From:	EFA
Name of the company :	EFA
Address of the company :	
Postcode and town of the company :	
Country	
From (Name of the Sender) :	
Telephone Number	
Fax Number	
Date :	
SUB	SCRIPTION ORDER
Name of the Investment Fund and sub-fund :	
EFA Number :	
DESCRIPTION	ORDER DETAILS
Reference number (optional)	
Type of Share Class + Currency (ISO CODE)	
Type of certificate*:	
Registered Form*	
Bearer Form* International sec code: ISIN - WKN - TELEKURS	
Number of shares **	
Amount **	
Full name of In	vestor, if different from sender:
Name and first name	
Full registered address (street and number)	
Postal Code and town	
Country	
EFA client ID	
EFA registered account	
External reference	
Clearing Ins	tructions (external deliveries)
Free of payment*	
Against Payment*	
Pa	yment Instructions
Currency (ISO)	
Cash transferred <u>to</u> bank (BIC or full name)	
IBAN account	
Name of account holder	
Clearing System	
Clearing Number	
	cial condition (cions)
Special condition (cions) expressed in%	
Special condition (cions) expressed in Amount  Date of NAV requested (optional)	
. ,	FA new customer *
Physical person : place and date of birth	A HOW GROUNG!
ATTACHMENTS REQUESTED	Information form (mandatory), others see enclosure
ATTACIMENTO NEGOEGIED	miorination form (manuatory), others see eliclosure
<u>Authorized signatures</u>	

<sup>\*</sup> Please mark X where appropriate

<sup>\*\*</sup> Please use a point as technical separator for thousandth and express decimals behind a comma following Luxembourg rules. We decline all responsability for any loss or domage which may directly or indirectly result from the use of this information.

From:	EFA
Name of the company :	BITT
Address of the company :	
Postcode and town of the company :	
Country	
From (Name of the Sender) :	
Telephone Number	
Fax Number	
Date :	
RED	EMPTION ORDER
Name of the Investment Fund and sub-fund :	
EFA Number :	
DESCRIPTION	ORDER DETAILS
Reference number (optional)	
Type of Share Class + Currency (ISO CODE)	
Type of certificate*:  Registered Form*	
Bearer Form*	
International sec code: ISIN - WKN - TELEKURS	
Number of shares **	
Amount **	
Full name of In	vestor, if different from sender:
Name and first name	,
Full registered address (street and number)	
Postal Code and town	
Country	
EFA client ID	
EFA registered account	
External reference	
Clearing Ins	tructions (external deliveries)
Free of payment*	,
Against Payment*	
Pa	yment Instructions
Currency (ISO)	
Cash transferred to bank (BIC or full name)	
IBAN account	
Name of account holder	
Clearing System	
Clearing Number	
Spec	cial condition (cions)
Special condition (cions) expressed in%	
Special condition (cions) expressed in Amount	
Date of NAV requested (optional)	
E	FA new customer *
Physical person : place and date of birth	
ATTACHMENTS REQUESTED	Information form (mandatory), others see enclosure
Authorized signatures	
* Places mark V where appropriate	

<sup>\*</sup> Please mark X where appropriate

\*\* Please use a point as technical separator for thousandth and express decimals behind a comma following

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