

GLOBAL FUNDS SPC INC.

**APPLICATION FOR
PURCHASE OF SHARES**

FOR OFFICIAL USE ONLY

Client #:

Account #:

CORPORATE ENTITIES/ORGANISATIONS

Investment Selection: *Select one (1) option ONLY*

- Fortress Emerging Markets Fund SP
- Fortress International Equity Fund SP
- Fortress US Equity Fund SP
- Fortress Global Opportunity Wealth Fund SP
- Fortress Fixed Income Fund SP

Initial Investment

\$ _____

Company Name:

Business Trading Name *(if different from company name):*

Company Number:

Registered/ Principal Address:

City / Parish:

Province / State:

Postal Code:

Country:

Mailing Address *(if different from registered address):*

City / Parish:

Province / State:

Postal Code:

Country:

Jurisdiction of Incorporation:

Date of Incorporation
(mm/dd/yyyy):

PRIMARY CONTACT

Name:

Tel:

Fax:

Email:

Nature of Business _____

TYPE OF COMPANY

Corporation

Trust*

Partnership

Registered Business

*Name of Trustee(s): _____

REQUIRED DOCUMENTS

Client #:
Account #:

Please provide documentation in accordance with your organizational type (corporation, registered business etc.).

1. Corporations

	YES	NO	N/A
a. Certificate of incorporation/continuance			
b. Articles of incorporation			
c. Notice of address			
d. Notice of directors			
e. Signed by-laws			
f. Share register (if private)			

2. Partnerships (unincorporated)

	YES	NO	N/A
a. Formal partnership agreement			
b. Resolution authorising partnership			

3. Registered Business

	YES	NO	N/A
a. Certificate of registration			
b. Copy of application for registration			

4. Trusts

	YES	NO	N/A
a. Trust deed (or extraction thereof)			
b. Trust deed agreement			

Anti-money laundering legislation requires that we ask:

Are any of the directors/signatories a current or former senior government, political or military official, or do any of them have a **relative** or **close connection** who is a current or former senior government, political or military official? Yes No

If Yes, please provide details: _____

Purpose of account: _____

Source of Funds (initial investment): _____

Source of Wealth (funds that will continue the account): _____

Account Activity

Expected transaction frequency and level of activity:

- One off
 Monthly
 Quarterly
 Annually
 \$ _____ \$ _____ \$ _____ \$ _____

Would you like online access to the account?

- Yes
 No

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Client #:

Account #:

DIRECTORS AND OFFICERS DUE DILIGENCE

All information provided for each Director and Officer must be supported by certified copies of two forms of valid government issued I.D. and a recent proof of address.

DIRECTORS/TRUSTEES

Full Name	Address	Occupation	Signatory	Specimen Signature*
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICERS

Full Name	Address	Occupation	Signatory	Specimen Signature*
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
We hereby certify that the		signatures appearing above are authentic.		
	(insert number of signatures)			
We hereby inform you that any		of the above signatories can provide instructions on this account.		
	(insert number of signatures)			

Dated this _____ day of _____ 20 _____ .

*Only signatories need to provide a specimen signature.

DECLARATION OF SHAREHOLDER & BENEFICIAL OWNERS (IF PRIVATE)

Client #:

Account #:

Name of Company: _____

As at the _____ day of _____ 20 _____

I hereby certify that the persons listed below are shareholders of the Company as of the date hereof:

	Shareholder & Beneficial Owners*	20% or more of Shares
1.		
2.		
3.		
4.		
5.		
6.		

