





Account Number:

I wish to appoint the following person or company as a Authorised Agent for the operation of the

 Fund/Trust.

I/We agree to the attached conditions relating to the appointment of a Authorised Agent.

Please indicate by ticking the appropriate box.

- Any party may sign
- Any two parties may sign
- All parties must sign
- Other (please specify)

Signature

Name

Signature

Name

Signature

Name

Signature

Name

The appointment must be signed by individual applicants or executed under Power of Attorney or under seal. If signed under Power of Attorney, I /we declare that I/we have not been given notice of revocation of the Power of Attorney by which this application is signed.

Signature(s)

Date