N F O

M A N D A T O R Y

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

INDIVIDUAL

Please type or print - Answer all questions

DETAILS OF APPLICANT:					
NAME:					
Last Date of Birth:		First	Nationality	Middle	
Voters Card No.					
Street Address:			NIB No		
P. O. Box:		Email:			
Telephone: Home:	Work:		Mobile:		
Occupation:		Employer	r:		
If self-employed Name and Na	ture of Business:				
Investment Amount: BS\$_					
Source of Funds:					
Preferred contact method:	Email	Mail			
BENEFICIARY DETAILS:					
NAME:		First		Middle	
NIB No	Passport No		Expiration Date_		
P. O. Box:		Email:			
City:		_ Country:			
Telephone: Home:	Work:		Mobile:		
BANK DETAILS:					
Name on Bank Account:					
Name of Bank:					
Branch Location:					
Account Number:					
Account Type: Savir	ngs ()	Checking ()			

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Note: Please initial <u>all</u> declarations			
1.	I hereby acknowledge that I have read the Offering Memorandum of Titan Balanced Fund Limited and accept the risks associated with the Fund.		
2.	I declare that I am an eligible investor as defined in the Offering Memorandum.		
3.	I waive the right to be sent copies of the financial statements of the Fund, which shall be available at, Investar Securities Ltd. the Registered Office of the Fund for inspection.		
4.	I am aware that the Fund will monitor compliance to The Gaming Act, 2014 as applicable to investments in the Gaming Industry.		

Applicant's Name (Print)	
Applicant's Signature	 Date (mm/dd/yy)