|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FUND UNITS ORDER FORM - Avaron Emerging Europe Fund** | | | | | | | | | |
| Please print or fill in with block letters | | |  |  | | | **Date:** | | |
| **1. ACCOUNT HOLDER DATA** | | |  |  | | |  | |  |
| **Name:** | | | | | | | | | |
| **Registry account number at Swedbank:** | | | | | | | | | |
| **Registration code/ ID code:** | | | | | | | | | |
| **Address:** | | | | | | | | | |
| **Contact person/Authorized representative:** | | | | | | | | | |
| **Tel:** | | | | | | | | | |
| **Fax:** | | | | | | | | | |
| **E-mail:** | | | | | | | | | |
| **2. BANKING DETAILS** |  | |  |  | | |  | |  |
| **Name of Investor’s Bank:** | | | | | | | | | |
| **Account no:** | | | | | | | | | |
| **Bank’s Swift code:** | | | | | | | | | |
| **3. INVESTMENT SELECTION** | | |  |  | | |  | |  |
|  |  | | |  | | | | | |
| Indicate type of transaction: | **Subscription** | | | **Redemption** | | | | | |
|  |  |  | |  | **Amount, indicate in:** | | | | |
| **Fund name** |  | **ISIN** | | **Currency** | **Currency or Units** | | | | |
| **Retail investor** | |  | |  |  | | |  | |
| Avaron Emerging Europe Fund D Unit  (*no minimum initial investment*) | | EE3600108866 | | EUR |  | | |  | |
| **Institutional Investor** | |  | |  |  | | |  | |
| Avaron Emerging Europe Fund C Unit  (*initial minimum investment EUR 500 000*) | | EE3600102901 | | EUR |  | | |  | |
| Avaron Emerging Europe Fund E Unit  (*initial minimum investment EUR 500 000*) | | EE3600108874 | | EUR |  | | |  | |
|  |  |  | |  |  | | |  | |
| **4. DECLARATION** |  |  | |  |  | | |  | |
| I, the undersigned, hereby: (1) confirm the correctness and completeness of the information provided above; (2) confirm that I have studied the Fund Rules and Prospectuses of the Fund(s) and agree with the contents of these documents; (3) acknowledge special riskis attaching to the fund(s); (4) confirm having full authority and legal capacity to purchase, sell and switch shares of the Fund(s); (5) acknowledge the time requirements for submission of information via fax and action upon the information; (6) acknowledge that order will be refused if filling of the form is incomplete; (7) confirm that any fund units for which redemption order is submitted belong to the Investor under the right of ownership and the fund units are free of any rights of any third persons and there are no disputes or proceedings with respect to the fund units. | | | | | | | | | |
|  |  | |  | | |  |  | |  |
| **Authorized signature**: **Date:** | | | | | | | | | |
|  |  | |  | | |  |  | |  |
| **5. BANK ACCOUNTS OF THE FUNDS** | | | | | |  |  | |  |
| **Please pay subscription price in EUR to the fund’s account:** | | | | | | | | | |
| **Bank:** SWEDBANK, **SWIFT code**: HABAEE2X | | |  | | |  |  | | |
| **Avaron Emerging Europe Fund** |  | |  | | | | | | |
| IBAN: EE782200221050566687 |  | |  | | | | | | |
| Bank Account Holder: Avaron Emerging Europe Fund | | |  | | | | | | |
|  | | | | | | | | | |
| **PLEASE SEND COMPLETED FORM TO TRANSFER AGENT:**  **Send signed and scanned form by e-mail to:** [**ta@swedbank.ee**](mailto:ta@swedbank.ee) **or**  **by fax +372 613 1822 Att. Fund Services/ Transfer Agency**  **Contact tel:** +372 888 4398, +372 888 1856  PLEASE ALSO SEND COMPLETED FORM TO AVARON:  By e-mail to: invest@avaron.com or by fax +372 6644 201 | | | | | | | | | |
|  |  | |  | | |  |  | |  |