

The Morgan Stanley Emerging Markets Growth Plan 7
Trustee Application

1. DETAILS

Settlement:

Created on: Day: Month: Year:

Trustee for correspondence: Title: Surname:

Forenames:

Telephone/Fax:

Address:

Postcode:

2. ADDITIONAL TRUSTEES OR AUTHORISED SIGNATORIES OF THE TRUSTEE

Title: Surname:

Forenames:

Title: Surname:

Forenames:

Title: Surname:

Forenames:

Please use a separate piece of paper if necessary.

3. INVESTMENT AMOUNT

Investment Amounts Total: £ .00

Please make your cheque payable to Morgan Stanley Emerging Markets Growth Plan 7 Client A/C.

4. INCOME PAYMENT OPTIONS

All income payments can only be made via the Bankers Automated Credit System (BACS) to an account within the UK clearing system. Accordingly, please complete the details below if you have chosen an Income Option and ensure that they are correct.

Bank / Building Society:

Address:

Postcode:

Account name:

Account number:

Bank sort code:

Building Society reference or roll number (if any):

5. DECLARATION

I/We wish to apply for the Morgan Stanley Emerging Markets Growth Plan 7 and agree to be bound by the terms and conditions of the investment. I/We have read and understood the key features and product terms and conditions. I/We understand that applications are considered on a first come first served basis (although Morgan Stanley & Co. International Limited reserves the right not to accept an application) and that for any applications not accepted, the investment will be returned to me/us without interest. I/We accept that the banking of a cheque does not constitute acceptance of an application and that I/We will be notified if my/our application is accepted. I/We declare that the information given is true and complete to the best of my/our knowledge.

I/We the current trustees confirm that:

- a. effecting this investment is within the investment powers available to us under the rules of the scheme and won't affect the exempt approved status of the scheme.
- b. the trustee(s) listed above is/are the current trustee(s) of the scheme
- c. any change to the trustees(s) listed above will be advised in writing to Morgan Stanley & Co. International Plc
- d. all trustees will sign all types of instruction relating to this investment
- e. all correspondence will be issued via the trustee or administrator as specified in Section 1
- f. if the scheme is an occupational scheme, it is approved, or is seeking approval, as an exempt approved scheme by the Board of Inland Revenue under Chapter I of Part XIV of the Income and Corporation Taxes Act 1988 and we agree to notify Morgan Stanley immediately if this ceases or is likely to cease to be the case. If the scheme is a personal pension scheme, it is approved, or is seeking approval, as an exempt approved scheme by the Board of Inland Revenue under Chapter IV of Part XIV of the Income and Corporation Taxes Act 1988 and we agree to notify Morgan Stanley immediately if this ceases or is likely to cease to be the case.

Executed as a deed

Signature:

Date: Day: Month: Year:

Signature:

Date: Day: Month: Year:

Signature:

Date: Day: Month: Year:

PLEASE ALSO SUPPLY A SPECIMEN LIST OF ANY OTHER TRUSTEES INCLUDING THEIR NAME(S) AND SIGNATURE(S)

Witness Details:

Title: Surname:

Forenames:

Address:

Postcode:

I declare that the information given is true and complete to the best of my knowledge.

Signature: Date: Day: Month: Year:

Please return this completed form together with your cheque to your financial adviser, who will then pass them on to Morgan Stanley & Co. International Plc, Administration Office, Fountain House, 2 Queens Walk, Reading RG1 7QF.

6. MONEY LAUNDERING REGULATIONS (for completion by your financial adviser)

Money Laundering Regulations 1993 (and as amended by 2001 & 2003): Under the regulations there is a legal requirement to prove the identity of people who wish to make an investment. You may therefore be asked for some evidence of your identity. This will normally be a passport or similar form of identity check together with proof of address from a gas bill, electricity bill or similar.

Company Name and Address:

Any additional instructions:

Telephone:

Fax:

Regulatory Body:

FSA No:

I confirm that I have completed the appropriate verification of identity checks and attach the Verification of Identity Certificate. Either certified copies of the underlying documentary evidence received or a certified note of the reference numbers and other details of the evidence obtained are enclosed with this certificate. I have sighted the original documents and confirm that any requiring a signature were pre-signed.

Signature:

I/We understand that my/our personal details will be passed to or used by Morgan Stanley & Co. International Plc or other member companies of the Morgan Stanley Group for the purposes of administering my/our investments and for fraud prevention and this could include passing details to agents of the Morgan Stanley Group and sub-contractors in the UK or any other country (even those which have only limited or no applicable Data Protection Laws) provided that Morgan Stanley & Co. International Plc remain responsible for making sure the information is held securely.

We may inform you of, or survey you in respect of, products & services offered by Morgan Stanley & Co. International Plc, and other companies within the Morgan Stanley Group unless you have already asked us not to do so.

If you prefer not to receive any information please tick the box

Issued by Morgan Stanley & Co. International Plc, 25 Cabot Square, Canary Wharf, London E14 4QA
Regulated by the FSA.