



**Republic Bank Limited**

# REPUBLIC MONEY MARKET FUND

## PURCHASE NOTIFICATION FORM



### PERSONAL INFORMATION

Date of Birth

D	M	Y

Identification:

I.D.   
  D.P.   
  Passport

No. \_\_\_\_\_

Surname Mr.  Mrs.  Ms.  \_\_\_\_\_

Other Name (s) \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone No. Home \_\_\_\_\_ Business \_\_\_\_\_

Amount to be Invested

TTS \_\_\_\_\_

### AUTOMATIC INVESTMENT PLAN

WEEKLY

MONTHLY

QUARTERLY

AMOUNT \$TT \_\_\_\_\_

### INCOME DISTRIBUTION

REINVEST

CREDIT REPUBLIC BANK ACCOUNT NO.

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### 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

**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

Source of Funds:

Internal: \_\_\_\_\_

External: \_\_\_\_\_

Bankers: \_\_\_\_\_

Standing Order Form Completed  Yes  No

#### TO BE COMPLETED BY BRANCH

CIRF Money Market Account No.

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CIRF 117 & CIRF 118 COMPLETED

Number of Units Issued: \_\_\_\_\_

Checked by: \_\_\_\_\_

Approved by: \_\_\_\_\_

We confirm your purchase of units in the Republic Money Market Fund

Details of your purchase are as follows:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Invested: \_\_\_\_\_

(Authorised Signatory / Branch Stamp)



**Republic Bank Limited**

## **TERMS AND CONDITIONS**

I/We confirm having read the Prospectus dated March 20, 1998 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.