**All information provided for each Shareholder and Beneficial Owner must be supported by certified copies of two forms of valid government issued I.D. and a recent proof of address.*

TERMS & CONDITIONS

I/We confirm:

- That I/we have read the Offering Memorandum and Supplements, and am/are aware of the nature of the investment opportunity and the related risks;
- That I/we am/are aware that the objective of the Fortress Global Funds SPC (the "Fund(s)") has an emphasis on generating capital appreciation, rather than on interest income or dividends;
- That I/we am/are aware that there is an assumption of an average amount of market risk and volatility or loss of principal to achieve higher returns and;
- That I/we understand, that the value of shares in the Fund(s) are not guaranteed, nor are they insured by any authority, as the value of the shares can go down as well as up, and there is no guarantee of the achievement of the objectives of the Fund(s).
- That for amounts invested that are equal to and exceed USD \$5,000 or its equivalent, a Declaration of Source of Funds form must be completed before subscriptions are accepted. Completion of a Declaration of Source of Funds form may be requested at the discretion of the Fund for amounts below USD \$5,000.
- That the information in this application is true, complete and accurate.
- That all transactions to the above-described account are and will be beneficially owned by the account holder(s).
- That I/we agree to advise the recipient promptly and provide an updated self-certification form within 30 days where any change in circumstances occurs that could affect the operation of the Account including changes to the account holders' full and correct name, nationality, immigration or residency status, or any other change which causes any of the information contained in this form to be inaccurate or incomplete
- That the recipient, may obtain independent verification of information provided in the application.
- That where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.
- I/We understand that investment in the Fund(s) is on a private basis and only appropriate for those whose investment experience is such that they are capable, in conjunction with their advisers, of evaluating the risks of these investments, have no need for the investment to be liquid and can afford the loss of the whole investment.
- I/We are responsible for compliance with all laws and regulations affecting the purchase of these Funds and I/we declare that the Shares are not being acquired or held beneficially by or for a US person or other non-qualified person as described in the Offering Memorandum and applicable Supplements.
- I/We understand and agree that the Offering Memorandum does not constitute an offer or solicitation to anyone in any jurisdiction in which such offer or solicitation is not authorised or to any person to whom it is unlawful to make such offer or solicitation

We

Please print name:

certify that the company

Company name:

or its beneficial owners are / are not U.S. citizens or residents for tax purposes.

Signatory:
(please print)

Authorised Signature:
(please affix
company seal)

DATA PROTECTION

Please (1) enter company name and (2) sign below:

All personal & corporate data acquired by Fortress Global Funds Limited SPC from (1) _____ shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of (2) _____ except where disclosure is mandatory based on the laws of Barbados.

INSTRUCTIONS - AUTHORITY AND INDEMNITY

Client #:

Account #:

Tick All That Apply: VERBAL FAX EMAIL

To: Fortress Global Funds Ltd SPC

It would be convenient and in my/our interest if I/we could at any time and from time to time send verbal instructions/facsimile transmissions/instructions by means of electronic mail to Fortress Global Funds Ltd SPC ("the funds") in relation to any and all my/our existing accounts, facilities and other agreements with Fortress Global Funds Ltd SPC and any accounts, facilities and other arrangements which I/we may now or in the future have with the funds.

In consideration of the funds agreeing to accept verbal instructions/facsimile transmissions/instructions by means of electronic mail from me/us as aforesaid, I/we agree:

1. That the funds may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me/us from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That once verbal instructions/facsimile transmissions/instructions by means of electronic mail have been given to the funds purportedly by the person (or by any of the persons, if more than one) specified below, the funds shall have no obligation to check or verify the authenticity or accuracy of such verbal instructions/ facsimile transmissions/instructions by means of electronic mail purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. That in acting on verbal instructions/facsimile transmissions/instructions by means of electronic mail the funds shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such verbal instructions/facsimile transmissions/instructions by means of electronic mail may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any verbal instructions/facsimile transmissions/instructions by means of electronic mail on which the funds may act if the funds has in good faith acted in the belief that such verbal instructions/facsimile transmissions/instructions by means of electronic mail were given by me/us;
4. That the funds may, in its absolute discretion, decline to act or in accordance with the whole or any part of a verbal instruction/facsimile transmission/instruction by means of electronic mail pending further enquiry to or further confirmation (whether written or otherwise) by me/us, so however that the funds shall not be under any obligation to so decline in any case, and the funds shall in no event or circumstance be liable in any respect for not so declining; and
5. To release the funds from and indemnify the funds against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, the funds having acted in accordance with the whole or any part of any verbal instruction/facsimile transmissions/instructions by means of electronic mail or having exercised (or failed to exercise) the discretion upon the funds in Clause 4 above.

