

Offshore Funds

Inve	tment Application Form - Individual Investors	
Offsh	re services involved	
PLEA	E RETURN THIS COMPLETED FORM TO	
	: offshoreinstructions@stanlib.com re Prospectus: A copy of the current prospectus is available at www.stanlib.com or by request from the Manager or Distributor.	
KNO	YOUR CLIENT (KYC) DOCUMENTATION REQUIRED	
We re	uire, as a minimum, evidence of your: Legal Name and Name(s) currently used; Date of Birth; Place of Birth; Passport or National Identity Number; and Sex	
Acco	ingly, please provide:	
	IDENTIFICATION DOCUMENT	
	A certified photocopy of a current national Identity Document bearing photograph.	
AND/	PR:	
	 A certified photocopy of a current valid passport bearing photograph. A copy of the document(s) should be originally signe the holder in the presence of a certifying official (please take note of the certification parameters that must be adhere below). 	_
	RESIDENTIAL ADDRESS CONFIRMATION	
	Certified copy of one of the following:	
	Utility bill (not a mobile phone bill) Bank/Building Society or Credit card states	nen

CERTIFICATION PARAMETERS

The suitable certifier must state that the copy document is:

"Certified as a true copy of the original"

Local authority bill i.e. rates or Council tax

Address confirmation must be current

In addition, for photographic documentation:

• "The photograph bears a true likeness to (Name of individual)"

IPlease be advised that "Certification" must clearly state the following information concerning the person who has certified the document(s):

- Name and signature
- Profession, or professional body, which qualifies them as a suitable certifier

i.e. statements/bills not more than three months old or valid agreement

Contact Address / Details

- Date of certification
- Position or capacity

Current tenancy contract or agreement



REGISTRATION DETAILS OF THE FIRST APPLICANT

Units will be issued in registered, non-certificated form. Please note that the investment portfolio may have up to four holders, forms for the additional two investors may be requested from offshorequeries@stanlib.com.

Title																			
Surname																			
Forename/s (please list all names as per Identity Document)																			
Former Names (including Maiden Name if applicable)																			
Marital status Designation of account / Portfolio (if applicable)																			
ID/Passport Number																			
Date of Birth			-	.,	.,	-				.,									
	D	D		М	М		Y	Υ	Υ	Υ									
Telephone Number (Home)				-															
Telephone Number (Business)				-															
Cellphone Number																			
Fax Number (Home)				-															
Fax Number (Business)				-															
E-mail Address (for correspondence purposes)																			
Permanent Residential Address																			
City														Ро	stal C	ode			
How many years have you lived at this address																			
Correspondence Address (if different from residential)																			
City														Ро	stal C	ode			
Countries of Legal Residence																			
Countries of Domicile																			



REGISTRATION DETAILS OF	THE	SEC	OND	APF	PLICA	ANT													
Title					1														
Surname																			
Forename/s (please list all names as per Identity Document)																			
Former Names (including Maiden Name if applicable)																			
Marital status Designation of account / Portfolio (if applicable)																			
ID/Passport Number																			
Date of Birth			-			-													
	D	D		М	М		Υ	Υ	Υ	Υ	,								
Telephone Number (Home)				-															
Telephone Number (Business)				-															
Cellphone Number																			
Fax Number (Home)				-															
Fax Number (Business)				-															
E-mail Address (for correspondence purposes)																			
Permanent Residential Address																			
City														Po	stal C	Code			
How many years have you lived at this address																			
Correspondence Address (if different from residential)																			
City											 	 	 	Po	stal C	Code			
Countries of Legal Residence																			
Countries of Domicile																			



REGISTRATION DETAILS OF	THE	THI	RD A	PPL	ICAN	T													
Title					1														
Surname																			
Forename/s (please list all names as per Identity Document)																			
Former Names (including Maiden Name if applicable)																			
Marital status Designation of account / Portfolio (if applicable)																			
ID/Passport Number																			
Date of Birth			-			-													
	D	D		М	М		Υ	Υ	Υ	Υ	1								
Telephone Number (Home)				-															
Telephone Number (Business)				-															
Cellphone Number																			
Fax Number (Home)				-															
Fax Number (Business)				-															
E-mail Address (for correspondence purposes)																			
Permanent Residential Address																			
City														Ро	stal C	ode			
How many years have you lived at this address																			
Correspondence Address (if different from residential)																			
City											 	 	 	Ро	stal C	ode			
Countries of Legal Residence																			
Countries of Domicile																			



