

✓ 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

The purpose of this form is to reduce the administration involved in dealing in Komodo Fund. By completing this form in full, you will no longer be required to provide registration details each time you deal. Instead your trade can be processed on the basis of the standing instructions detailed on this form, thereby simplifying the registration/redemption process. N.B.: If you wish to amend your standing instructions this can be done by ticking the circle below and completing the form detailing your amended instructions.

(1) – Please indicate your reason for completing this form by ticking the relevant box.

- You are dealing for the first time in **Komodo Fund**.
- You wish to amend your master account details.
- You have not previously submitted a standard registration form.
- You wish to open an additional account with different registration details.

If you have ticked circle , then please provide your existing Holder A/C number:

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(2) – Registered Name(s) (please read (6) – Declaration/Notes)

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

Note: A maximum of four persons may be joint holders of Shares.

If you have not invested in Komodo Fund before, the following documents are required to be submitted with this form at the same time:

- (a) Individual Investor: a copy of ID Card/Passport and proof of residential address
- (b) Corporate or Institutional Investors are required to provide copies of: (i) *certified* Certificate of Incorporation and business registration certificate (or equivalent), (ii) *certified* Memorandum of Articles of Association, (iii) *certified* list of all directors giving full names, dates of birth and addresses, along with *certified* copies of passports of at least two directors, (iv) *certified* Authorized Signatory List, and (v) a list of names and addresses of shareholders holding 10% or more of the issued share capital of the company (and in the case of individual shareholders, their occupations and dates of birth). These documents should be duly certified by either a Notary Public, Practicing Lawyer, Law Enforcement Officer, Embassy, Consulate or Officers of FATF-based Financial Institutions, (vi) Standard AML “Comfort” letter.

(3) – Address

Registered Address	Mailing Address (required only if different from registered address)
_____	_____
_____	_____
Town/City	Town/City
Country	Country
Tel	Tel
Fax	Fax
E-mail Address	E-mail Address

(4) – Bank Information for Redemption of Shares/Standing Instruction for Redemption Payment

Name of Bank	Correspondent Bank Name
Address	Correspondent Bank Address
Bank Account Name	Correspondent Account Name (if known)
Bank Account Number	Currency
	SWIFT/IBAN Code

(5) – Financial Advisor’s details

(To be completed only if you are submitting this application through a Financial Advisor, with whom you have entered into an agreement to effect transactions on your behalf)

Name of Advisor	
Name of Company	
Address	
Town/City	Country
Tel	
Fax	E-mail Address

I/We have authorized the above named Financial Advisor to issue instructions on my/our behalf regarding settlement and redemption proceeds. (Please attach the relevant power of attorney.)

The Financial Advisor must sign here:

(Otherwise please mark N/A in this box)

(6) – Declaration/Notes

- I/We declare that I am/we are over 18 years of age.
- I am/we are not non-eligible Cayman Islands residents.
- The person(s), if any, signing on behalf of an investor represent(s) and warrant(s) that they are duly authorized to sign this Master Account Opening Form and to subscribe for, redeem or switch Shares in Komodo Fund.

Data Privacy Protection

4. For individual investors only: I/We agree that:

- Information supplied on this Master Account Opening Form and otherwise in connection with my/our subscription for Shares may be held by the Manager, the Registrar and its Agent and will be used for the purposes of processing my/our subscription and investment in Komodo Fund and completion of information on the Register of Shareholders of the Fund, and may also be used for the purpose of carrying out my/our instructions or responding to any enquiry purporting to be given by me/us or on my/our behalf, dealing in any other matters relating to my/our holding of Shares (including the mailing of reports or notices), forming part of the records of the recipient as to the business carried on by it, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject) and to provide a marketing database for product and market research or to provide information for the despatch of information on other products or services to me/us from the Manager or any connected person of the Manager. All such information may be retained after my/our Shares have been realised.
- The Registrar and its Agent may disclose and transfer such information to the auditors and the Manager, including any of their employees, officers, directors and agents and/or to the ultimate holding company of the Manager, the Registrar and its Agent and/or their subsidiaries and/or affiliates or to any third party employed to provide administrative, computer or other services or facilities to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority

entitled thereto by law or regulation (whether statutory or not) in connection with my/our investment in the Komodo Fund, which persons may be persons outside the Cayman Islands.

Anti-Money Laundering

5. In order to comply with the relevant regulations, you are required to provide all documents as stated in item (2) on page 1 of this Master Account Opening Form as evidence to prove your identity.

Subscriptions

- All of my/our subscription orders should be registered using the details on this form as standard registration details.
- My/Our Holder Account Number will be quoted when placing future subscription/redemption orders either by fax or in writing.
- All declarations contained in this form apply in respect of subsequent orders.
- I/We undertake to have obtained a copy of the relevant Offering Memorandum, prior to placing subscription order both now and in the future.

Redemptions

- In the case of the death of any one of the joint Shareholders of Shares, the survivor(s) shall be the only person(s) recognized as having title of any interest in the Shares. Such persons will be free to dispose of this interest provided the relevant certified true copy of Death Certificate is provided to HB Capital Partners c/o PT HB Capital Indonesia when redeeming shares.
- I/We confirm that the above authorization will remain in effect until revoked in writing, with such revocations being received by HB Capital Partners c/o PT HB Capital Indonesia.
- I/We hereby hold harmless the Manager, the Custodian, the Sale and Redemption Agents and the Registrar and its Agent of Komodo Fund and agree to indemnify each of them in relation to any losses or expenses incurred as a result of any of them acting pursuant to the above considerations.

(7) – Signature(s) of Applicant(s)

A corporation should sign under the hand of a duly authorized official (evidence of such authority should be provided along with this Form).

All joint applicants must sign on this Form.

Joint Holders Authorization: -

We agree that the Manager, the Custodian, the Sale and Redemption Agents and the Registrar and its Agent may act on instructions issued by any one of the undersigned in relation to all aspects of our investment, including subsequent acquisition and disposal of the holdings.

Please tick the box to indicate if you intend to have the Joint Holder Authorization to be effective:

YES NO

Neither the Manager nor the Registrar and its Agent accept any responsibilities for claims of losses in relation to the non-receipt of this Master Account Opening Form sent by facsimile.

1st Applicant’s Signature

Date

2nd Applicant’s Signature

Date

3rd Applicant’s Signature

Date

4th Applicant’s Signature

Date

Financial Advisor’s Seal

Date of Receipt