



# Subscription form Hague Fund

First and Last name:

Gender:

Male  Female

Address:

Postal code and City:

Country:

Phone number:

Mobile number:

E-mail address:

Date of birth:

Participation amount:

€

min. : Start € 150,000; Sequel € 50,000

Origin of money:

Savings  Investments  Inheritance  
 Company profits  Other: \_\_\_\_\_

**wire to:**

Name: **Stichting Bewaarder HF**  
IBAN: **NL32 INGB 0006 8623 88**  
BIC: **INGBNL2A**

## Important:

Please submit this subscription form together with a copy of proof of identity (preferably a passport) to Stichting Bewaarder HF. no later than 5 business days prior to the last business day of the month. The fund need to also be transferred prior to the last business day the the month. This information you provide will be used for Hague Fund communication purposes only. In case of changes please contact Stichting Bewaarder HF asap.

## Statement:

By signing this form, I acknowledge that I have received, read and accept both Hague Fund's terms and conditions as played out in the prospectus and the custodian terms and conditions.

**Signature:**

City:

Date:

Please email or post this subscription form, together with a copy of your identity (passport, or ID card) to:  
**Stichting Bewaarder HF - Rokin 81-83 - 1012 KL - Amsterdam - Netherlands**  
**funds@kayaservices.nl**