

RECM GLOBAL FUND LIMITED

Registration Number: 44273

Registered Office: Ground Floor, Dorey Court, Admiral Park, St Peter Port, Guernsey, GY1 2HT
Mailing Address: P.O. Box 156, Dorey Court, Admiral Park, St Peter Port, Guernsey GY1 4EU
Tel: +44 (0)1481 702400 Fax: +44 (0)1481 702407

TOP-UP FORM

CONFIRMATION OF ADDITIONAL FUNDS FOR EXISTING INVESTOR(S)

Please email or fax and mail the original to:

JTC Fund Solutions (Guernsey) Limited
PO Box 156 Dorey Court
Admiral Park, St Peter Port
Guernsey, Channel Islands
GY1 4EU

Telephone: +44 (0) 1481 702400 Facsimile: +44 (0) 1481 734546

Email: investorservices@jtcgroup.com

Additional funds in the amount of USD , , . have been transferred for the following existing client/s:-

<u>Registered Client/s Name</u>	<u>Client Holder Number</u>
	CL
	CL
	CL
	CL

Amount to be Invested in Class Fund (\$) and amount in words

RECM Global Fund Limited 'A' Class	
RECM Global Fund Limited 'B' Class *	
RECM Global Fund Limited 'C' Class **	
RECM Global Fund Limited 'D' Class ***	
RECM Global Fund Limited 'E' Class****	

*B Shares are only available to investors through independent financial advisors and other intermediaries which have entered into distribution agreements with the Manager.

**C Shares are only available to institutional investors at the discretion of the Manager

***D Shares are only available to platform investors at the discretion of the Manager

****E Shares are only available at the Manager's discretion

METHODS OF PAYMENT

Please instruct your bank to advise us of the payment details when known.

I/We confirm that payment is being effected by telegraphic transfer in US Dollars to Northern Trust (Guernsey) Limited, the Fund's Bankers. Payments must be forwarded by authenticated Swift quoting the following:

Bank: The Northern Trust Company, 50 South LaSalle Street, Chicago, IL 60675, USA

ABA Number: 071000152

SWIFT Code: CNORUS44

Account: The Northern Trust Chicago

Account Number: 5186061000

Sub-Account:: RECM Global Management Limited – Client Money Account

Sub-Account Number 17-33226

Investor Name: [as applicable]

Source of Funds: _____

Please attach relevant documentation as proof of Source of Funds.

Please issue a Contract Note to confirm these funds will be added to the current account holding:

Signature of Applicant / Authorised Signatory

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Please note that the Signatures of the Applicants are to correspond to the signatures and signing arrangements on the original Application Form.

The Administrator on behalf of the Manager reserves the right to request any further documentation as and when required.

<p>Contact Details</p> <p>Please provide a telephone number/fax number or e-mail address which may be used to contact you should we have any queries regarding this top-up request.</p> <p>_____</p> <p>_____</p>

Only if applicable:

DISTRIBUTOR'S FSP No _____

DISTRIBUTOR'S DECLARATION

As an appointed Distributor of the Fund we hereby certify that we are a licensed financial services business and in respect of this account we have obtained the verification required under the terms of the Distribution Agreement between ourselves and the Manager. The information disclosed for this account by us accurately reflects the information obtained and is being given for account opening and maintenance purposes only. Unless the verification documents have been forwarded directly to the Manager, we hereby undertake to supply certified copies or originals of the verification documentation upon request without delay.

DISTRIBUTOR'S SIGNATURE

FULL NAME

POSITION HELD

DISTRIBUTOR'S STAMP

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