

Additional Subscription form (Top-up)

Completed forms should be faxed to the Administrator on +353 1523 3788 for the attention of Investor Services or mailed to Insight Global Funds III Plc, Insight TA Team, 78, Sir John Rogerson's Quay, Dublin 2, Ireland. Insight customer number: +353 1242 5405 or +44 (0)20 3450 0874.

Defined terms used in this Additional Subscription form shall have the meaning ascribed to them in the Prospectus of the Company, unless otherwise stated.

Account details

Account number

Designation (if applicable)

Tick if you wish to set up a new designation.

Registered account name

Additional Subscription details

Please complete this section if you wish to make an Additional Subscription:

Preferred Dealing Date

Fund name

Share class

Investment amount

Additional Subscription amount shall be equivalent or higher than the Minimum Additional Subscription for each relevant Fund.

Subscription instruction

Payment can be made by either CHAPS or telegraphic transfer to the appropriate account. Funds should be sent to arrive no later than the 4th business day after the deal is placed.

	EUR Share Classes	GBP Share Classes	USD Share Classes
Account Name	Insight Global Funds III plc	Insight Global Funds III plc	Insight Global Funds III plc
Account Number	6008 4731 9026	6008 4731 9018	6550362926
IBAN/ABA Number	GB47 BOFA 1650 5047 3190 26	GB69 BOFA 1650 5047 3190 18	026009593
Bank	Bank of America	Bank of America	Bank of America
SWIFT Code	BOFAGB22	BOFAGB22	BOFAUS3N
Sort Code	165050	165050	6550

Your payment should be made in one sum equal to the investment amount and net of any bank charges. Payments should be made in the relevant fund currency unless previously agreed with your Insight contact and be paid for value on the contractual settlement date of your trade. Payments which cannot be allocated will be returned to your bank.

This Additional Subscription form must be received by the Administrator before the Company's Dealing Deadline for subscriptions which is 12.00 midday (Irish time) on the Tuesday prior to the relevant Dealing Day (or the next Business Day where such Tuesday does not fall on a Business Day) unless the Directors otherwise agree. Additional Subscription forms received after this Dealing Deadline will be processed on the next Dealing Day.

Financial advisor authorisation

This section should be completed by your financial adviser, if applicable.

Financial adviser's stamp

Adviser's signature

Name

FSA number

Remuneration

 %

Please insert the amount of initial commission to be taken by the financial adviser listed above.

Signature(s) of Investment Holders

I/We understand and accept that this application is made on the basis of, and subject to, the current terms and conditions found in the latest Prospectus.

Please note

Monies must originate from the account of the investor or from an appointed third party as previously notified in the original application form or in a subsequent written notification to the Administrator. Failure to complete these details accurately and in accordance with the original signed application form and forward monies within the time required for settlement (existence of authority required) will result in the loss of good value. I/We confirm that I/we have the authority to make this investment.

I/We hereby agree to indemnify and hold harmless the Company, Custodian, Administrator, Investment Manager, Distributor and the other Shareholders and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document including, without limitation, the Application Form executed by the investor in relation to its investment in the Fund, delivered by me/us to the Company. The Administrator or the Company will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.

1. Full name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Full name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Full name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Full name

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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