

# Newton Offshore Strategy Fund Limited – Corporate Application

We hereby apply for Shares in Newton Offshore Strategy Fund Limited (the “Fund”), subject to the terms of the current Prospectus and to the Memorandum and Articles of Association of the Fund, copies of which are available from Newton Fund Managers (C.I.) Limited (the “Manager”) upon request.

For Internal Use Only  
Account number:

**Note:** All investors are strongly advised to read the Prospectus before completing this form.

US persons (Domiciled/Resident or National of the US) are not permitted to invest in the Fund.

Persons under 18 years of age are not permitted to invest in the Fund.

## 1 Method of payment

Method	Tick as appropriate
Electronic transfer has been made to the appropriate correspondent bank for the total amount payable	<input type="checkbox"/>
This application confirms a previous telephone/fax deal	<input type="checkbox"/>

## 2 Classes to invest in

Share class	Tick as appropriate	Amount (GBP)
UK Equity	<input type="checkbox"/>	
Global Equity	<input type="checkbox"/>	
Global Balanced	<input type="checkbox"/>	
Global Balanced (Accumulation)	<input type="checkbox"/>	
Bridge	<input type="checkbox"/>	
Diversified Assets	<input type="checkbox"/>	
Sterling Fixed Interest	<input type="checkbox"/>	
Global Fixed Interest	<input type="checkbox"/>	
Alternative Assets	<input type="checkbox"/>	
Special Situations	<input type="checkbox"/>	

**Note:** The Manager is unable to accept cash payments. Payment will only be accepted from an account in the name of the applicant(s). Cheques will only be accepted if made payable to Newton Fund Managers (C.I.) Limited. All share classes are denominated in Sterling.

Company name: \_\_\_\_\_

Country of incorporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

Business activity: \_\_\_\_\_

Country of listing (if applicable): \_\_\_\_\_

Tax residence (country): \_\_\_\_\_

Source/Origin of funds: \_\_\_\_\_

**Registered office address** (please note that "PO Box" and "Care of" cannot be accepted) \_\_\_\_\_

Street/number: \_\_\_\_\_ City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

**Contact details**

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email address: \_\_\_\_\_

**Section 2: Regulated status**

Is the Company listed on a recognised Stock Exchange?  Yes  No

Is the Company a subsidiary of a company list on a recognised Stock Exchange?  Yes  No

If yes to either of the above please state the Stock Exchange and provide evidence of listing:

[Please also provide a certified copy of the Register of Directors]

Is the Company regulated?  Yes  No

If 'yes' name the regulatory body and registration number: \_\_\_\_\_

Regulator's website address: \_\_\_\_\_

Does the Company act as nominee or for third parties?  Yes  No

Is the Company acting as trustee for a trust?  Yes  No

Is the Company acting as trustee for a company pension scheme or superannuation scheme?  Yes  No

**If the company is a private company please provide the following information for each of the shareholders owning 25% or more in the capital of the company, or the details of those with a significant interest in the capital of the company.**

**Name:** \_\_\_\_\_ Residential Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

**Name:** \_\_\_\_\_ Residential Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

**Name:** \_\_\_\_\_ Residential Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Passport Number: \_\_\_\_\_

For each of the above we shall required a certified copy of their passport and a utility bill not more than three months old (not a mobile telephone bill). For certification details please see Section 8.

Please also give the following information in respect of each of the directors:

<b>Name:</b>	Residential Address:
Date of Birth:	
Occupation:	Passport Number:
<b>Name:</b>	Residential Address:
Date of Birth:	
Occupation:	Passport Number:

Please use a separate sheet for any additional directors

4 **Bank account details** *STANDING REDEMPTION PAYMENT INSTRUCTION - Please complete in BLOCK CAPITALS*

**Note:** The Manager is only able to pay redemption proceeds or dividend payments to bank accounts previously designated by you.

