APPLICATION FORM

Commencement Date

October 14th 2024

FSL EUROBOND FUND

Public Offering of 5,000,000 UNITS at \$1 EACH

PAYABLE IN FULL ON APPLICATION



Application must be in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as Applications that do not comply may be rejected. DECLARATION

- I am/We are 18 years of age or over.

 I/We attach the amount payable in full on application for the number of united in the FSI

	10.10.00	
. [FOR REGISTRARS' USE ONLY	
	No. units Applied for:	
	No. units Allotted:	
5	Amount Paid:	
e s	Value of units allotted:	
	Amount to be returned:	
	Account Number:	
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	Gender	
	M F	
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СС	pation	
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orpor	ate Only)	
	ory (Corporate Only):	
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EUROBOND FUND at \$1 per unit.	No. units Allotted:
I/We agree to accept the same or smaller number of units in respect of which allotment may be made upon the terms of the Prospectus and subject to the Trust Deed of FSL EUROBOND	Amount Paid:
FUND. I/We authorize you to send via bank or e-transfer any amount overpaid and to procure	
registration in my/our name as holder(s) of such number of units or such smaller number as	Value of units allotted:
aforesaid. I/We declare that I/We have read the Offer Prospectus dated September 17 th 2024, issued by	Amount to be returned:
FSL Asset Management Limited.	Account Number:
PLEASE COMPLETE ALL IN BLOCK LETTERS	CONTROL NO:
SUIDE TO APPLICATION Number of units Applied For: Amount Payable: DATE (DD/MM/YYY)	
Minimum 5,000 UNITS: \$5,000 (subsequent multiples of 1,000 Units: \$1,000	
OSSOCIA MONIPIOS OF 1,000 Offins. W1,000	
mber of Units Applied For Value of Units Applied For/ Amount Pai	id
INDIVIDUAL/CORPORATE APPLICANT	
Surname /Company Name: TITLE: Mr. Mrs Miss Others	
Somethic /Sompany nume.	
Other Names (For Individual Applicant Only)	Gender
	M F
Full Postal Address	City
<u> </u>	
State E-mail address	
Mobile number (GSM) Date of Birth (DD/MM/YYY) Occ	cupation
Clearing House Number (CHN) Name of Stockbroker	
Distribution Options: Cash Reinvestment	
Details of Next of Kin:	
Name Mobile number	r (GSM)
JOINT APPLICANT Surname Other Names	
Surname Other Names	
BANK DETAILS (FOR E-DIVIDEND):	
Account Name	,,,,,,,,,,,,,,,,,
Bank Name Branch	
Account Number RVM	
Account Number BVN	
	arata Only)
Signature 2 nd Signature (Joint/Corp	,,
	,,
Signature 2 nd Signature (Joint/Corp	natory (Corporate Only):

Stamp of Receiving Agent