

# MERCHANT WEST GLOBAL VALUE FUND LIMITED

Registration Number: 44273

Registered Office: Ground Floor, Dorey Court, Admiral Park, St Peter Port, Guernsey, GY1 2HT  
Mailing Address: P.O. Box 156, Dorey Court, Admiral Park, St Peter Port, Guernsey GY1 4EU  
Tel: +44 (0)1481 702400 Fax: +44 (0)1481 702407

## TOP-UP FORM

### CONFIRMATION OF ADDITIONAL FUNDS FOR EXISTING INVESTOR(S)

**Please email or fax and mail the original to:**

JTC Fund Solutions (Guernsey) Limited  
PO Box 156 Dorey Court  
Admiral Park, St Peter Port  
Guernsey, Channel Islands  
GY1 4EU

Telephone: +44 (0) 1481 702400 Facsimile: +44 (0) 1481 734546

Email: [investorservices@jtcgroup.com](mailto:investorservices@jtcgroup.com)

Additional funds in the amount of USD \_\_\_\_\_ have been transferred for the following existing client/s:-

<u>Registered Client/s Name</u>	<u>Client Portfolio Number</u>
	P
	P
	P
	P

#### Amount to be Invested in Class Fund (\$) and amount in words

Merchant West Global Fund Limited 'A' Class	
Merchant West Global Fund Limited 'B' Class *	
Merchant West Global Fund Limited 'C' Class **	
Merchant West Global Fund Limited 'D' Class ***	
Merchant West Global Fund Limited 'E' Class****	

\*B Shares are available to investors through independent financial advisors and other intermediaries which have entered into distribution agreements with the Fund.

\*\*C Shares are only available to institutional investors at the discretion of the Fund.

\*\*\*D Shares are only available to platform investors at the discretion of the Fund.

\*\*\*\*E Shares are only available at the discretion of the Fund.

**METHODS OF PAYMENT**

Please instruct your bank to advise us of the payment details when known.

I/We confirm that payment is being effected by telegraphic transfer in US Dollars to Northern Trust (Guernsey) Limited, the Fund’s Bankers. Payments must be forwarded by authenticated Swift quoting the following:

Bank: The Northern Trust Company, 50 South LaSalle Street, Chicago, IL 60675, USA

ABA Number: 071000152

SWIFT Code: CNORUS44

Account: The Northern Trust Chicago

Account Number: 5186061000

Sub-Account:: JTC Fund Solutions (Guernsey) Limited – Client Money Account re Merchant West

Sub-Account Number 17-33226

Investor Name: [as applicable]

Source of Funds: \_\_\_\_\_

Please attach relevant documentation as proof of Source of Funds.

Please issue a Contract Note to confirm these funds will be added to the current account holding:

\_\_\_\_\_  
Signature of Applicant / Authorised Signatory

\_\_\_\_\_  
Signature of Applicant / Authorised Signatory

\_\_\_\_\_  
Signature of Applicant / Authorised Signatory

\_\_\_\_\_  
Signature of Applicant / Authorised Signatory

**Please note that the Signatures of the Applicants are to correspond to the signatures and signing arrangements on the original Application Form.**

**The Administrator on behalf of the Fund reserves the right to request any further documentation as and when required.**

**Shares will only be issued upon the appropriate verification procedure being completed to the satisfaction of the Fund's Administrator**

<p>Contact Details</p> <p>Please provide a telephone number/fax number or e-mail address which may be used to contact you should we have any queries regarding this top-up request.</p> <p>_____</p> <p>_____</p>
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**Only if applicable:**

**DISTRIBUTOR'S FSP No** \_\_\_\_\_

**DISTRIBUTOR'S DECLARATION**

As an appointed Distributor of the Fund we hereby certify that we are a licensed financial services business and in respect of this account we have obtained the verification required under the terms of the Distribution Agreement between ourselves and the Fund. The information disclosed for this account by us accurately reflects the information obtained and is being given for account opening and maintenance purposes only. Unless the verification documents have been forwarded directly to the Fund's Administrator, we hereby undertake to supply certified copies or originals of the verification documentation upon request without delay.

**DISTRIBUTOR'S SIGNATURE**

\_\_\_\_\_  
**FULL NAME**

\_\_\_\_\_  
**POSITION HELD**

**DISTRIBUTOR'S STAMP**