date of Debit Order <input style="width: 100px; height: 20px;" type="text"/>	
On the of <input style="width: 30px; height: 20px;" type="text"/> each Month		
Bank Details for Debit Order Bank Name <input style="width: 100%; height: 20px;" type="text"/> Account Name <input style="width: 100%; height: 20px;" type="text"/> Branch Name <input style="width: 100%; height: 20px;" type="text"/> Account Number <input style="width: 100%; height: 20px;" type="text"/> Branch Number <input style="width: 100%; height: 20px;" type="text"/>	Annual Increase of Debit Order on anniversary of Investment Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage of Increase 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>	Authorised Bank Account Signatory

Changes to Debit Order Instruction	
Recurring / Monthly Debit Order	Authorised Bank Account Signatory
Cancel the Debit Order from <input style="width: 100px; height: 20px;" type="text"/>	
Continue the Debit Order but change the amount to <input style="width: 100px; height: 20px;" type="text"/>	

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this application form.

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	<input style="width: 100px; height: 20px;" type="text"/>

I / we warrant that I / we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I / we accept the provisions of the relevant Trust Deed.