

CHANGE OF DETAILS FORM

GLOBAL ASSET ALLOCATION FUND

## SINGAPORE

## Change of Details Form

Investor's Name				
Fund Cell				
Relationship Manager Name (if any)	·//	<u> </u>		
Telephone No.				
Email				
Secondary Contact Details (if any)		-/ S		
Date				

This form shall be the prescribed form for the investor of the Castle Global Asset Allocation Fund ("CGAAF") to update the relevant information kept with CGAAF, in relation to his/her cell (the "Reauest").

The relevant terms of the Private Placement Memorandum ("PPM") are applicable to the Request. It is the investor's responsibility to ensure that all information provided to and kept with CGAAF is accurate and contemporaneous. The investor has the responsibility to update CGAAF should any of the details previously provided change.

The investor would be required to submit supporting documentation(s) corresponding to the Request. Supporting document(s) furnished to CGAAF shall be dated no more than 3 months before the date of this form and certified by an approved source.

## Important Notice

- · Each Request must be completed with the investor's signature
- · Information must be clear, complete and legible otherwise the Request will not be entertained.
- · We will not update any changes if the necessary supporting document(s) is not received.
- The Request must be sent to <a href="mailto:support@castle-gaaf.sg">support@castle-gaaf.sg</a>. CGAAF shall not entertain the Request received in any other manner.
- CGAAF shall not be held responsible and/or liable for any delay and/or missed Request sent.

Disdainer: CGAAF shall not be held responsible and/or liable for any delay in updating investor's details in its system in the event relevant and/or requested documentation is/are not received by CGAAF. Similarly, CGAAF accepts no responsibility and/or liability for any delay and/or inaction to the Request if received in the manner other than prescribed herein. It shall be presumed that the investor has read and understood all the relevant terms and conditions applicable to CGAAF.

## NEW DETAILS - ONLY FILL IN RELEVANT SECTION TO BE UPDATED

Description	
Name	
Residential Address	
Contact No. (please specify which)	
Email	
Correspondence Address	
Tax Domicile	
Any Other Details (please indicate here)	
Investor's Signature*	Date (DD/MM/YY)

\*By signing and submitting this form, the investor confirms that he/she is aware of all the terms and conditions applicable, including without limitation the terms contained in the PPM.



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