



Please return this declaration with the Application for Membership to the Koinonia Fund.

Name of Applicant

Date of Birth of Applicant

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DECLARATION

By signing this form on behalf of the applicant, I confirm that I have the legal authority to apply for membership of the Fund on behalf of the applicant.

I have received and read a copy of the Koinonia Fund Investment Statement which summarises the rights, obligations and benefits as set out in the Koinonia Fund Trust Deed. I agree they will be bound by the provisions of the Trust Deed.

If signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that power.