MERILL FUNDS

Additional Application Form

REGISTRATION DETAILS

APPLICANT

Title (Mr/Mrs/Ms...)	First Named Holder's name in full	Customer Ref.:
Address		
Post Code	Country	
Tel No.	Nationality	I.D. Card/Passport/Reg No.

JOINT HOLDERS / LEGAL GUARDIANS

Title (Mr/Mrs/Ms...)	First Joint Holder's name in full
I.D. Card/Passport/Reg No.	
Title (Mr/Mrs/Ms...)	Second Joint Holder's name in full
I.D. Card/Passport/Reg No.	

INVESTMENT DETAILS

I/I/We apply for shares in the Fund/s indicated below under the Terms and Conditions as outlined on the back of this form and in the Prospectus.

FUND NAME	TYPE OF SHARES	CCY	LUMP SUM INVESTMENT	MONTHLY SAVINGS AMOUNT	COMMISSION

METHOD OF PAYMENT

I/We wish to pay by: (tick as appropriate)

☐ Cheque / Banker's Draft (details of cheque/banker's draft) _____

☐ Debiting my/our account with: _____

Name of Bank and Branch

Account Number _____ Account Type ☐ Euro ☐ External ☐ Foreign Currency

☐ Standing Order: (for monthly savings only - please attached photocopy fo Standing Order Request form)

☐ Other: _____

REGISTERED ADDRESS
Merill Funds, 16 Central Business Hub, Level 3,
Mdina Road, Attard ATD9036 – Malta

T +356 2122 4410
F +356 2122 3810

E info@merillfunds.com
W www.merillfunds.com

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SOURCE OF FUNDS

"Source of funds" refers to the activity, event, business, occupation or employment generating the funds used in this particular transaction. *Tick those that apply*

- ☐ Employment
- ☐ Inheritance
- ☐ Income from Assets
- ☐ Property Sale
- ☐ Other

FOR VFM USE ONLY:

Client Ref. Deal No. No. of Shares

EXPECTED VALUE AND FREQUENCY OF TRANSACTIONS

Declare the expected amount to invest (€): _____ and the expected average number of trades per year: _____

For official use only
Intermediary's Rubber Stamp

DECLARATION BY INVESTOR

I am/We confirm all declarations as contained in my/our first application form. Execution by bodies of persons is to be made by duly authorised officers whose capacity must be stated.

First Named Holder's Signature

First Named Holder's Name in full and capacity (if applicable)

First Joint Holder's Signature

First Joint Holder's Name in full and capacity (if applicable)

Second Joint Holder's Signature

Second Joint Holder's Name in full and capacity (if applicable)

Date _____

Date: Signing Instructions: ☐ ALL TO SIGN ☐ ANY TO SIGN

DECLARATION BY INTERMEDIARY

I/We confirm to the Manager that:

1. I/We have personally verified the identity of the customer appearing on this application;
2. I/We have identified the source of funds in respect of this application;
3. I/We maintain at our offices, the necessary identification records as well as the records relating to the source of funds to ensure a proper audit trail in relation to 1, 2 and 3 above; and
4. I/We have taken all other action as required by and in accordance with applicable Prevention of Money Laundering rules and regulations to which I/we am/are subject.

Signature

Name in full

Designation

** If applicable

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