REGISTRATION DETAILS OF	THE	FOL	JRTH	I APF	PLIC	ANT													
Title																			
Surname																			
Forename/s (please list all names as per Identity Document)																			
Former Names (including Maiden Name if applicable)																			
Marital status Designation of account / Portfolio (if applicable)																			
ID/Passport Number																			
Date of Birth			-			-													
	D	D		М	М		Υ	Υ	Υ	Υ									
Telephone Number (Home)				-															
Telephone Number (Business)				-															
Cellphone Number																			
Fax Number (Home)				-															
Fax Number (Business)				-															
E-mail Address (for correspondence purposes)																			
Permanent Residential Address																			
City														Po	stal C	ode			
How many years have you lived at this address																			
Correspondence Address (if different from residential)																			
City											 	 	 	Po	stal C	ode			
Countries of Legal Residence																			
Countries of Domicile																			



RISK ASSESSMENT NOTICE

Each applicant is required to complete the codes for Source of Income, Purpose of Investment, Industry and Occupation under the applicable code category. For example, applicant 1 to complete codes under 'applicant 1 code'.

SOURCE OF INCOME									
APPLICANT 1 CODE:	APPLI	CANT 2 COD	E:	APPLICAN1	T 3 CODE:		APPLI	CANT 4 CODE:	
01. Gifts / inheritance / winnings		04. Passi	ive income (Renta	l, Dividends, Interes	t)	07. Retirem	ent / insurar	nce pay out	
02. Trade / business		05. Savir	ngs			08. Salary /	bonus		
03. Credit		06. Child	/ spousal suppor	t payments		09. Tax refu	nd		
PURPOSE OF INVESTMEN	IT								
APPLICANT 1 CODE:	APPLI	CANT 2 COD	E:	APPLICANT	Γ 3 CODE:		APPLI	CANT 4 CODE:	
01. Start and expand a business	02. Education sa	vings	03. Foreign e.	xchange hedging			<i>'</i>	05. Winding up esta	te
INDUSTRY									
APPLICANT 1 CODE:	APPLI	CANT 2 COD	E:	APPLICANT	T 3 CODE:		APPLI	CANT 4 CODE:	
01. Government, state owned enterprise, armed forces	05. Politics								
02. Gambling	06. Mining and qu	arrying					'''	0,	ail
03. Non-profit / religious organisation							t and		
04. Real estate	08. Unemployed		12. Construct	ion					
OCCUPATION									
APPLICANT 1 CODE:	APPLI	CANT 2 COD	E:	APPLICANT	T 3 CODE:		APPLI	CANT 4 CODE:	
APPLICANT 1 CODE: APPLICANT 2 CODE: APPLICANT 3 CODE: O1. Gifts / inheritance / winnings O4. Passive income (Rental, Dividends, Interest) O5. Savings O8. Salary / bonus O3. Credit O6. Child / spousal support payments O9. Tax refund PURPOSE OF INVESTMENT APPLICANT 1 CODE: APPLICANT 2 CODE: APPLICANT 3 CODE: APPLICANT 3 CODE: APPLICANT 4 CODE: O1. Start and expand a business O2. Education savings O3. Foreign exchange hedging O4. Save for retirement / financial goals INDUSTRY APPLICANT 1 CODE: APPLICANT 3 CODE: APPLICANT 3 CODE: APPLICANT 4 CODE: O1. Government, state owned enterprise, armed forces O5. Politics O9. Administrative and support service o11. Professional, scientific, technical and education O2. Gambling O6. Mining and quarrying O6. Mining and quarrying O7. Motor vehicles, transportation, distribution O8. Unemployed O8. Unemployed O8. Unemployed O8. Unemployed O8. Unemployed O8. Unemployed O9. Administrative and support service O8. Unemployed O8. Unemployed O8. Unemployed O8. Unemployed O8. Unemployed O9. Administrative and support service O1. Service support service O1. Service support service O2. Gambling O3. Non-profit/ o4. Electricity, water, gas.supply and waste management O6. Human health and social work activities									
	06. Rel	igious Leader		10. Clerical su	ıpport		14. Spor	ts Professional	
03. Traditional Leader / Royal Far	mily 07. Sel	employed		11. Craft and	trades worke	r	15. Secu	ırity Services	
04. Management	08. Une	employed		12. General S	taff				
CORRESPONDENCE METH	HOD								
			c means, hov	vever, investors	s have the	choice at a	ny time t	o instruct the M	anager to
		iou to post.							
Tick if you wish correspond	ience by post								



INVESTMENT SELECTION - GROUP INVESTMENT FUNDS

The minimum investment amount is USD2,500 or currency equivalent. The below funds pay trailer commission except for the clean classes.

Class Name	Share Class	Fund Currency	Investment Amount	Broker Initial Commission
Melville Douglas	Share Class (A, B & C)*			
Melville Douglas Global Growth Fund Limited - USD Global Growth Fund		USD		
Melville Douglas Select Fund Limited - Global Equity Fund		USD		
Melville Douglas USD Bond Fund		USD		
Melville Douglas GBP Bond Fund		USD		
Melville Douglas Enhanced USD Income Fund		USD		

^{*} A Classes are restricted to Melville Douglas, whereas B pays trail commission and C Classes are clean and pay no trail commission. Where initial broker fees are not selected we will default to 0%.

EXPECTED FUTURE ACTIVITY

Please provide the following details for any regular payments you anticipate making into the class funds:

	Class Name	Currency	Investment Amount	Frequency
1.				
2.				
3.				



BANK DETAILS

Payment by cheque is not accepted. Funds should be transferred and paid in the Class Fund's currency using the banking details listed below:

Currency		Account Holding Bank		Account Number
Sterling (GBP)	Bank Name: SWIFT: Sort-Code: IBAN:	Bank of New York Mellon, London IRVTGB2X 70-02-25 GB53IRVT70022554756360	Account Name: Account Number: Address:	STANLIB Subs and Reds 54756360 One Canada Square, Canary Wharf, London
US Dollars (USD)	Bank Name: SWIFT: ABA Number:	Bank of New York Mellon, New York IRVTUS3N 021000018	Account Name: Account Number: Address:	STANLIB Subs and Reds 8901158895 101 Barclay Street, New York, NY 10286, United States
Euro (EUR)	Bank Name: SWIFT: IBAN:	Bank of New York Mellon, Frankfurt IRVTDEFX DE50503303007714069711	Account Name: Account Number: Address:	STANLIB Subs and Reds 7714069711 MesseTurm, Friedrich-Ebert-Anlage 49, 60308 Frankfurt am Main, Germany

Please ensure funds are transferred and paid in the Class Fund's currency and please note that third party payments are not permitted.

FATCA/CRS DECLARATION

Intergovernmental tax information exchange agreements exist between Jersey and USA, UK, South Africa and countries who have adopted the Common Reporting Standards. Personal account holders should expect that their personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which they have tax residence. **Note: Each Applicant is to complete the Citizenship and Tax details sections in full.**

FIRST APPLICANT	
Citizenship Details	
Are you a South African Citizen? Yes No If 'YES', please provid Are you a USA Citizen? Yes No	e your Identity Number:
Tax Details	
Are you a registered tax payer? Are you a registered tax payer in multiple countries? Yes No If 'YES', to any of the above, please list all countries (including South Africa) in which identification numbers in the table below. By ticking 'Not Applicable' you confirm the	
Country(ies) of Tax Residency	Tax Identification Number Not Applicable
1.	
2.	
3.	



