# Application Form
# Apuano Funds (the "Fund")

Please complete this form in blue or black ink using BLOCK CAPITALS, and return it together with the applicable documentation detailed in Section 5 to the Administrator:


**Apuano Funds**

**C/o CACEIS Ireland Limited**
**9th Floor, One George's Quay**
**Plaza**
**George's Quay**
**Dublin 2, D02 E440**
**Ireland**

**Telephone: 353 1 672 1600**
**Fax: 353 1 790 0461**
**E-mail: FB-REG-IRELAND2@caceis.com**


**Or to the relevant Correspondent Bank.**

**Capitalised terms used and not defined herein shall have the same meaning as set out in the prospectus of the Fund dated 19 December 2019 and the relevant Supplements to the Prospectus relating to the Sub-Fund (hereinafter referred to together as the "Prospectus").**

## Instructions for completion of the Application Form

Please note that the original fully signed Application Form must be returned to CACEIS Ireland Limited (the "**Administrator**") (or to the Correspondent Bank for forwarding to the Administrator) appointed by European and Global Investments Limited (the "**Manager**") at the above address if this is your first investment in Units of the Fund. No redemption or conversion or transfer requests will be processed prior to receipt of this original form and supporting documentation.

Please refer to the Application Form Notes when completing this Form. Applicants should complete **all** sections in full and ensure that the application is signed by the applicant(s) and/or appropriate authorised signatories on page 14/15 as required.

Existing investors should complete Section 1, the first part of Section 2 and again sign on page 14/15 as required.

The Fund is valued at the close of business on days that are business days in Ireland, the UK and Luxembourg (a "**Valuation Day**"). An Application Form received in Ireland by 12:00 Irish time will be valued on that Valuation Day; applications received after that time will be carried forward to the next Valuation Day. The Application Form must be fully completed and all required due diligence received before the Dealing Deadline to be considered for the Valuation Day the subscription request is received for.

**Once submitted, applications shall, subject to applicable law and regulation, be irrevocable by, and binding on, the applicant.**

## SECTION 1 - Investment Details

I/We the undersigned having received and read a copy of the Key Investor Document ("KID") for the relevant Unit Class in which investment is being made hereby apply to subscribe for a number of Units or a cash amount as set out below and undertake to settle therefore in full by telegraphic transfer for:

| Sub-Fund & Unit Class | ISIN | Fund Code | Subscription fee | Ccy | Cash Amount | Unit Amount |
|---|---|---|---|---|---|---|
| Apuano Foundation China - A Institutional EUR | IE00BKTNRB94 | | N/A | EUR | | |
| Apuano Foundation China - A Institutional ES EUR | IE0006NINYT4 | | N/A | EUR | | |
| Apuano Foundation China - A Institutional D EUR | | | N/A | EUR | | |
| Apuano Foundation China - A Institutional USD | IE00BKTNRG40 | | N/A | USD | | |
| Apuano Foundation China - A Retail Premium EUR | IE00BKTNRC02 | | N/A | EUR | | |
| Apuano Foundation China - A Retail Plus EUR | IE00BKTNRD19 | | up to 3% | EUR | | |
| Apuano Foundation China - A Retail EUR | IE0009US87U6 | | N/A | EUR | | |
| Apuano Foundation China - A Retail ES EUR | IE000050PXM0 | | N/A | USD | | |
| Apuano Emerging Markets Bond – A Institutional Premium EUR | IE000P287PH8 | | N/A | EUR | | |
| Apuano Emerging Markets Bond – A Institutional Premium USD | IE000XN55ZC2 | | N/A | USD | | |
| Apuano Emerging Markets Bond – A Institutional EUR | IE000DW9A2K3 | | N/A | EUR | | |
| Apuano Emerging Markets Bond – A Institutional USD | IE0004NUDVM6 | | N/A | USD | | |
| Apuano Emerging Markets Bond – A Retail Premium EUR | IE000PUH4WR7 | | N/A | EUR | | |
| Apuano Emerging Markets Bond – A Retail Premium USD | IE000ZTVBBA7 | | N/A | USD | | |
| Apuano Emerging Markets Bond – A Retail Plus EUR | IE000WUJQ413 | | up to 1% | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional Premium EUR | IE000NV0X6V4 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional Premium USD | IE0006IGD8N0 | | N/A | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional Plus EUR | IE000HCXQJK7 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional Plus USD | IE000HN0X792 | | N/A | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional EUR | IE0008YD84T1 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Institutional USD | IE0006CQV9T7 | | N/A | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Retail Premium EUR | IE000Y68YO53 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Retail Premium USD | IE000GROJFW4 | | N/A | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Retail Select EUR | IE000IEB21M4 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Retail Select USD | IE000UZOOUV9 | | N/A | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Retail Plus EUR | IE000J4QMYR5 | | up to 2% | EUR | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Apuano Asia Absolute Alpha Feeder - A Retail Plus USD | IE000IGRUPC4 | | up to 2% | USD | | |
| Apuano Asia Absolute Alpha Feeder - A Retail EUR | IE0001OHEPB0 | | N/A | EUR | | |
| Apuano Asia Absolute Alpha Feeder - A Retail USD | IE000TBHB266 | | N/A | USD | | |

