

## The Protected Water Fund plc – Individual Subscription Form

To: Abacus Financial Services Limited, Sixty Circular Road, Douglas, Isle of Man, IM1 1SA.  
 Telephone: +44 (0) 1624 689750 Fax +44 (0) 1624 689602 (*original of fax must be posted*)

PLEASE READ THE DISCLOSURE STATEMENT IN THE SCHEME PARTICULARS PRIOR TO COMPLETING THIS APPLICATION FORM.

1. ACCOUNT DETAILS			
Account Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
Details of First Applicant			
Title	<input type="text"/>	Full Name	<input type="text"/>
Previous, Maiden, Other Names	<input type="text"/>	Marital Status	<input type="text"/>
Date of Birth (dd/mm/yy)	<input type="text"/>	Occupation	<input type="text"/>
Nationality	<input type="text"/>		
Residential Address <i>(please provide a certified utility bill in evidence of address)</i>	<input type="text"/>		
Post Code	<input type="text"/>	Country of Residence	<input type="text"/>
Home Telephone No. (include country code)	<input type="text"/>	Work Telephone No. (include country code)	<input type="text"/>
Preferred method of contact:	E-mail	Fax	Post
E-mail Address / Fax Number	<input type="text"/>		
Source of Wealth - <b>Please explain how your general wealth has been accrued including a specific comment on the source of the monies being invested:</b>			
<input type="text"/>			
Annual Income from all Sources	<input type="text"/>		
Source of Funds – Please provide details of the financial institution that the investment monies are coming from:			
Account Name:			
Name of Financial Institution:			
Address of Financial Institution:			
Reason for investing in the Fund:			
<input type="text"/>			
Do you anticipate making additional investments into the Fund during the next 12 months? If yes, please give an estimate of the number of transactions and likely value of the investments:			
<input type="text"/>			

Details of Additional Applicant			
Title	<input type="text"/>	Full Name	<input type="text"/>
<i>Previous, Maiden, Other Names</i>	<input type="text"/>	Marital Status	<input type="text"/>
<i>Date of Birth (dd/mm/yy)</i>	<input type="text"/>	Occupation	<input type="text"/>
Nationality	<input type="text"/>		
Residential Address <i>(please provide a certified utility bill in evidence of address)</i>	<input type="text"/>		
Post Code	<input type="text"/>	Country of Residence	<input type="text"/>
Home Telephone No. <i>(include country code)</i>	<input type="text"/>	Work Telephone No. <i>(include country code)</i>	<input type="text"/>
Preferred method of contact:	E-mail	Fax	Post
E-mail Address / Fax Number	<input type="text"/>		
Relationship to First Applicant	<input type="text"/>		
Source of Wealth - Please explain how your general wealth has been accrued including a specific comment on the source of the monies being invested:			
Annual Income from all Sources	<input type="text"/>		
Source of Funds – Please provide details of the financial institution that the investment monies are coming from:			
Account Name:			
Name of Financial Institution:			
Address of Financial Institution:			
Reason for investing in the Fund:			
Do you anticipate making additional investments into the Fund during the next 12 months? If yes, please give an estimate of the number of transactions and likely value of the investments:			

2. SIGNING AUTHORITY		
	Any One of us	All of us
Please complete	<input type="text"/>	<input type="text"/>

**NOTE: In the absence of alternative instructions, the signature of all parties will be required on all instructions**

3. INVESTMENT DETAILS (please indicate amount and currency to be invested)			
Fund	Currency	Amount in Figures	Amount in Words
Sterling	Sterling	<input type="text"/>	<input type="text"/>
Dollars	Dollars	<input type="text"/>	<input type="text"/>
Euros	Euros	<input type="text"/>	<input type="text"/>

The minimum initial investment is £10,000, €15,000 or \$20,000 (depending on the currency of valuation and pricing of the Sub-Fund in question).

Method of Payment: Cheque (attached)/Telegraphic Transfer (please state payment date) (cheques should be made payable to "AFSL re Protected Water Fund plc Client A/c").  
Cheques in a currency other than sterling are not accepted.

FOR INVESTMENTS OVER £225,000 A SUPPLEMENTARY QUESTIONNAIRE MUST BE COMPLETED (AVAILABLE FROM THE MANAGER).

#### 4. EVIDENCE OF IDENTITY

Evidence of identity:

Certified signed copy of a passport or pictorial ID enclosed

Evidence of residential address:

Certified copy of utility bill, or bank or credit card statement enclosed (please note that mobile telephone and store credit card bills are not acceptable and utility bill must not be older than 3 months)

CERTIFICATION: All copies shall be certified "I certify that this is a true copy of the original", signed, dated and contact details affixed by the certifier. All copies must be certified by one of the following - a bank official, lawyer, embassy official, accountant, serving police officer, public notary, broker that has satisfied the Manager that they qualify as a Suitable Certifier or member of the Judiciary.

#### 5. BANK ACCOUNT DETAILS (please provide details of the bank account to which redemption payments should be paid)

Account Name:	
Account Number:	
Name of Bank/Building Society:	
Address:	
Country:	
Post Code:	
Sort Code/Branch:	

#### 6. DECLARATIONS

I/We hereby apply for the number of Shares in the capital of The Protected Water Fund plc (the "Company") as may be purchased with amount subscribed (as above) upon the terms and conditions of the Scheme Particulars dated 1 August 2008 which I/we have received and read and understood. By completing and signing this application form I/we hereby warrant, represent and agree as set out below and in the disclosure statements set out in the Offering Document:

- 1 I/We confirm that I/we have read, fully understood and accepted the risks associated with an investment in the Company.
- 2 I/We acknowledge receipt of the Offering Document which I/we have carefully considered in advance of my/our application and have taken note in particular of the investment policy and the risk factors relating thereto. I/We hereby confirm that my/our application is made solely on the terms thereof and subject to the Memorandum & Articles of Association of the Company. I/We acknowledge that any financial intermediary who advised me/us in relation to this application did so as my/our advisor and was not an agent of or acting on behalf of the Company.
- 3 I/We hereby authorise the Manager, its nominees and/or its directors and officers to obtain independent verification of any information I/we have provided with respect to this application.
- 4 I/we undertake to provide additional verification of identity and source of funds/wealth to the Manager, if so requested.
- 5 I/we consent to my/our details being passed by and between the Promoter, the Company, the Manager and the Custodian in order to enable those persons to perform their designated functions in relation to the Company. In addition, I/we note that the names of Shareholders will be added to a mailing list which may be used by the Promoter to send details of new and existing products. I/we note that if I/we do not want to receive such details, I/we should notify the Manager in writing.

#### 7. SIGNATURE(S)

First Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please be advised that applications signed under a Power of Attorney cannot be accepted

#### PROTECTED WATER FUND SEDOL / ISIN NUMBERS

	SEDOL	ISIN
THE PROTECTED WATER FUND GBP	B23XWN6	IM00B23XWN67
THE PROTECTED WATER FUND USD	B23YN81	IM00B23YN816
THE PROTECTED WATER FUND EUR	B23YN58	IM00B23YN584

#### 8. FOR PROFESSIONAL ADVISER'S USE ONLY

Advisor Name:	
Company Name:	
Address:	
Telephone Number:	
Fax Number:	
Email:	