SECOND APPLICANT	
Citizenship Details	
Are you a South African Citizen? Yes No If 'YES', please provide	e your Identity Number:
Are you a USA Citizen?	
Tax Details	
Are you a registered tax payer?	Are you a registered tax payer in the USA?
Are you a registered tax payer in multiple countries? Yes No	
If 'YES', to any of the above, please list all countries (including South Africa) in which identification numbers in the table below. By ticking 'Not Applicable' you confirm that	
Country(ies) of Tax Residency	Tax Identification Number Not Applicable
1.	
2.	
3.	
THIRD APPLICANT	
Citizenship Details	
Are you a South African Citizen? Yes No If 'YES', please provide	e your Identity Number:
Are you a USA Citizen?	
Tax Details	
Are you a registered tax payer?	Are you a registered tax payer in the USA?
Are you a registered tax payer in multiple countries? Yes No	
If 'YES', to any of the above, please list all countries (including South Africa) in which	n you are resident for tax purposes and provide the associated tax
identification numbers in the table below. By ticking 'Not Applicable' you confirm the	at the country specified does not issue a Tax Identification Number.
identification numbers in the table below. By ticking 'Not Applicable' you confirm the Country(ies) of Tax Residency	at the country specified does not issue a Tax Identification Number. Tax Identification Number Not Applicable
Country(ies) of Tax Residency	



FOURTH APPLICANT																									
Citizenship Details																									
Are you a South African Citiz	en?		Ye	s		No	If '	'YES',	pleas	e pro	vide	your l	denti	ty Nui	mber:										
Are you a USA Citizen?			Ye	s		No																			
Tax Details																									
Are you a registered tax paye	er?						Ye	es		No		Are	vou	a regi:	sterec	l tax r	oaver	in the	e US/	۱?		Yes			No
		nultip	ıle coı	untri	es?		_			No			,												
	ship Details 1 South African Citizen? Yes No If "YES", please provide your Identity Number: 2 USA Citizen? Yes No Are you a registered tax payer in the USA? Yes a registered tax payer in multiple countries? Yes No Are you a registered tax payer in the USA? Yes No No a registered tax payer in multiple countries? Yes No No Are you a registered tax payer in the USA? Yes No No Are you a registered tax payer in the USA? Yes No No No Are you a registered tax payer in the USA? Yes No No No No Are you a registered tax payer in the USA? Yes No No No No Are you a registered tax payer in the USA? Yes No															ociate	ed tax	(
identification numbers in th	e tabl	e belo	ow. By	y tick	ing 'N	lot Ap	plica	able' y	ou co	onfirm	that	t the c	ount	ry spe	cified	does	not	issue	а Тах	Iden	tificat	ion N	umbe	er.	
Service as South African Citizen? Yes No If "YES"; please provide your Identity Number: Veryou a USA Citizen? Yes No Are you a registered tax payer in the USA? Yes No Are you a registered tax payer in the USA? Yes No Are you a registered tax payer in multiple countries? Yes No Are you are gistered tax payer in multiple countries? Yes No No Are you are resident for tax purposes and provide the associated tax dentification numbers in the table below. By ticking "two Applicable" you confirm that the country specified does not issue a Tax Identification Number. Country(ies) of Tax Residency Tax Identification Number Not Applicable Country(ies) of Tax Residency Tax Identification Number Not Applicable 2. 3. APPLICATION PAYMENT BANK DETAILS Please indicate where the monies are being paid or transferred from. Please note that STANLIB Fund Managers Jersey Limited does not acceptific party payments. Sank Name Saranch SWIFT/Sort-Code/Branch Address Account Number Account Number Source of funds Source of funds Source of funds Source of funds Source of wealth SEAMEN DETAILS Please indicate where the monies are being paid or transferred from Please note that STANLIB Fund Managers Jersey Limited does not acceptified party payments. SANFT/Sort-Code/Branch SWIFT/Sort-Code/Branch SWIFT/Sort-C																									
1.	S', to any of the above, please list all countries (including South Africa) in which you are resident for tax purposes and provide the association numbers in the table below. By ticking 'Not Applicable' you confirm that the country specified does not issue a Tax Identification Country(ies) of Tax Residency Tax Identification Number LICATION PAYMENT BANK DETAILS se indicate where the monies are being paid or transferred from. Please note that STANLIB Fund Managers Jersey Limit																	4							
2.	Country(ies) of Tax Residency Tax Identification Number PLICATION PAYMENT BANK DETAILS ase indicate where the monies are being paid or transferred from. Please note that STANLIB Fund Managers Jersey Limite																	4							
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third party payments.	e moi	nies a	are b	eing	gpaid	or tr	ansī	errec	iror	n. Pte	ease	note	tna	SIA	NLIB	run	а ма	ınage	ers J	ersey	y Lim	iitea	aoes	not	acc
Bank Name																									
Branch										5	SWIF	Γ/Sort	-Cod	e/Bra	nch										
Address																									
Account Number																									
Account Name	ase indicate where the monies are being paid or transferred from. Please note that STANLIB d party payments. k Name nch ress punt Number punt Name rec of funds rec of wealth																								
Source of funds	ease indicate where the monies are being paid or transferred from. Please note that STANLIB Fund Maird party payments. Ink Name anch SWIFT/Sort-Code/Branch Idress count Number count Name purce of funds																								
Source of wealth																									
REDEMPTION PAYMENT	BAN	IK DE	TAIL	LS																					
													se n	ote t	hat p	roce	eds	will k	oe se	nt by	y Ele	ctron	ic Ba	ink T	ran
STANLIB Fund Managers	Jers	ey Li	mite	d do	oes n	ot m	ake t	third	part	y pay	mer	nts.							1						
Bank Name										1															
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Account Number																									
Account Holder's ID Number																									
Account Name					İ			i -																	