*Investors should note that*

- *In certain cases, distributions may be payable out of capital. Where distributions, or a portion thereof, are paid out of capital, Unitholders should note that capital may be eroded and that distributions shall be achieved by foregoing the potential for future capital growth. The policy of paying distributions or a portion thereof out of capital seeks to maximise distributions but it will also have the effect of lowering the capital value of a Unitholder's investment and constraining the potential for future capital growth. This cycle may continue until all capital is depleted. Distributions out of capital may have different tax implications to distributions out of income, accordingly, investors should seek tax advice in this regard.*

- *The Manager may at its sole discretion waive the subscription fee or fees or differentiate between applicants as to the amount of such fee or fees within the permitted limits set out in the Prospectus.*

## SECTION 2 - Details of Applicant(s)

| **Existing Investor**<br>**If you are an existing investor in the Fund ("Existing Investor") please provide your account details below.** | |
|---|---|
| Name of Account | |
| Fund Name | |
| Existing Account Number | |

| **First Applicant** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Individuals: Complete your full name and address below** | | | | | | | | | |
| Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | |
| Surname | | | | | | | | | |
| Forename(s) in full | | | | | | | | | |
| Nationality | | | | | | | | Date of birth | |

| **Registered Address**[1] | | | |
|---|---|---|---|
| Address | | | |
| | | | |
| City/Town | | | |
| Post Code | | Country | |
| Email Address | | | |
| Tel No | | Fax No | |

| **Correspondence Address**[2]<br>**Please complete the section if correspondence is to be sent to a different address to that set out above** | | | |
|---|---|---|---|
| Address | | | |
| | | | |
| City/Town | | | |
| Post Code | | Country | |

| **Occupation** |
|---|

| **Business Area** | |
|---|---|
| ☐ Bar/Night-clubs/Restaurants/Hotels<br>☐ Brokers<br>☐ Car parks<br>☐ Casinos/Gambling<br>☐ Casinos/Games/Entertainment parks<br>☐ Check cashers<br>☐ Commerce of alcohol and cigarettes<br>☐ Commerce of arms/Weapons and munitions<br>☐ Commerce of art works<br>☐ Commerce of boats and planes<br>☐ Commerce of luxury cars<br>☐ Commerce of luxury goods (jewellery/horses/...) | ☐ Commerce of minerals<br>☐ Convenience store<br>☐ Hotels/Restaurants/Cafes<br>☐ Import-Export<br>☐ Money transmitters and currency change<br>☐ Nuclear<br>☐ On-line business<br>☐ Precious metals/Gold/Jewellery<br>☐ Real estate<br>☐ Sale by distance<br>☐ Taxi<br>☐ Travel agencies<br>☐ Travel/Tourism<br>☐ Other: please specify |
| Employer/ business name if self employed: | |

| **Nationality** please provide details of any dual citizenship held or previously held | |
|---|---|
| Passport Number: | |
| Issuing Country | |
| Expiry Date: | |

| **Declaration of U.S. Citizenship or U.S. Residence for Tax purposes**<br>Please tick either **(a)** or **(b)** and complete as appropriate |
|---|
| (a) ☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number<br><br>(U.S. TIN) is as follows: _____.<br><br>**OR**<br><br>(b) ☐ I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes. |

