

Subscriber Information

Do you hold a Brokerage account? Yes No

If **not**, would you like to open a brokerage account at this time? Yes No
 A brokerage account facilitates investment in securities traded on BIX and Private Placements.

Mr. Mrs. Miss

Full Name of Subscriber: _____
Last First Middle

Street Address: _____ P.O. Box: _____ City/Country: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Passport No: _____ Passport Exp. Date: _____ NIB No: _____

Please include a certified copy of passport, NIB card and utility bill no less than 3 months old.

Telephone (mobile): _____ Telephone (home): _____ Email: _____

Occupation: _____ Employer: _____

Name of Business (If Self Employed): _____ Nature of Business: _____

Please provide certified copy of current business license.

Second Account Holder's Information (if Applicable)

Mr. Mrs. Miss

Full Name of Subscriber: _____
Last First Middle

Street Address: _____ P.O. Box: _____ City/Country: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Passport No: _____ Passport Exp. Date: _____ NIB No: _____

Please include a certified copy of passport, NIB card and utility bill no less than 3 months old.

Telephone (mobile): _____ Telephone (home): _____ Email: _____

Occupation: _____ Employer: _____

Name of Business (If Self Employed): _____ Nature of Business: _____

Please provide certified copy of current business license.

INDIVIDUAL INVESTOR SUBSCRIPTION FORM



Is/Are the subscriber(s) the beneficial owner(s)? Yes No

If no, please fill out the below information

Mr. Mrs. Miss

Full Name of Subscriber: _____
Last First Middle

Street Address: _____ P.O. Box: _____ City/Country: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Passport No: _____ Passport Exp. Date: _____ NIB No: _____

Please include a certified copy of passport, NIB card and utility bill no less than 3 months old.

Telephone (mobile): _____ Telephone (home): _____ Email: _____

Occupation: _____ Employer: _____

Name of Business (If Self Employed): _____ Nature of Business: _____

Please provide certified copy of current business license.

Mutual Funds

B\$ Amount Investing

Leno Financial Conservative Fund _____

Leno Financial Balanced Fund _____

Leno Financial Aggressive Fund _____

Leno Global Bond Fund _____

Leno International Equity Fund _____

Total _____

Source of funds: _____

Source of wealth: _____



Bank Details:

Name on Bank Account: _____

Name of Bank: _____

BIC/Swift (if applicable): _____

Branch Location/ Transit No: _____

Account No: _____

Please wire funds to Corresponding Bank:

Leno Corporate Services Limited
 Bank of the Bahamas
 Village Road
 Branch No. 03158
 A/C # 1350004196
 Re: Mutual Fund Investment

DECLARATION

I/We hereby acknowledge that I/we have read the Offering Document and accept the risks associated with the Fund.

I/We declare that I/we am/are an eligible investor as defined in the Offering Document and 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.

I/We wish to subscribe to the shares of the Fund at a subscription price equal to the Net Asset Value per share effective upon the date of acceptance by the Fund of the subscription and on the terms set out in the Offering Document and subject to the provisions of the Memorandum and Articles of Association of the Fund.

I/We confirm that I/we am/are not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes.

I/We am/are a resident of the following country/(ies) for tax purposes including tax identification number (TIN) if applicable:

Signing

Select one: Single Joint

Print Name <i>(Applicant)</i>	Signature	Date
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Print Name <i>(Co-Applicant)</i>	Signature	Date
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