



CAL Bank Limited
APPLICATION FOR THE PURCHASE OF CAL INVESTPLUS®

Cert. No.....

Applicant no.....

Branch.....

*Period.....

*Name of Applicant

Valid ID No. (Voter's ID/Passport No./Driving License).....

*Postal Address.....

*Residential Address.....

*Telephone No

*Principal Amount

Ref.....

Effective Date.....

Account to be debited

Special Instructions.

I/We authorise CAL Bank to purchase on my/our behalf "CAL Invest Plus" as detailed above, and to debit my/our account held with CAL Bank accordingly with the principal amount.

I/We confirm that CAL Bank would Roll Over the proceeds of the CAL Invest Plus upon the handing over of the InvestPlus Certificate(s) to the Bank. Roll Over will take effect from the date the said Certificate(s) is handed over.

I/We confirm that CAL Bank would process the investment instruction subject to the availability of sufficient funds to meet the investment.

I/We confirm that CAL Bank is not responsible for any information given in this mandate form and the mandate is signed on my/our own freewill.

*Signature of Applicant(s)..... Date.....

*To be completed by customer