TITAN BALANCED FUND LIMITED

308 East Bay Street, 5th Floor ● P. O. Box N-9058 ● Nassau, Bahamas Telephone: (242) 502-7020 Fax: (242) 393-5002

SUBSCRIPTION FORM

CORPORATION

Please type or print - Answer all questions

DETAILS OF APPLICANT:	
Name of Company:	
Registered Office Address:	
Physical Address (if different):	
Business Licence Registration No.	Company Registration No
Contact Person (s):	
Telephone:	Fax:
P. O. Box:	Email:
City:	Country:
Nature of Business:	
Investment Amount: BS\$	
Source of Funds:	
Beneficial Owner/Shareholder:	
NIB No Passport No	Expiration Date
Preferred contact method: Email	Mail Hold Mail
BANK DETAILS:	
Name on Bank Account:	
Name of Bank:	
Branch Location:	
Account Number:	

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DECLARATION			
No	te: Please initial <u>all</u> declarations		Initial
1.	I/We hereby acknowledge that I/We ha Memorandum and accept the risks associated	ve read the TITAN BALANCED FUND Offering d with the Fund.	
2.	I/We declare that I/We am/are an eligible inv	vestor as defined in the offering Memorandum.	
3.	. I/We waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection.		
4.	I/We am/are aware that the Fund will monitor compliance to The Gaming Act, 2014 as applicable to investments in the Gaming Industry.		
Authorized Signatory		Authorized Signatory	
	Date mm/dd/yy	 Date mm/dd/yy	

Company Seal