Please pay all redemption proceeds to the under-mentioned bank account

Full name of bank:	Sort code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Account name*:	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of bank :		<input type="text"/>		<input type="text"/>		<input type="text"/>
		<input type="text"/>		<input type="text"/>		<input type="text"/>
Postcode:		<input type="text"/>		<input type="text"/>		<input type="text"/>

5 **\*The account must be in the name of the company as per the registration particular on page 2 of this application form.**

**Dividend payments - Not applicable for accumulation share classes** (Please tick one choice only)

We confirm that we would like the Manager to:

- Transfer the dividend to the bank account set out in Section 4 above.
- Re-invest dividend payments in the form of additional shares

6 **For subscriptions in Sterling please pay by telegraphic transfer to:**

Bank	BNP Paribas Securities Services, Liberté House, 19-23 La Motte Street, St Helier, Jersey, JE2 4SY
For the account of	Newton Fund Managers (C.I.) Limited
Account number	10046300
Sort code	60-95-06
Reference	Fund Name and Name of Investor

If sending Sterling payments from overseas (outside the UK) please quote Swift Code PARBJESH in addition to the above.  
For subscriptions in other currencies please contact the Manager for details.

## 7 Anti money laundering

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All financial businesses in Jersey are obliged to undertake identification procedures in accordance with Article 3 of the Money Laundering (Jersey) Order 2008, as amended, which, together with Articles 13,14 and 15, require all financial sector businesses to seek satisfactory evidence of identity of those entities with which they do business.

Subscribers to the Fund are therefore obliged to provide documentary evidence of identification and residence at the time of subscription.

In order for your application to proceed without delay, please enclose the following documents:

### **For all companies (except listed companies):**

1. Certified copy of the Certificate of Incorporation
2. Certified copy of the Memorandum and Articles of Association
3. Certified copy of the current signatory list
4. Latest audited Report and Accounts, if available
5. A certified copy of the Board resolution authorising the opening of the account
6. If the company is acting as nominee or for a third party please request the appropriate document for completion from the Manager

### **For listed companies:**

1. Proof of listing on a recognised stock exchange
2. Certified copy of Board Resolution authorising the opening of the account
3. Latest audited accounts
4. Certified signatory list

### **For private companies:**

1. Certified copies of the passports of the directors and documentary evidence of residence (i.e. utility bill), not more than 3 months old.
2. A list of the shareholders amounting to more than 25% of the company together with certified copies of passports and documentary evidence of residence (i.e utility bill) not more than 3 months old.

### **For Companies acting as Trustee of a Trust**

1. For all companies except those regulated in Jersey, Guernsey, Isle of Man or the UK the requirements for the company will be as set out above.
2. Certified extract from the Trust Deed and certified copies of any subsequent Deeds of Appointment.
3. Certified copies of the CDD for the Settlor, i.e. in date passport and utility bill or bank statement not more than three months and not a mobile telephone bill, to include source of funds.
4. Certified copies of the CDD for the Protector, if any, as for the Settlor see point 3 above.

### **For Companies acting as Trustee of a Pension Scheme or Superannuation Scheme**

**Note:** This only applies to Pension/Superannuation Schemes where the contributions are made by an employer or by way of a deduction from wages, and the scheme rules do not permit assignment of members' interests under the scheme.

1. Letter from the Trustees confirming that the Pension Scheme falls within the note above.
2. Copy of HMRC reference.
3. Certified copy of the signature list.

**Note:** If necessary documentation has not been enclosed with the original application form, then the Manager may be prevented from issuing any document of title until such obligations have been met.

**Please note that failure to provide the above requested information may result in a delay in the processing of this application and the allocation of shares.**

**8 Details of certifier of proof of identity documentation** Please complete in BLOCK CAPITALS

To be completed by person certifying the documentation

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

The certification must be made on the documents being certified in the following terms:

**Passport** - "I hereby certify that I have seen the original document and this is a true copy and the photograph bears a reasonable likeness to the individual."

**Utility bill** - "I hereby certify that I have seen the original document and this is a true copy of that document."

The certifier must state on the documents his/her name, firm and address, occupation, telephone number and email address.

