



PLEASE RETURN THIS FORM TO:
 HSBC Institutional Trust Services (Asia) Limited
 17/F Tower 2 & 3, HSBC Centre, 1 Sham Mong Road, Kowloon, HONG KONG
 Attn: Transfer Agency (Alternative Products)
 Fax Number: 852-3409-2690

CHANGE OF PARTICULARS FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

INVESTOR DETAILS

Name of Registered Holder: _____
 Name of Fund (if applicable) : _____
 Holder ID (8-digit) : _____ Account ID: _____

1. CHANGE OF ADDRESS DETAILS

Change of Address: Registered Address Correspondence Address (*please tick where appropriate*)

Previous Address

New Address

(A P.O. Box address will not be accepted for registered address purposes.)

2. CHANGE OF CONTACT DETAILS

Name of Contact : _____
 Telephone Number : _____ Fax Number: _____
 Email Address : _____

3. CHANGE OF DISTRIBUTION OPTION

Cash Distribution Option Reinvestment Distribution Option

4. CHANGE OF STANDING INSTRUCTION FOR REDEMPTION / DISTRIBUTION PAYMENTS*

Currency : _____
 Corresponding Bank Name : _____
 Corresponding Bank SWIFT / BIC* Code: _____
 Correspondent Bank Address : _____
 Beneficiary Bank Name : _____
 Beneficiary Bank SWIFT / BIC* Code: _____
 Beneficiary Bank Address : _____
 Beneficiary Bank Account Number: _____
 Bank Account Name** : _____
 Bank Account Number** : _____
 IBAN* : _____

* Please complete all information above to enable timely and accurate payment. BIC and IBAN codes must be provided where you have requested payment in Euro/GBP/CHF. In the case of incomplete information, we shall effect payment in our best endeavor. None of the Fund, the Manager, the Administrator or their agents or affiliates accept any responsibility for any loss or delay caused by incomplete / incorrect bank account details.
 ** The bank account name and number MUST correspond to an account in the name of the Registered Holder.

SIGNATURES AND DATE

Joint investors must sign this form in accordance with the election made on the initial subscription documentation. Corporate investors must sign under seal or power of attorney.

1) _____
Signature Name of Signer Date

2) _____
Signature Name of Signer Date

3) _____
Signature Name of Signer Date

4) _____
Signature Name of Signer Date

NOTE: This form may be submitted by facsimile provided the original follows promptly. Investors should note, no responsibility is accepted for any loss caused as a result of non-receipt or illegibility of any request sent by facsimile or for any loss caused in respect of any action taken as a consequence of such facsimile instruction believed in good faith to have originated from properly authorized persons.

Document Checklist for Change of Particulars

Please submit an original signed Change of Particulars Form with the required document(s) as listed below.

Type of Changes	Individual Investor	Institutional Investors
Registered Name	<ul style="list-style-type: none"> Original certified true copy of official photo ID card / passport Original certified true copy of marriage certificate (if applicable) 	<ul style="list-style-type: none"> Original certified true copy of the change of name certification.
Correspondence / Registered Address	<i>At least one:</i> <ul style="list-style-type: none"> Copy of official photo ID card / passport Copy of address proof of the new address issued within recent three months (e.g. utility bill) 	<ul style="list-style-type: none"> Office relocation notice
Standing Payment Instruction	<i>At least one:</i> <ul style="list-style-type: none"> Copy of official photo ID card / passport Copy of bank statement of the designated bank account 	<i>Not Applicable</i>
Phone Number	<i>At least one:</i> <ul style="list-style-type: none"> Copy of official photo ID card / passport Copy of telephone bill of the new number 	<i>Not Applicable</i>

Note: Certified true copy is accepted from independent suitable certifier such as lawyer, accountant, notary public, member of the judiciary, or director or manager of a regulated credit or financial institution in a jurisdiction that is a Financial Action Task Force (FATF) member. The certifier should sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity, together with a contact address and phone number. The certifier must indicate (or words to similar effect) that the document is a true copy of the original and that the photo is a true likeness of the individual. Where documents are not in English, a notarised translation is required.