N F O

M A N D A T O R Y

TITAN BALANCED FUND LIMITED

308 East Bay Street, 5th 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 APPLICAN	Т:		
Date of Birth:	Place of Birth:	First	MiddleNationality
Voters Card No.	Passport No.		Expiration Date:
Street Address:			NIB No
P. O. Box:		Email:	
City:		_ Country:	
Telephone: Home:	Work:		Mobile:
Occupation:		Employ	ver:
If self-employed Name a	nd Nature of Business:		
Investment Amount:	BS\$		
Source of Funds:			
Preferred contact metho	od: Email	Mail	Hold Mail
BENEFICIARY DETAILS:			
	Last	First	Middle
			Expiration Date
Telephone: Home:	Work:		Mobile:
BANK DETAILS:			
Name on Bank Account:			
Name of Bank:			
Branch Location:			
Account Number:			
Account Type:	Savings ()	Checking ()

TITAN BALANCED FUND LIMITED

308 East Bay Street, 5th Floor ● P. O. Box N-9058 ● Nassau, Bahamas Telephone: (242) 502-7020 Fax: (242) 393-5002

Please Turn over

	DECLARATION			
Note: Please initial <u>all</u> declarations				
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.	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.			
	Applicant's Name (Print)			
	Applicant's Signature Date (mm/dd/yy)			