For email indemnity, please list all authorised persons and e-mail addresses below:

Name:	Title:	Email:
Name:	Title:	Email:
Name:	Title:	Email:
Name:	Title:	Email:
Name:	Title:	Email:

Please note that correspondence originating only from the above email addresses will be acknowledged.

Dated this _____ day of _____ 20 _____

Name of Company: _____

Name of Authorised Person(s): _____

Signature of Authorised Person(s): _____

(Affix Company Seal)

FOR OFFICIAL USE ONLY

<i>Verification of:</i> Existing Account <input type="checkbox"/> YES <input type="checkbox"/> NO		Link <input type="checkbox"/> YES <input type="checkbox"/> NO	
Directors, Officers & Beneficial Owners: <input type="checkbox"/> Valid government issued I.D. <input type="checkbox"/> Recent proof of address		<input type="checkbox"/> Source of funds (for investments of US \$5,000 or more) <input type="checkbox"/> Risk rating completed <input type="checkbox"/> Required documents provided (on pages 1 & 2)	
Checked & Approved by Compliance Officer:	Agent Name (if applicable):	Received by:	Date Received (mm/dd/yy):
Additional Comments: <hr style="border: 0; border-top: 1px solid #ccc; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid #ccc; margin: 10px 0;"/>			

DECLARATION OF SOURCE OF FUNDS

Anti-Money Laundering regulations require that we collect the information contained in the form below for **each investment** over US\$5,000. Please include with all subscriptions, initial and subsequent.

Official use: Account #

Name of Entity:	Address:	
Nature of Business:	Tel:	Fax:
	Email:	

Please complete this section:

NAME OF FUND (TICK <input checked="" type="checkbox"/> which applies)	CURRENCY	AMOUNT
<input type="checkbox"/> Fortress Emerging Markets Fund SP		
<input type="checkbox"/> Fortress International Equity Fund SP		
<input type="checkbox"/> Fortress US Equity Fund SP		
<input type="checkbox"/> Fortress Global Opportunity Wealth Fund SP		
<input type="checkbox"/> Fortress Fixed Income Fund SP		

I declare that the source of this currency is: _____

ANTI-MONEY LAUNDERING LEGISLATION REQUIRES THAT THE SOURCE OF FUNDS BE VERIFIED BEFORE SUBSCRIPTIONS ARE ACCEPTED.

Print Name:	Print Name:
Authorised Signature:	Authorised Signature:
Date (mm/dd/yyyy):	Date (mm/dd/yyyy):

FOR OFFICIAL USE ONLY

Application Received By:	Date Checked (mm/dd/yyyy):
Compliance Officer Signature:	Date Checked (mm/dd/yyyy):

Notes to the Subscription Agreement

Method of Payment for Subscriptions

Subscription payments must be made prior to the applicable Valuation Date by **wire transfer only**. The applicable Valuation Date for your subscription will be the first Valuation Date occurring on or after the day of receipt of the application form.

You can provide a copy of this page directly to your financial institution to assist with the wire instruction.

To: Wells Fargo Bank, N.A., New York, NY
SWIFT Code: PNBPU3NNYC
ABA Code: 026005092
For Credit to: FirstCaribbean International Bank (Cayman) Limited
SWIFT Code: FCIBKYKY

For Further Credit to:

- Fortress Emerging Markets Fund SP
Account Number: 10457291
Subscription Amount: _____
- Fortress International Equity Fund SP
Account Number: 10457287
Subscription Amount: _____
- Fortress US Equity Fund SP
Account Number: 10457285
Subscription Amount: _____
- Fortress Global Opportunity Wealth Fund SP
Account Number: 10457290
Subscription Amount: _____
- Fortress Fixed Income Fund SP
Account Number: 10466947
Subscription Amount: _____

Beneficiary Address:

Clifton House, 75 Fort Street, George Town,
Grand Cayman, Cayman Islands KY1-1108