## Declaration and Undertaking

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature: _____

Date: (dd/mm/yyyy ): _____

| **Corporate Applicants: Complete your full name and address below** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | |
| Surname | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | |
| Nationality | | | | | | | | | Date of birth | |
| Company Name (required ONLY for corporate applicants) | | | | | | | | | | |
| Nature of Business (required ONLY for corporate applicants) | | | | | | | | | | |
| Country of Incorporation | | | | | | | | | | |

| **Registered Address**[1] | | | |
|---|---|---|---|
| Address | | | |
| | | | |
| City/Town | | | |
| Post Code | | Country | |
| Email Address | | | |
| Tel No | | Fax No | |

| **Correspondence Address**[2]<br>**Please complete the section if correspondence is to be sent to a different address to that set out above** | |
|---|---|
| Address | |
| | |
| City/Town | |

| | | | |
|---|---|---|---|
| Post Code | | Country | |

## Specified U.S. Person

Please tick either **(a)** or **(b)** and complete as appropriate:

(a) ☐ The Entity is a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying number (US TIN) is as follows

U.S. TIN _____.

**OR**

(b) ☐ The Entity is not a Specified U.S. Person (please also complete the 'Declaration of Tax residency' and 'FATCA Classification' sections below)

## Declaration of Tax residency

*(Note: Declaration of Tax residency is requested in the context of the OECD Common Reporting Standard ("CRS"), an initiative to implement automatic exchange of financial account information on a global basis.)*

Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries of tax residence and associated Tax ID numbers).

| **Country of Tax Residency** | **Tax ID Number** |
|---|---|
| | |
| | |
| | |

## Joint Applicants

**Details of up to 3 additional holders may be added to the application. Please complete details in block capitals below.**

| **First additional applicant details** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | | |
| Surname | | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | | |
| Residential address | | | | | | | | | | | |
| Mailing address (if different) | | | | | | | | | | | |
| Nationality | | | | | | | | | Date of Birth | | |

## Occupation

**Business Area**

- ☐ Bar/Night-clubs/Restaurants/Hotels
- ☐ Brokers
- ☐ Car parks
- ☐ Casinos/Gambling
- ☐ Casinos/Games/Entertainment parks
- ☐ Check cashers
- ☐ Commerce of alcohol and cigarettes
- ☐ Commerce of arms/Weapons and munitions
- ☐ Commerce of art works
- ☐ Commerce of boats and planes
- ☐ Commerce of luxury cars
- ☐ Commerce of luxury goods (jewellery/horses/...)
- ☐ Commerce of minerals
- ☐ Convenience store
- ☐ Hotels/Restaurants/Cafes
- ☐ Import-Export
- ☐ Money transmitters and currency change
- ☐ Nuclear
- ☐ On-line business
- ☐ Precious metals/Gold/Jewellery
- ☐ Real estate
- ☐ Sale by distance
- ☐ Taxi
- ☐ Travel agencies
- ☐ Travel/Tourism
- ☐ Other: please specify

| Employer/ business name if self employed: | |
|---|---|

| Passport Number: | |
|---|---|
| Issuing Country | |
| Expiry Date: | |

## Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either **(a)** or **(b)** and complete as appropriate

(a) ☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number

(U.S. TIN) is as follows: _____.

**OR**

(b) ☐ I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

## Declaration and Undertaking

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature: _____

Date: (dd/mm/yyyy ): _____

| **Second additional applicant details** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | |
| Surname | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | |
| Residential address | | | | | | | | | | |
| Mailing address (if different) | | | | | | | | | | |
| Nationality | | | | | | | | | Date of Birth | |

**Occupation**

| **Business Area** | |
|---|---|
| ☐ Bar/Night-clubs/Restaurants/Hotels<br>☐ Brokers<br>☐ Car parks<br>☐ Casinos/Gambling<br>☐ Casinos/Games/Entertainment parks<br>☐ Check cashers<br>☐ Commerce of alcohol and cigarettes<br>☐ Commerce of arms/Weapons and munitions<br>☐ Commerce of art works<br>☐ Commerce of boats and planes<br>☐ Commerce of luxury cars<br>☐ Commerce of luxury goods (jewellery/horses/...) | ☐ Commerce of minerals<br>☐ Convenience store<br>☐ Hotels/Restaurants/Cafes<br>☐ Import-Export<br>☐ Money transmitters and currency change<br>☐ Nuclear<br>☐ On-line business<br>☐ Precious metals/Gold/Jewellery<br>☐ Real estate<br>☐ Sale by distance<br>☐ Taxi<br>☐ Travel agencies<br>☐ Travel/Tourism<br>☐ Other: please specify |
| Employer/ business name if self employed: | |

| | |
|---|---|
| Passport Number: | |
| Issuing Country | |
| Expiry Date: | |

**Declaration of U.S. Citizenship or U.S. Residence for Tax purposes**
Please tick either **(a)** or **(b)** and complete as appropriate

(a) ☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number

(U.S. TIN) is as follows: _____.

