

# TITAN BALANCED FUND LIMITED

308 East Bay Street, 5<sup>th</sup> Floor • P. O. Box N-9058 • Nassau, Bahamas

Telephone: (242) 502-7020 Fax: (242) 393-5002

## SUBSCRIPTION FORM

### INDIVIDUAL

*\*Please type or print - Answer all questions\**

#### DETAILS OF APPLICANT:

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

*Last*

*First*

*Middle*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

NIB No. \_\_\_\_\_ Passport No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Street Address: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

If self-employed Name and Nature of Business: \_\_\_\_\_

Investment Amount: BS\$ \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Preferred contact method: Email  Mail  Hold Mail

#### BENEFICIARY DETAILS:

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

*Last*

*First*

*Middle*

NIB No. \_\_\_\_\_ Passport No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

P. O. Box: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### BANK DETAILS:

Name on Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: Savings ( ) Checking ( )

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Please Turn over

## DECLARATION

<i>Note: Please initial <u>all</u> declarations</i>	Initial
1. I hereby acknowledge that I have read the Offering Memorandum of Titan Balanced Fund Limited and accept the risks associated with the Fund.	
2. I declare that I am an eligible investor as defined in the Offering Memorandum.	
3. I waive the right to be sent copies of the financial statements of the Fund, which shall be available at the Registered Office of the Fund for inspection.	
4. I am aware that the Fund will monitor compliance to The Gaming Act, 2014 as applicable to investments in the Gaming Industry.	

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**Applicant's Name (Print)**

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**Applicant's Signature**

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**Date (mm/dd/yy)**