

**SUBSCRIPTION FORM**  
Relating to Participating Shares in  
**AXIOM ABSOLUTE GROWTH FUND**

To: Axiom Absolute Growth Fund  
C/O Skye Management Pte. Limited (the “Administrator”)  
14 Robinson Road  
#13-00, Far East Finance Building  
Singapore 048545  
Attention: Shareholder Services Department  
Tel: 852 3579 5858  
Fax: 852 3579 5958

Dear Sirs/Madam,

I/We hereby apply to purchase participating shares (“Shares”) in the Axiom Absolute Growth Fund.

**SUBSCRIPTION DETAILS**

Please indicate the amount you wish to invest.

(Note: the minimum investment in the Company is US\$100,000)

<b>FUND</b>	<b>AMOUNT</b>
Axiom Absolute Growth Fund	US\$ _____

**PAYMENT DETAILS:**

I/We have instructed/undertake to instruct my/our bank

\_\_\_\_\_ (state name of bank and branch)

to remit by telegraphic transfer for value (net of all banks charges) by

\_\_\_\_\_ (state value date) US\$ \_\_\_\_\_ (state amount)

For US dollars, to:

Corresponding Bank/Intermediate Bank: Citibank N.A., New York

Swift Code – CITIUS33

ABA No. 021000089

Chips UID No. 030339 (Optional)

Beneficiary Bank:

Citibank N.A. Hong Kong

Swift Code – CITIHKHX

Beneficiary Information:

Beneficiary Account Name:

AXIOM ABSOLUTE GROWTH FUND

Beneficiary Account No. - 1/145030/028

For ease of identification, please state in the remittance advice the full name(s) of the subscribers(s) and state that the subscription relates to investment in Axiom Absolute Growth Fund.

**Note: All application monies must originate from an account held in the name of the Subscriber. No third party payments will be permitted. Redemption proceeds will be paid in US dollars by telegraphic transfer at the cost and risk of the redeeming Shareholder to the bank account specified by such Shareholder. No redemption proceeds will be paid to third parties.**

**REGISTRATION DETAILS**

SINGLE APPLICANT	JOINT APPLICANTS
Name: _____ (in full) Address: _____ _____  I.D./Passport No.: _____ Date of Birth: _____ Nationality: _____ Telephone No.: _____ Fax No.: _____	Name: _____ (in full) Address: _____ _____  (Only the first-named applicant's address will be used for registration purposes)  I.D./Passport No.: _____ Date of Birth: _____ Nationality: _____ Telephone No.: _____ Fax No.: _____

COMPANIES/PARTNERSHIPS	TRUSTS
Name of Company/Partnership: _____ _____ _____ Address: _____ _____ Telephone No.: _____ Fax No.: _____ Email: _____	Name of Trustee and Trust: _____ _____ _____ Address: _____ _____ Telephone No.: _____ Fax No.: _____ Email: _____

**A. Declarations: -**

1. I/We acknowledge that I/We have received and considered the Private Placing Memorandum relating to the Axiom Absolute Growth Fund and that this application is based thereon. Further, I/We confirm that I am not/we are not a US Person (as defined in Regulation S under the United States Securities Act of 1933, as amended) nor do I/We hold or intend to hold Shares for the benefit of any such person.
2. I/We undertake to observe and be bound by the provisions of the Memorandum and Articles of Association (as amended from time to time) of the Axiom Absolute Growth Fund.
3. I/We acknowledge that this application is made at a price determined in accordance with the Articles of Association and that the Investment Manager reserves the right to reject any application in whole or in part.
4. I/We declare that I am/we are of full legal age and capacity.
5. For individual investors only:

I/We agree that:

- (i) information supplied on this Application Form and otherwise in connection with my/our subscription for Shares may be held by Skye Management Pte. Limited (the “Administrator”) and will be used for the purposes of processing my/our subscription and investment in the Axiom Absolute Growth Fund and completion of information on the Register of Members of the Axiom Absolute Growth 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 Investment Manager or any connected person of the Investment Manager. All such information may be retained after my/our Shares have been redeemed.

