

Caribbean Growth Fund

Caribbean High Interest Fund

**APPLICATION FOR
PURCHASE OF SHARES**

FOR OFFICIAL USE ONLY

Client #:

Account #:

CORPORATE ENTITIES/ORGANISATIONS

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

Fortress Caribbean Growth Fund (Minimum Bds \$100)

Make cheques payable to Fortress Mutual Fund Ltd.

Fortress High Interest Fund - Accumulation (Minimum Bds \$100)

Fortress High Interest Fund - Distribution (Minimum Bds \$100)

Make cheques payable to Fortress Caribbean High Interest Fund

Company Name:	
Business Trading Name (if different from company name):	
Company Number:	Tax I.D. # (U.S. only):
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/year):
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PRIMARY CONTACT

Name:	
Tel:	Fax:
Email:	

Nature of Business _____

TYPE OF COMPANY

<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust*
<input type="checkbox"/> Partnership	<input type="checkbox"/> 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 (if yes provide email address of primary contact): _____

No

DIRECTORS AND OFFICERS DUE DILIGENCE

Client #:

Account #:

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*	10% 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:

- 1) That I/we have read the prospectus, and am/are aware of the nature of the investment opportunity and the related risks;
- 2) That I/we am/are aware that the objective of the Fortress Caribbean Growth Fund has an emphasis on generating capital appreciation, rather than on interest income or dividends;
- 3) That I/we am/are aware that the objective of the Fortress Caribbean High Interest Fund is to achieve the highest level of income compatible with the preservation of capital;
- 4) 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;
- 5) That I/we understand, that the value of shares in the Funds 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 Funds.
- 6) That for amounts invested that are equal to and exceed Bds \$10,000 or its equivalent, an Anti-Money Laundering form must be completed before subscriptions are accepted. Completion of an Anti-Money Laundering form may be requested at the discretion of the Fund for amounts below Bds \$10,000.
- 7) That the information in this application is true, complete and accurate.
- 8) That all transactions to the above described account are and will be beneficially owned by the account holders.
- 9) That I/we agree to inform Fortress Fund Managers of any changes that could affect the operation of the account, including changes to the full and correct name, nationality, immigration or residency status of the account holders.
- 10) That Fortress Fund Managers may obtain independent verification of information provided in the application.

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 Fund Managers 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 Fund Managers Ltd.

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 Fund Managers Ltd. in relation to any and all my/our existing accounts, facilities and other agreements with Fortress Fund Managers Ltd. ("FFM") and any accounts, facilities and other arrangements which I/we may now or in the future have with FFM.

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

1. That FFM may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me/us from time to time, and I/me 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 FFM purportedly by the person (or by any of the persons, if more than one) specified below, FFM 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 FFM 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 FFM may act if FFM 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 FFM 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 FFM shall not be under any obligation to so decline in any case, and FFM shall in no event or circumstance be liable in any respect for not so declining; and
5. To release FFM from and indemnify FFM against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, FFM 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 FFM 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

Verification of: 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 \$10,000 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:

