

Once completed this form should be delivered to the Administrator:

**Manhattan Dollar Yield Fund Ltd**  
1st Floor, 32 Ebène Heights,  
Cybercity, Ebène,  
Mauritius

Phone: +230 404 7400

Fax: +230 467 7050

email: manhattandollaryield@africanalliance.com

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

| Details to Change                        |   |                                  |                                      |
|--|---|----------------------------------|--------------------------------------|
| Contact Details <input type="checkbox"/> | Bank Account Details <input type="checkbox"/> | Address <input type="checkbox"/> | Signatories <input type="checkbox"/> |

| Personal/Company Details |               |  |  |  |
|--------------------------|---------------|--|--|--|
| Account in the name of   |               |  |  |  |
| Nationality              | Date of Birth | ID Number/Passport Number (Individual)<br>Registration number (other legal entities) |  |  |

| Investor Number | For Office Use Only |      |               |      |
|-----------------|---------------------|------|---------------|------|
| 1.              | Captured by         | Date | Authorised by | Date |
| 2.              |                     |      |               |      |

| Contact Details |                  |
|-----------------|------------------|
| Postal Address  | Physical Address |
|                 |                  |
| E-mail Address  |                  |

| Telephone - Work | Telephone - Home | Fax | Mobile |
|------------------|------------------|-----|--------|
|                  |                  |     |        |

| Bank Account Details |      |                |             |              |             |
|----------------------|------|----------------|-------------|--------------|-------------|
| Account Holder       | Bank | Account Number | Branch Code | Account Type | Branch Name |
|                      |      |                |             |              |             |

| For Office Use Only   |      |
|---|------|
| I, ..... hereby confirm that I have satisfied myself as to the identity of the client and that I attach all their relevant verified/certified documentation to this change of details form. |      |
| Employee's Signature  | Date |
|   |      |

| AUTHORISED SIGNATORIES / TRUSTEES   |  |  |
|---|--|--|
| Please complete the following information for each change in signatory. (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"/> Foreign signatory (Company or CC) |
| <input type="checkbox"/> Partner  | <input type="checkbox"/> Shareholder (Company)     | <input type="checkbox"/> Ultimate Beneficial Owner         |
| <input type="checkbox"/> Founder (Trust)  | <input type="checkbox"/> Trustee (Trust)           | <input type="checkbox"/> Named Beneficiary (Trust)         |
| <input type="checkbox"/> Director   | <input type="checkbox"/> Authorised representative | <input type="checkbox"/> Individual account holder         |

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

**Signature:** \_\_\_\_\_

| 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"/>  | 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.  |  |

I/We confirm that all information provided herein is true and correct.

| Authorised Signatories   |  |      |                |
|--|--|------|----------------|
| Signature 1  |  | Name |                |
| Signature 2  |  | Name |                |
| Signature 3  |  | Name |                |
| Signature 4  |  | Name |                |
| Number of Required Signatories on this account   |  | Date | DD / MM / YYYY |
| I / We warrant that I am / we are duly authorised to sign this Change of Details Form. |  |      |                |