

FIJIAN HOLDINGS UNIT TRUST

EMPLOYEE INVESTMENT DEDUCTION SCHEME

MOF CODE: 374

(A) INVESTOR DETAILS							
1	INVESTOR NAME						
2	EDP NUMBER		DATE OF BIRTH	/		/19	
3	PHONE CONTACT	WORK		HOME		MOBILE	
4	TIN NUMBER / FPNF			E-MAIL:			
5	PAYMENT MODE (tick)	WEEKLY		FORTNIGHTLY		MONTHLY	
(B) EMPLOYMENT DETAILS							
6	EMPLOYER NAME						
	DEPARTMENT			POSITION			
(C) INVESTOR (PLEASE INDICATE WITH A TICK)							
7	CIVIL SERVANT		PRIVATE SECTOR		OTHERS		
(D) INVESTMENT TERM							
8	5 YEARS		8 YEARS		10 YEARS & ABOVE		
(E) IRREVOCABLE AUTHORITY (Please read and understand the conditions carefully before signing)							
9	(A.) NEW INVESTORS (PLEASE ONLY FILL THIS PART IF YOU ARE A NEW INVESTOR) I hereby authorize the Salary/Wages/Accounts/Finance section to deduct \$_____ (50 Units) on my initial purchase. Hereafter continue to deduct \$_____ from my salary/wages at every week/fortnight /monthly onwards. Deposit the funds into my investment account with Fijian Holdings Unit Trust (FHUT) subs account. ANZ: 11158828 BSP: 8848511 BRED: 105072024 WBC: 9804131333						
	OR						
	(B) EXISTING INVESTORS (PLEASE ONLY FILL THIS PART IF YOU ARE AN EXISTING INVESTOR) I hereby authorize the Salary/Wages/Accounts/Finance section to deduct \$_____ from my salary/wages at every week/fortnight /monthly. Deposit the funds into my investment account with Fijian Holdings Unit Trust (FHUT) subs account. ANZ: 11158828 BSP: 8848511 BRED: 105072024 WBC: 9804131333						
10	I understand <u>I qualify for the FHUT triennial dividends after acquiring the minimum investment of 50 units.</u>						
11	I hereby authorize salary/wages deductions for the minimum investment period or depending on the duration of my employment						
12	I hereby authorize FHL Fund Management Limited (the Fund manager for FHUT) to reinvest the dividend into my FHUT Account						
13	I agree that I am not permitted to withdraw my investment until the completion of the minimum investment term unless appropriate documents is submitted on the following: <ul style="list-style-type: none"> i. Incapacitated or declared medically unfit to work ii. I am out of employment (resignation) iii. event of death 						
(F) DECLARATION							
I declare and agree that I have read the term and conditions of this document and to be bound by the terms.							
I agree that the authority I have given herein is irrevocable and I understand the meanings and effect of such irrevocable authority.							
Dated this _____ day of _____, 20____				WITNESS:			
				NAME: _____			
				SIGN: _____			
Investor/Authorised Signatory							

This form should be completed by individuals seeking to invest with Fijian Holdings Unit Trust under the Employee Investment Deduction Scheme. Investors are advised to read and understand the full contents of the prospectus. If in doubt, please consult our licensed unit trust representatives or a licenced investment adviser.

Please check all details, then complete the relevant areas of the form and return it to:

FHL Fund Management Limited

Ground Floor, Ra Marama, 91 Gordon Street, P.O Box 2110, Government Buildings, Suva, Fiji Islands

Tel: (679) 331-1120 or 331-7152 Mob: (679) 999-1718 Fax: (679) 331-7153 Email: fhtml@fijianholdings.com.fj