**Profession/position under which you are certifying the attached document(s)**

(Please tick at least one)

- |  |  |
|--|--|
| <input type="checkbox"/> Accountant (member of recognised professional body) | <input type="checkbox"/> Independent Financial Advisor (only if regulated) |
| <input type="checkbox"/> Justice of the peace                                | <input type="checkbox"/> Member of government (in office)                  |
| <input type="checkbox"/> Barrister/member of the judiciary                   | <input type="checkbox"/> Solicitor/lawyer/advocate/notary public           |
| <input type="checkbox"/> Chairman/director of Public Limited Company         | <input type="checkbox"/> Police officer (Serving)                          |

**The above professions/positions are those recognised by the Manager for certification purposes. Certification by any other persons will generally not be acceptable and documentation will be returned. Please consult the Manager for guidance where certification is by someone other than those listed above.**

**Business address**

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Office stamp (if applicable)

**Name of professional body with which you are registered**

\_\_\_\_\_

**Name of person you are certifying on behalf of:** *You should not be related or in a partnership with this person.*

Surname: \_\_\_\_\_  
First name: \_\_\_\_\_

**Please note: Notwithstanding the details requested above, your name and occupation should be printed on the copy documents.**

Signature

Date

**9 Declaration**

- We confirm that we have read and understood the Prospectus. We agree to be bound by the terms and conditions of the Prospectus and by the Memorandum and Articles of Association. We confirm that this application is made on the basis of and subject to these documents and understand that they may be amended or updated from time to time.
- We confirm we have received (or been offered) the latest Company Financial Statements.
- We are not a US person(s) nor are we applying for shares in the Fund on behalf of any US person (US persons are not permitted to invest in the Fund).

**Tick as appropriate**

1. We are investing on our own behalf ( <i>If not, please complete next declaration</i> )	
2. We are investing for a third party or as a nominee (in these instances we require the following information on the ultimate beneficial owner) Name .....Address ..... .....Date of birth ..... together with a certified copy passport and utility bill. The certification to be in accordance with the requirements in Section 8.	
3. Fax indemnity instructions and communications By ticking this box we authorise the Manager to accept instructions by fax.	

In consideration of the Manager agreeing to accept and act in accordance with instructions received from me/us by fax, I/we agree to keep the Manager, its agents and the Fund (the "Indemnified Persons") indemnified from and against all actions, proceedings, claims and demands which may be brought or made against the Indemnified Persons and any costs and expenses which the Indemnified Persons may reasonably incur as a direct result of acting upon any such instructions, except to the extent that the same are caused by the Indemnified Persons' own negligence, wilful default or fraud.

## 10 Corporate data

We agree that the Manager may keep the corporate details we or others give the Manager, and information gained from administering our accounts. The Manager may use and update this information to provide us with services and to prevent fraud. If we ask, the Manager will tell us what information the Manager holds about us and provide a copy in line with Jersey's data protection legislation (a fee is payable). We will notify the Manager if we think that any information that the Manager holds about us is inaccurate, so the Manager can correct it.

The information the Manager holds about our company is confidential and will only be disclosed:

- At the request of the directors of the company
- To the Manager's associates, agents and others in connection with running accounts and services for our company
- To investigate or prevent fraud
- Or if the law permits or requires it or it is in the public interest.

When we speak to the Manager on the telephone we understand that all calls may be monitored and/or recorded in case the Manager needs to check the Manager has carried out our instructions correctly and to help improve the Manager's quality of service.

**The application should be signed by a duly authorised official (or officials) whose representative capacity must be stated. Applicants should provide a list of authorised signatures from whom subsequent instructions can be taken.**

1	Signature	Full name	Date
2	Signature	Full name	Date
3	Signature	Full name	Date
4	Signature	Full name	Date

The Manager may contact the applicant(s) by any means of communication (including e-mail) about products or services which the Manager considers may be of interest to the applicant(s), or to monitor the quality of service provided by the Manager.

The applicant(s) may request not to receive such communication by writing to the Manager.

Data relating to the applicant(s) may be sent or retained outside the Island of Jersey.

**You should be aware that all investments carry a degree of risk. Their value, and the income from them, can fall as well as rise therefore investors may not get back the amount invested. Past performance must not be used as a guide to future performance. You may wish to consult with your financial advisor in order to obtain professional investment advice.**

**Please return this form to:**

Newton Fund Managers (C.I.) Limited

Liberté House, La Motte St, St Helier,

Jersey JE2 4SY

Channel Islands

Telephone: Investment Helpline +44 (0)870 8400456 / Dealing Desk +44 (0)1534 709130

Email: [offshore@newton.co.uk](mailto:offshore@newton.co.uk)

Newton Fund Managers (C.I.) Limited is authorised under the Collective Investment Funds (Jersey) Law 1988 and regulated by the Jersey Financial Services Commission.

Registered office: Liberté House, La Motte St, St Helier, Jersey JE2 4SY

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