

Newton Offshore Strategy Fund Limited – Retail Individual Application

I/We hereby apply for Shares in Newton Offshore Strategy Fund Limited (the “Fund”), subject to the terms of the current Prospectus and to the Memorandum and Articles of Association of the Fund, copies of which are available from Newton Fund Managers (C.I.) Limited (the “Manager”) upon request.

For Internal Use Only
Account Number:

Note: All investors are strongly advised to read the Prospectus before completing this form.

US persons (Domiciled/Resident or National of the US) are not permitted to invest in the Fund.

Persons under 18 years of age are not permitted to invest in the Fund.

1 Method of payment

| Method | Tick as appropriate |
|--|--------------------------|
| Electronic transfer has been made to the appropriate correspondent bank for the total amount payable | <input type="checkbox"/> |
| This application confirms a previous telephone/fax deal | <input type="checkbox"/> |

2 Classes to invest in

| Share class | Tick as appropriate | Amount (GBP) |
|--------------------------------|--------------------------|--------------|
| UK Equity | <input type="checkbox"/> | |
| Global Equity | <input type="checkbox"/> | |
| Global Balanced | <input type="checkbox"/> | |
| Global Balanced (Accumulation) | <input type="checkbox"/> | |
| Bridge | <input type="checkbox"/> | |
| Diversified Assets | <input type="checkbox"/> | |
| Sterling Fixed Interest | <input type="checkbox"/> | |
| Global Fixed Interest | <input type="checkbox"/> | |
| Alternative Assets | <input type="checkbox"/> | |
| Special Situations | <input type="checkbox"/> | |

Note: The Manager is unable to accept cash payments. Payment will only be accepted from an account in the name of the applicant(s). Cheques will only be accepted if made payable to Newton Fund Managers (C.I.) Limited. All share classes are denominated in Sterling.

3 Registration particulars *Please complete in BLOCK CAPITALS*

Sole applicant or first named

Title:

Full forename(s):

Surname:

Maiden name/previous surname (s): *(if applicable)*

Date of birth:

Place of birth:

Nationality: *If dual nationality please state*

Passport Number:

Occupation:

Country of occupation:

Source of Wealth
(eg: nature and details of occupation or employment or other source that has generated wealth)

Source of funds:

Origin of funds: Country

Residential address

Street address: (Please note that "PO Box" and "Care of" are not acceptable)

City:

Country:

Postcode:

Contact details

Telephone no:

Fax no:

Email address:

Tax details

Tax domicile:

Country of tax residence:

Tax ID Number:

Joint holder 2

Title:

Full forename(s):

Surname:

Maiden name/previous surname (s): *(if applicable)*

Date of birth:

Place of birth:

Nationality: *If dual nationality please state*

Passport Number:

Occupation:

Country of occupation:

Source of Wealth
(eg: nature and details of occupation or employment or other source that has generated wealth)

Source of funds:

Origin of funds: Country

Residential address

Street address: (Please note that "PO Box" and "Care of" are not acceptable)

City:

Country:

Postcode:

Contact details

Telephone no:

Fax no:

Email address:

Tax details

Tax domicile:

Country of tax residence:

Tax ID Number:

Notes: In the case of joint holdings all correspondence will be sent to the first name holder.

4 Registration particulars Please complete in BLOCK CAPITALS

Joint holder 3

Title: _____

Full forename(s): _____

Surname: _____

Maiden name/previous surname (s): *(if applicable)*

Date of birth: _____

Place of birth: _____

Nationality: *If dual nationality please state*

Passport Number: _____

Occupation: _____

Country of occupation: _____

Source of Wealth
(eg: nature and details of occupation or employment or other source that has generated wealth)

Source of funds: _____

Origin of funds: Country _____

Residential address

Street address: (Please note that "PO Box" and "Care of" are not acceptable)

City: _____

Country: _____

Postcode: _____

Contact details

Telephone no: _____

Fax no: _____

Email address: _____

Tax details

Tax domicile: _____

Country of tax residence: _____

Tax ID Number: _____

Joint holder 4

Title: _____

Full forename(s): _____

Surname: _____

Maiden name/previous surname (s): *(if applicable)*

Date of birth: _____

Place of birth: _____

Nationality: *If dual nationality please state*

Passport Number: _____

Occupation: _____

Country of occupation: _____

Source of Wealth
(eg: nature and details of occupation or employment or other source that has generated wealth)

Source of funds: _____

Origin of funds: Country _____

Residential address

Street address: (Please note that "PO Box" and "Care of" are not acceptable)

City: _____

Country: _____

Postcode: _____

Contact details

Telephone no: _____

Fax no: _____

Email address: _____

Tax details

Tax domicile: _____

Country of tax residence: _____

Tax ID Number: _____

8 Anti money laundering

All financial businesses in Jersey are obliged to undertake identification procedures in accordance with Article 3 of the Money Laundering (Jersey) Order 2008 as amended, which together with Articles 13.14 and 15 require all financial sector businesses to seek satisfactory evidence and verification of identity of those individuals with whom they do business.

Subscribers to the Fund are therefore required to provide documentary evidence of identification and residence at the time of subscription.

In order for your application to proceed without delay, please enclose with your application form one certified copy of proof of identity and one original proof of address for each individual applying.

Proof of identity documentation – please provide one of the following

(*Please note that a photocopy of this documentation should be certified by one of the approved certifiers using the certification shown below and complete the details on page 6)

Please tick copy enclosed

- National passport (Black and white copy of pages that show details and photo)
- Driving licence (Not Provisional)
- National ID card

Certification details to be shown on the document:

"I hereby certify that I have seen the original document and this is a true copy and the photograph bears a reasonable likeness to the individual."
The certifier must sign and date the document and state his/her name, firm, address and occupation, telephone number and email address.