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INVESTOR SIGNING AUTHORITY

- For joint accounts, please tick the box if you wish the manager to accept instructions from any one party.
- If the havis not ticked, all narties will be required to execute all instructions given to the manage

if the box is not tiered, att parties with be required to execute all instructions given to the manager.										
If you wish for any other specific instructions to apply, please provide a separate instruction with this application form.										
VALUATIONS										
Please tick the currency in which you would like to receive your valuations. If no currency is selected, we will default to SA RAND.										
Currency for valuations: USD GBP EUR SA RAND										

SIGNATURES AND DECLARATIONS

I/We understand that this application is subject to the current Prospectus of the funds, as amended from time to time. I/We confirm that I/We have read and understand the relevant Prospectus pertaining to this investment. I/We warrant that the information contained herein is true and correct, and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our power.

 $I/We confirm that I/we are contracting as principal with the relevant fund (acting through the Manager as appropriate). \\ I/We declare that the entity is not incorporated in the interest of the manager as appropriate for the entity is not incorporated in the interest of the manager as appropriate for the entity is not incorporated in the interest of the manager as appropriate for the entity is not incorporated in the entity is not incorporated for the entity is not$ United States of America and that I/We are not holding and will not hold shares in the fund(s) for or on behalf of an individual or individuals so resident or a US person or persons. ('U.S. Person" is defined in the Prospectuses). I/We acknowledge and understand that the funds are for unit holders/shareholders who understand the inherent risks

I/We acknowledge and agree that the Manager, at their absolute discretion, have the right to refuse any application for shares/units in whole or in part without providing an explanation in line with the legislative and regulatory requirements. I/We confirm that I/we will provide all the details and documentation requested in accordance with the Managers KYC I Due Diligence requirements as detailed in the relevant Prospectus pertaining to this investment. I/We also agree and authorise you to make any enquiries you deem necessary in order to verify the information contained in this application. I/We acknowledge that the contract note evidencing the issue of units/shares to me/us will not be issued until all documentary evidence requested by the Manager in order to full its obligations pursuant to applicable Anti Money Laundering legislation has been provided to the Managers satisfaction. I/We acknowledge that the Manager may not be able to effect a redemption request if documentary evidence relevant to that investment as requested by the Manager in order to fulfil its obligations pursuant to applicable Anti Money Laundering legislation in Jersey has not been provided. I/We agree that the Manager will not be liable for any losses suffered, (for example as a consequence of losses on redemption) by me/us due to any delay in obtaining documentation it requires from me/us. I/We warrant that all funds invested with STANLIB Fund Managers Jersey Limited are not the proceeds of unlawful activities and warrant that I/we have not contravened any anti-money laundering legislation and regulation applicable to me/us.

