



Money Market Fund

SCOTIA DBG FUND MANAGERS LTD
Customer Information Form

Branch:

Account #

Business Customer Information Form and Client Account Agreement

I wish to buy \_\_\_\_\_ units in the PGF at \$ \_\_\_\_\_ per unit (minimum of 200 units) to the value of \$\_\_\_\_\_.

Business Name: \_\_\_\_\_

Address \_\_\_\_\_

Country of Registration: \_\_\_\_\_ Beno ID/TRN: \_\_\_\_\_

Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Structure: [ ] Corporation [ ] Association [ ] Partnership [ ] Proprietorship [ ] Club

Date of Incorporation/Registration: (DD/MM/YYYY) \_\_\_/\_\_\_/\_\_\_ Expiry Date: (DD/MM/YYYY) \_\_\_/\_\_\_/\_\_\_

Company's Primary Business Activity: \_\_\_\_\_

Group / Corporate Structure: \_\_\_\_\_

Major Suppliers: \_\_\_\_\_

Name(s) of the principal officer(s) or representatives of the non incorporated entity: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Name of Primary Banker: \_\_\_\_\_ Branch: \_\_\_\_\_

Name of Company Lawyer: \_\_\_\_\_

Address of Company Lawyer: \_\_\_\_\_

Name of Company Auditor: \_\_\_\_\_

Address of Company Auditor: \_\_\_\_\_

Purpose of the Account: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Expected Monthly Level of Activity: \_\_\_\_\_

Will this account be used to conduct business on behalf of someone other than the named accountholder(s)? [ ] YES [ ] NO

If yes, provide details: \_\_\_\_\_

My portfolio manager has the right to manage my funds and securities in the following manner:

- [ ] "Full Discretion" (I grant my fund manager full authority over my funds and securities, without consultation).
[ ] "Partial Discretion" (I must be contacted before execution of any trade/transaction).
[ ] "Custody" (No discretion to trade. Assets are for safe-keeping and reporting only)

Risk Profile: [ ] Very Cautious - no unnecessary risks [ ] Cautious - small risks acceptable [ ] Moderate - reasonable levels of risks
[ ] Adventurous - accept greater levels of risk [ ] Speculative - accept high levels of risk

**SIGNING INSTRUCTIONS FOR JOINT ACCOUNTS:** PLEASE STATE HOW MANY AND WHAT COMBINATION OF SIGNATURES IS REQUIRED TO EFFECT A TRANSACTION ON THIS ACCOUNT. Please note that if nothing is indicated, any one signature may be accepted and acted upon, provided however that where the account is being used as collateral to secure any loan, guarantee, indemnity, undertaking or other form of financial exposure (or in any other case, if deemed necessary or expedient), Scotia DBG Fund Managers Ltd. reserves the right (but shall not be obliged) to require all the named account holders to sign the required documents. \_\_\_\_\_

**OFFERING CIRCULAR**

I/We have received a copy of the Money Market Fund Offering Circular on or before this date and acknowledge that I/we am /are responsible for familiarizing myself/ourselves with the contents contained therein.

**5% WAIVER**

It is my/our understanding that associated with the purchase of units in the Money Market Fund is a preliminary fee of 5% on the principal amount invested.

I/We also understand that this charge will be waived if my/our investment remains with the Money Market Fund for a period of 90 Days or longer. Therefore, if an encashment is effected before the expiration of the 90-day period, the 5% fee will be deducted from the principal amount originally invested. In the case of partial encashments, the 5% fee will apply only to the portion of units being encashed.

**ENCASHMENT PAYOUT PERIOD**

I/We am/are aware that, according to the Trust Deed, Scotia DBG Fund Managers Ltd (“SDBGFML”) has up to seventeen (17) business days in which to pay out the proceeds of an encashment, but that all efforts are made to settle payments within a few days.

**DISBURSEMENT**

I request that my documents be disbursed as follows as a standing order: Certificates/ Receipts/ Contracts/ Quarterly Statements:

By Mail

Hold

NAME	TITLE	SIGNATURE	TRN	LIMITS (if applicable)

\_\_\_\_\_  
**Chairman**

\_\_\_\_\_  
**Secretary**

**FOR USE BY DBGUTML (or its affiliates) PERSONNEL ONLY**

Address confirmation	Source of funds	Prof. Intermediary letter		
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**BUSINESS CLIENTS:-**

CIF completed & signed	ID & TRN of signatories & 2 directors	Fax/E-mail/General indemnity	Deed of partnership/Internal rules
Certif. of incorp., Articles & Memo. of Assoc.	Nature of biz (statement/print out) & Last annual return	Withholding application (If applies)	Decision in writing/ resolution of the non incorporated entity
TRN of the entity, Source of funds, purpose of the a/c	Annual reports/ audited financials (etc) for listed companies	Prof. Intermediary letter	Mailing/interest instructions
Directors' Resolution	Certif. of Good standing (overseas)	Certif. of biz. name registration /proof of registration/existence	Is the entity or any of its members related/connected to a PEP? (Y/N)

**OFFICER'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SENIOR MANAGER'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**COMMENTS:**