Proof of address documentation - please provide one of the following

Please provide the original, which will be returned to you. Any such documentation must be less than three months old, in English or French, and have your name and residential address printed upon it. This requirement relates to all applicants on page 2.

Please tick copy enclosed

- Utility bill: electricity, gas, water or telephone bill. (Please note this cannot be a mobile telephone bill)
- Bank or building society statement

Certification details to be shown on the document:

"I hereby certify that this is a true copy of the original which I have seen"
The certifier must sign and date the document and state his/her name, firm, address and occupation, telephone number and email address.

Please note that failure to provide the above requested information may result in a delay or rejection of this application and the allocation of shares.

9 Authority on joint account holdings

Only to be completed when two or more individuals are applying

The Manager is authorised to act upon any instruction provided by:

- All individuals
- Any one individual
- Other (please specify)

10 Details of certifier of proof of identity documentation Please complete in BLOCK CAPITALS

To be completed by person certifying the documentation

Surname: _____

First name: _____

Profession/position under which you are certifying the attached document(s)

(Please tick at least one)

- | | |
|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Independent Financial Advisor (only if regulated) |
| <input type="checkbox"/> Banker (with professional qualifications) | <input type="checkbox"/> Justice of the peace |
| <input type="checkbox"/> Barrister / member of the judiciary | <input type="checkbox"/> Member of government (in office) |
| <input type="checkbox"/> Broker from a regulated firm | <input type="checkbox"/> Minister of a recognised religion |
| <input type="checkbox"/> Chairman/director of Public Limited Company | <input type="checkbox"/> Officer of the armed services (active or retired) |
| <input type="checkbox"/> Police officer (Serving) | <input type="checkbox"/> Solicitor / lawyer / advocate / notary public |

The above professions/positions are those recognised by the Manager for certification purposes. Certification by any other persons will generally not be acceptable and documentation will be returned.

Business address

Company name: _____

Address: _____

Postcode: _____

Telephone number: _____

Fax number: _____

Email address: _____

Office stamp (if applicable)

Name of person you are certifying on behalf of: You should not be related or in a partnership with this person.

Surname: _____

First name: _____

Notwithstanding the details requested above, we require the information requested in section 8 to be given on the certified documents.

Signature

Date

11 Declaration

I/We confirm that I/we have read and understood the Prospectus. I/We agree to be bound by the terms and conditions of the Prospectus and by the Memorandum and Articles of Association. I/We confirm that this application is made on the basis of and subject to these documents and understand that they may be amended or updated from time to time.

| | Tick as appropriate |
|---|----------------------------|
| I am/We are resident in Jersey for taxation purposes under the Income Tax (Jersey) Law 1961 (by ticking this box tax will be deducted from dividend payments at 20% and this will be paid over to the Jersey Comptroller of Income Tax) | |
| Fax indemnity instructions and communications By ticking this box I/we authorise the Manager to accept instructions by fax. | |

In consideration of the Manager agreeing to accept and act in accordance with instructions received from me/us by fax, I/we agree to keep the Manager, its agents and the Fund (the "Indemnified Persons") indemnified from and against all actions, proceedings, claims and demands which may be brought or made against the Indemnified Persons and any costs and expenses which the Indemnified Persons may reasonably incur as a direct result of acting upon any such instructions, except to the extent that the same are caused by the Indemnified Persons' own negligence, wilful default or fraud.

12 Personal data

I agree that the Manager may keep the personal details I or others give the Manager, and information gained from administering my accounts. The Manager may use and update this information to provide me with services and to prevent fraud. If I ask, the Manager will tell me what information the Manager holds about me and provide a copy in line with Jersey's data protection legislation (a fee is payable). I will notify the Manager if I think that any information that the Manager holds about me is inaccurate, so the Manager can correct it.

The information the Manager holds about me is confidential and will only be disclosed:

- At my request or with my consent
- To the Manager's associates, agents and others in connection with running accounts and services for me
- To investigate or prevent fraud
- Or if the law permits or requires it or it is in the public interest.

Your attention is drawn to the section headed "Data Protection" within the Prospectus.

When I speak to the Manager on the telephone I understand that all calls may be monitored and/or recorded in case the Manager needs to check the Manager has carried out my instructions correctly and to help improve the Manager's quality of service.

In the case of joint holdings, all applicants must sign.

| | | | | | |
|----------|------------------|-------------|----------|------------------|-------------|
| 1 | Signature | Date | 3 | Signature | Date |
| 2 | Signature | Date | 4 | Signature | Date |

The Manager may contact the applicant(s) by any means of communication (including e-mail) about products or services which the Manager considers may be of interest to the applicant(s), or to monitor the quality of service provided by the Manager.

The applicant(s) may request not to receive such communication by writing to the Manager.

Data relating to the applicant(s) may be sent or retained outside the Island of Jersey.

You should be aware that all investments carry a degree of risk. Their value, and the income from them, can fall as well as rise therefore investors may not get back the amount invested. Past performance must not be used as a guide to future performance.

You may wish to consult with your financial advisor in order to obtain professional investment advice.

Please return this form to:

Newton Fund Managers (C.I.) Limited

Liberté House,
La Motte Street, St Helier
Jersey JE2 4SY,
Channel Islands

Telephone: Investment Helpline (44) 0870 8400456 / Dealing Desk 44 (0) 1534 709130

Email: offshore@newton.co.uk

Newton Fund Managers (C.I.) Limited is authorised under the Collective Investment Funds (Jersey) Law 1988 and regulated by the Jersey Financial Services Commission.

Registered office: Liberté House, La Motte Street, St Helier, Jersey JE2 4SY