Electronic transfer of information and in particular, e-mail communication cannot be guaranteed to be secure or virus or error free. It can be intercepted, lost, corrupted and be delivered late or incomplete. By signing this application I/We accept the risks of such communication and hereby authorise electronic communication between us in the full knowledge and understanding of all the risks associated with e-mail communication. I/We agree to adopt reasonable procedures to check for and prevent the transmission of viruses prior to sending information electronically. I/We shall each be responsible for protecting our own systems and interests in relation to communicating electronically and neither the Manager or me/us (and in each case their respective directors, partners, employees, agents or servants and trustees) shall have any liability to each other on any basis (including negligence) in respect of any error, damage or loss or omission arising from or in connection with the electronic communication of information between us and the Managers/Administrators reliance upon such information. I/We confirm that I/we have read and understood the declarations as per this application form and agree to be bound by it, prior to completing this form.

Stamp duty in cases of grant of probate or administration

- Where a deceased person was, at the time of his or her death, domiciled in Jersey, stamp duty payable under this Law in respect of the net value of his or her personal estate shall be payable in respect of the net value of such estate wherever situate.
- Where a deceased person was, at the time of his or her death, domiciled outside Jersey and is a sole applicant, stamp duty payable under this Law in respect of the net value of his or her personal estate shall be payable in respect of the net value of such estate within the jurisdiction of the Court.

Grant of Probate

I/We understand that applicants are not subject to any death duties, capital gains, gift, inheritance, capital transfer or income taxes in Jersey. No stamp duty is levied in Jersey on the transfer, redemption or conversion of Units. However, I/We understand Jersey probate or letters of administration must usually be obtained on the death of an individual sole applicant (unless assets in Jersey have an aggregate value of less than £30,000) and stamp duty of up to 0.75% is payable on their respective registrations.

Under Jersey Law, where there is a joint holder, in the event of one party passing away, on receipt of a certificat Death certificate the units revert to the surviving holder(s). No Jersey Grant of Probate is required.

As a potential subscriber for shares/units, you should inform yourself as to (a) the possible tax consequences (b) the legal requirements and (c) any foreign exchange restrictions or exchange control requirements which might apply under the laws of the countries of your citizenship, residence or domicile and which might be relevant to the subscription, holding or disposal of shares/units.

I/We acknowledge that trail fees are paid inclusive of VAT, meaning where a South African advisor is registered for VAT, the VAT levied is included in the fee payable to the advisor out of the fund's annual management charge. I/We also acknowledge initial fees are paid inclusive of VAT.

I/We confirm that I/we understand the risk profile of these investments and that it is my/our obligation to familiarise myself/ourselves with and accept the risks associated with these investments. I/We acknowledge that my/our personal and account information will be exchanged with the Jersey tax authority and thereafter any tax authority in which I/We have tax residence. The mandate over thehol ding is that notified to the Manager on this application, or subsequently received in writing.



Signature of First Holdon/		Date						. [
Signature of First Holder/ Authorised Signatory		Date			-	M	M		Y	Y	Y	Y
				-					•	•	•	•
Signature of Second Holder/		Date			_			_ [
Authorised Signatory			D	D		M	М		Υ	Υ	Υ	Υ
Signature of Third Holder/		Date			-							
Authorised Signatory			D	D		М	М	Į.	Υ	Y	Υ	Υ
Signature of Fourth Holder/ Authorised Signatory		Date			-			-				
			D	D		М	М		Y	Y	Υ	Υ
INTERMEDIARY DECLARATIO	N											
I/We, the Intermediary hereby confirm that I have satisfied myself as to the identity of the Applicant(s) and that I attach all the relevant certified KYC documentation to this form.												
I/We acknowledge that for higher risk business further AML/CDD documentation may be requested. I/We also acknowledge that where scanned documentation is unclear, originals will be made available to the Manager or Administrator before the deal is captured.												
I/We hereby confirm that where the applicant is not resident in South Africa, the application has been made based on client instruction I also confirm that any advice provided has been done in accordance with the Cross Border Guidelines.												ion.
I/We confirm we have made the applicant(s) aware of the Groups Offshore Banking capabilities and have made the appropriate direct referral as necessary.												
								. [
Signature of Intermediary		Date			-	M	M		Y	Y	Y	Υ
Intermediary						-						
Signed at		STANLIB Online ID										
Broker Name		Offshore Broker Code										