Subscription order form



Recipient Caceis Investor Services Bank S.A. Dealing Team Tel. +352 26 05 55 26 Fax +352 24 60 95 00* *Please refer to the fund documentation		Sender Company name * Contact person * Tel. * Fax Email		INVESTOR SERVICI
		Date:		
Please write clearly in BL	OCK CAPITALS	K	*: Mandatory Fields	
Account number * (CACEIS Identifier) Dealer	7 digits account number	Registered Account na		
ISIN Code *	Number of Shares *	OR Amo	unt *	Trade Currency *
		Decimals SHS	- / — / — <i>Whole</i>	Decimals (1) ISO coo
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(1) JPY currency does not accept any	arator is represented by a spot (.) and the thous decimal	Name *		
Signature *		Signature *		

NOTICE: This communication may contain information which is confidential and/or legally privileged and is intended only for the addressee named above. If you are not the named addressee, this communication has been sent to you in error and you are asked not to read, use or disclose it. We should be grateful if you would contact us immediately so that we can arrange for its return. Thank you.