Subscription order form

caceis
INVESTOR SERVICES

Recipient

Caceis Investor Services Bank S.A.

Dealing Team

Tel. +352 26 05

Fax +352 24 60 *

*Please refer to the fund documentation

Sender

Company name * .....

Contact person * .....

Tel. * .....

Fax .....

Email .....

Date:

Please write clearly in BLOCK CAPITALS ****: Mandatory Fields***

Account number *
(CACEIS Identifier)

Dealer | 7 digits account number

Registered Account name _____

ISIN Code *	Number of Shares *		OR	Amount *		Trade Currency *
	___ / ___ / ___ / ___ Whole	.	SHS	___ / ___ / ___ / ___ Whole	. Decimals (1)	ISO code
	___ / ___ / ___ / ___ Whole	. Decimals	SHS	___ / ___ / ___ / ___ Whole	. Decimals (1)	ISO code
	___ / ___ / ___ / ___ Whole	. Decimals	SHS	___ / ___ / ___ / ___ Whole	. Decimals (1)	ISO code
	___ / ___ / ___ / ___ Whole	. Decimals	SHS	___ / ___ / ___ / ___ Whole	. Decimals (1)	ISO code

Decimal Convention: The decimal separator is represented by a spot (.) and the thousand separator by a comma (,)
(1) JPY currency does not accept any decimal

Name *

Signature *

Name *

Signature *

NOTICE: This communication may contain information which is confidential and/or legally privileged and is intended only for the addressee named above. If you are not the named addressee, this communication has been sent to you in error and you are asked not to read, use or disclose it. We should be grateful if you would contact us immediately so that we can arrange for its return. Thank you.