

NO. OF DAYS HOLD

HOLD AMOUNT

DATE

TRAN CODE

BANK NAME

AMOUNT

|  |  |  |                 |  |
|--|--|--|-----------------|--|
|  |  |  | \$100           |  |
|  |  |  | \$20            |  |
|  |  |  | \$10            |  |
|  |  |  | \$5             |  |
|  |  |  | \$1             |  |
|  |  |  | Total Cash      |  |
|  |  |  | Total Cheques   |  |
|  |  |  | Total Credit \$ |  |

NAME: \_\_\_\_\_

PAID IN BY: \_\_\_\_\_



000150901502486995011320



REPUBLIC CARIBBEAN EQUITY FUND  
PURCHASE NOTIFICATION FORM



PERSONAL INFORMATION

Surname Mr. Mrs. Ms.

Other Name (s)

Full Address

Telephone No. Home Business

Amount to be Invested TT\$

Date of Birth D M Y

Identification: I.D. D.P. Passport

No.

AUTOMATIC INVESTMENT PLAN WEEKLY MONTHLY QUARTERLY

AMOUNT \$TT

JOINT UNITHOLDER(S)

1. Surname Other Name (s) Full Address

2. Surname Other Name (s) Full Address

3. Surname Other Name (s) Full Address

SIGNING STATUS OF ACCOUNT All of us Either of us

I/We agree to the terms and Conditions on reverse of this page.

Signature (1)  
Signature (2)  
Signature (3)  
Signature (4)

Date D M Y

TO BE COMPLETED BY BRANCH

Bank Account No.

Source of Funds: Internal: External:

Standing Order Form Attached Yes No

OFFICIAL USE ONLY

Transaction Date: D M Y

Unitholder Account No.

Number of Units Issued:

Checked by:

Approved by:

We confirm your purchase of units in the Republic Caribbean Equity Fund  
Details of your purchase are as follows:  
Date:  
Amount Invested:



(Authorised Signatory / Branch Stamp)

Customers are requested to cross and endorse cheques, postal and money orders before paying them in.

The Customer agrees that:

- 1. The Bank shall verify the amount of the deposit and shall correct any error in the total.
- 2. The Bank will not honour cheques drawn by the Customer against uncleared items which may have been credited to this account.

**TERMS AND CONDITIONS**

I/We confirm having read the Prospectus dated August 27, 1999 and am/are aware of the risks associated with an investment therein and that units are issued on the basis of the Declaration of Trust, a copy of which is available for my/our perusal on request, on the basis of those documents I/We apply for units as indicated.

I/We agree to subscribe for units in the Fund on the terms and conditions of the Declaration of Trust and in connection therewith subscribe for and agree to purchase as many units as can be purchased from the investment amount described herein and understand that the proceeds of this subscription will be invested in accordance with the Prospectus.

[If the applicant is a company] I/We attach or agree to provide to you a list of persons authorised to sign on behalf of the company.

I/We understand that the prices of the units in the Fund are not guaranteed as they can go down as well as up, and there is no guarantee of the achievement of the objectives of the Fund.

I/We understand that the Fund is not insured with the Deposit Insurance Corporation of Trinidad and Tobago.

**NOTES**

- 1. Payments should be sent to Trust & Asset Management Division.
- 2. A Corporation may execute this application either under its common seal or under the hand of a duly authorised officer, who should state his capacity, and supply a list of authorised signatories. It should insert its registered or head office address.
- 3. If this form is signed under power of attorney, such power, or a duly certified copy thereof, must accompany this form.
- 4. For joint holdings (with signing status "ALL OF US"), signatures of all holders are required.
- 5. No certificates for registered holdings will be issued. A purchase confirmation advice can be detached from this form. Quarterly statement will be sent by post to the applicant's address.