



Application Form

Employer/Self Employed Application



This Deed of adherence is made the _____ day of _____
Day Month Year

By: The employer of labour, or contributor (in the case of self-employed and voluntary contributors) whose name appears in the schedule hereto (hereinafter the "Employer/Contributor")

Whereas:

- 1 this deed is supplemental to the Declaration of the Trust (the "Declaration of Trust") made the 12th day of May, 1992 establishing The Cayman Islands Chamber of Commerce Pension Fund (the "Fund"); and
- 2 the Declaration of Trust makes provisions for employers of labour, self-employed contributors, and voluntary contributors to participate in the Fund upon executing a deed of adherence thereto; and
- 3 the Employer/Contributor wishes to participate in the Fund.

Now this Deed witnesseth that the Employer/Contributor hereby covenants with the trustees for the time being and from time to time of the Fund (the "Trustees") that it/he will from time to time and all times on and from the effective date specified in the Schedule hereto until the determination of the trusts of the Fund or the date on which it/he ceases to participate in the Fund (whichever shall first occur) adhere to and observe and perform such of the provisions of the Fund as are applicable to it/him as a participating employer (and shall offer participation in the Fund to all of its employees both at present and future), self-employed contributor, or voluntary contributor (whichever is applicable as shown in the Schedule hereto) and further covenants that the particulars contained in the Schedule hereto are accurate at the date hereof and that it/he will notify the Trustees of any change to any such particulars.

The Schedule is the application for the membership and the information contained thereon as it appears on the reverse side of this **Deed of Adherence**.

In Witness whereof the Employer/Contributor has executed these presents as a deed the day and year first above written.

Signed, Sealed, and Delivered by _____
or on the behalf of Print name of Employer Representative/Contributor

in the presence of _____
Print name of Witness Day Month Year

Signature of Employer Representative/Contributor Day Month Year

Signature of Witness Day Month Year