

**PLEASE RETURN THIS FORM TO:**

HB CAPITAL PARTNERS  
 c/o PT HB Capital Indonesia  
 Kantor Taman E.33 Unit A1 4th Floor  
 Jl. Dr. Ide Anak Agung Gde Agung Lot 8.6 - 8.7  
 Kawasan Mega Kuningan  
 Jakarta Selatan 12950  
 Indonesia  
 Tel: (62-21) 57958966; Fax: (62-21) 57958967

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

**(1) - NAME(S) FOR REGISTRATION**

Title	Name and Surname	Date of Birth (Day/Month/Year)	Passport/ID No.
1.			
2.			
3.			
4.			
Registered Name (Corporate):			
Contact Person(s):			

Please tick if you are an existing Shareholder of Komodo Fund and provide your Holder Account No.:

\_\_\_\_\_

**(2) - SUBSCRIPTION DETAILS**

*Class A Shares - The minimum initial investment is US\$100,000 and minimum subsequent subscription for existing shareholders is US\$50,000.*  
*Class S Shares - The minimum initial investment is US\$15 million and minimum subsequent subscription for existing shareholders is US\$1 million.*  
*Class I Shares - The minimum initial investment is US\$5 million and minimum subsequent subscription for existing shareholders is US\$500,000.*

Name of Fund:

Komodo Fund

USD

\_\_\_\_\_

– Payment Method  T/T

The following bank details are for telegraphic transfer payment.

I/We confirm that payment of the above has been made for value date \_\_\_\_\_ (Please attach proof of remittance)

Currency	Transfer details
USD	<b>Pay to:</b> Bankers Trust New York (BKTRUS33) Favouring Deutsche Bank Jakarta (DEUTIDJA) Account Number: 04411296 Further credit to Komodo Fund account no 0086058-050

N.B.:

1. HB Capital Partners will not accept payment by bank draft or cheque in any currency.
2. Subscription will be only processed upon receipt of cleared funds and bank charges (if any) will be for the account of the remitter and not HB Capital Partners or Komodo Fund.

**(3) - SIGNATURES AND DATE**

I/We acknowledge that I/we have received, read and understood the latest Financial Reports, Offering Memorandum and Declaration/Notes of the Master Account Opening Form and undertake to be bound by them for the initial and subsequent transactions involving Komodo Fund. I am/We are over 18 years of age. ALL JOINT APPLICANTS MUST SIGN THIS FORM.

\_\_\_\_\_  
 1<sup>st</sup> Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 2<sup>nd</sup> Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 3<sup>rd</sup> Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 4<sup>th</sup> Applicant's Signature

\_\_\_\_\_  
 Date

Financial Advisor's Seal

Date of Receipt