

JERSEY FUNDS ASSOCIATION

MEMBERSHIP FORM

COMPANY NAME: (in full) _____

ADDRESS: _____

NAME OF REPRESENTATIVE: _____

TELEPHONE NO: _____

FAX NO: _____

E.MAIL ADDRESS: _____

We confirm that the above named Company is a Fund Management Company operating from Jersey and having Open/Closed Ended Funds under management or that it falls within the wider membership definition as approved at the EGM on 31 July 1997.

Please provide evidence of your organisation's qualifications for membership (such as the prospectus or latest audit accounts of a fund with which you are involved in a professional capacity).

Signed: _____ Date: _____

Capacity: _____

Please return the application form to:

Caroline Harrington
Gemini Cottage
La Rue du Douet de Rue
St Lawrence
JE3 1GY