(ii) The Administrator may disclose and transfer such information to the Auditors and the Investment Manager, including any of their employees, officers, directors and agents and/or to the ultimate holding company of the Investment Manager and the Administrator 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 Axiom Absolute Growth Fund, which persons may be persons outside the Cayman Islands:

**B.** In the case of Joint Applicants, all must sign and supply names and addresses using “Registration Details” above. A corporation should sign under the hand of a duly authorized official who should state his representative capacity. If this form is signed under a power of attorney, such power or a duly certified\* copy thereof must accompany this form. All Applicants are requested to provide the documents listed below, depending on the type of investor applicable to them. Please note that the Administrator and the Investment Manager reserve the right to request such further information as is necessary to verify the identity of an applicant and the source of the payment.

\*“Certified”; A certifier must be a suitable person, such as a justice of the peace, lawyer, accountant, director or manager of a regulated credit or financial Institution, a notary public, a member of the judiciary or a senior civil servant. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity on it together with a contact address and phone number. The certifier must indicate that the document is a true copy of the original and that the photo (in the case of the copy of the passport) is a true likeness of the person.

Individual investors are requested to attach:

1. A certified\* copy of their passport: and
2. A certified\* copy of a utility bill/or any other document providing verification of residential address

Corporate investors are requested to attach:

1. A certified\* copy of their Certificate of Incorporation and business registration certificate (or equivalent);
2. A certified\* copy of their Memorandum and Articles of Association (or equivalent);

3. A certified\* list of directors giving full names, dates of birth and addresses, along with certified\* copies of passports of at least two directors;
4. A certified\* copy of the authorized signatory list; and
5. 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.

Trusts are requested to attach:

1. A certified\* copy of the Trust Deed;
2. Individual trustee-same details as for individual investors (see above);
3. Corporate trustees-address from which the trustee carries on business and details of incorporation/organization;
4. Corporate trustee-a certified\* list of directors of the trustee giving full names, dates of birth and addresses, along with certified\* copies of passports of at least two directors; and
5. A certified\* copy of the authorized signatory list.

Partnerships are requested to attach:

1. A certified\* copy of the Partnership Agreement (or equivalent) showing a list of the Partners giving full names, dates of birth and addresses;
2. Certified\* copies of passports of at least 2 Partners/Authorized signers;
3. A certified\* authorized signatory list; and
4. An explanation of the nature of the business of the Partnership.

Nominees are requested to attach:

1. AML KYC undertaking letter signed by the 3<sup>rd</sup> party
2. List of all investors
3. Certified AML ID for all investors
4. Details of registered office and place of business
5. A certified\* authorized signatory list

Qualified Financial Institution\* are requested to attach:

1. A certified\* authorized signatory list

\*A Qualified Financial Institution is defined as a financial institution, which is:

- I. Established in a EU member state and subject to the EC Money Laundering Directives, or
- II. Established in one of the countries which make up the Financial Action Task Force and/or is subject to regulation which complies with the FATF Recommendations, Such countries are the 15 EU countries, being Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden and the United Kingdom, together with Australia, Canada, Channel Islands, Hong Kong, Iceland, Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, the United States and Turkey.

- C. All individual investors have the right of access to, and to update, all their records (whether held on computer files or manually) held by the Administrator. A copy of such record will be provided to an investor who requests it, upon the payment of a modest administration charge to cover the costs of complying with such request. Requests should be made in writing to the Administrator at the address set out in the Private Placing Memorandum relating to the Axiom Absolute Growth Fund.
- D. Where the applicant is a financial institution, broker or other person applying to acquire Shares on behalf of its individual client(s), the applicant represents and warrants that it has full power and authority on behalf of the individual investor to subscribe for Shares and to execute any necessary subscription documentation, including this Application Form and, in particular but without limitation to the aforesaid, to make the representations above on behalf of such individual investor as to the agreement of such individual investor regarding the use of personal data.
- E. Where this Application Form is sent by fax, you must also send the original signed application to the address specified above. Neither the Administrator or its duly appointed agents will be responsible to an applicant for any loss resulting from the non-receipt of any application sent by fax.

**SIGNATURES**

Date: \_\_\_\_\_

Signature(s) of applicant(s): \_\_\_\_\_

(Applicant 1)

(as trustee/authorized signatory for \_\_\_\_\_ if applicable)

\_\_\_\_\_

(Applicant 2)