**OR**

(b) ☐ I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

## Declaration and Undertaking

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature: _____

Date: (dd/mm/yyyy ): _____

| **Third additional applicant details** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Title | Mr | | Mrs | | Miss | | Ms | | Other (please specify) | |
| Surname | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | |
| Residential address | | | | | | | | | | |
| Mailing address (if different) | | | | | | | | | | |
| Nationality | | | | | | | | Date of Birth | | |

## Occupation

**Business Area**

- ☐ Bar/Night-clubs/Restaurants/Hotels
- ☐ Brokers
- ☐ Car parks
- ☐ Casinos/Gambling
- ☐ Casinos/Games/Entertainment parks
- ☐ Check cashers
- ☐ Commerce of alcohol and cigarettes
- ☐ Commerce of arms/Weapons and munitions
- ☐ Commerce of art works
- ☐ Commerce of boats and planes
- ☐ Commerce of luxury cars
- ☐ Commerce of luxury goods (jewellery/horses/...)
- ☐ Commerce of minerals
- ☐ Convenience store
- ☐ Hotels/Restaurants/Cafes
- ☐ Import-Export
- ☐ Money transmitters and currency change
- ☐ Nuclear
- ☐ On-line business
- ☐ Precious metals/Gold/Jewellery
- ☐ Real estate
- ☐ Sale by distance
- ☐ Taxi
- ☐ Travel agencies
- ☐ Travel/Tourism
- ☐ Other: please specify

| Employer/ business name if self employed: | |
|---|---|

| | |
|---|---|
| | |

| | |
|---|---|
| Passport Number: | |
| Issuing Country | |
| Expiry Date: | |

| **Declaration of U.S. Citizenship or U.S. Residence for Tax purposes**<br>Please tick either **(a)** or **(b)** and complete as appropriate |
|---|
| (a) ☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number<br><br>(U.S. TIN) is as follows: _____.<br><br>**OR**<br><br>(b) ☐ I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.<br>(c) |

## Declaration and Undertaking

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature: _____

Date: (dd/mm/yyyy ): _____

[1] This address should be the address of the registered holder e.g. the nominee's address if Units are held by a nominee. In the case of individual applicants in their own name this address will appear on the register and should therefore be a residential address. The applicant will be required to provide proof of this address in Section 4. PO Boxes or 'care of' addresses should not be provided.

[2] If a separate mailing address is being provided by a company, this must be in addition to the provision of details of the company's registered address.

Please note that by completing this Application Form you are providing personal data to the Manager for the purposes of applying for Units in the Fund. This data will be processed in accordance with the General Data Protection Regulation (697/2016/EU) (the "**GDPR**") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018, as may be amended) (collectively, "**Data Protection Legislation**") and the Data Privacy Statement as set out at Appendix 5 hereto.

Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes, in addition to tax information as required in Section 5.

Correspondence will be sent to the first named applicant of joint holders.

## SECTION 3 - Bank Details

### Subscription monies – for Settlement of Purchase of Units

All subscription payments must be made by electronic funds transfer to the relevant account detailed below for settlement no later than 14.30 GMT for EUR, 13.30 GMT for GBP subscriptions, 11.30 GMT for CHF subscriptions and 17.00 GMT for USD subscriptions three Business Days following the relevant Valuation Day ("**Settlement Day**").

Settlement must be made in the designated currency of the Sub-Fund or Class in which you are investing.

**EUR subscriptions banking details**
Direct via Target II
By MT202 (without IBAN)
57A Account with Institution FI BIC: //RT
ISAEIE2D
58A Beneficiary Name & Address: ISAEIE2D

Or
**By MT103 (with IBAN)**
**57A Account with Institution FI BIC: //RT ISAEIE2D**
**59 Beneficiary Name & Address: /IE80 ISAE 9903 2500 0005 61**
**ISAEIE2D**

**USD subscriptions banking details**
Correspondent Bank: JP Morgan Chase NY
Correspondence Swift Code: CHASUS33
CHIPS No: 0002 ABA No: 021000021
Account No: 826213360
Beneficiary Bank: CACEIS Bank – Ireland Branch
Beneficiary Swift Code: ISAEIE2D
Beneficiary Name: APUANO FUNDS

**GBP subscriptions banking details**
Correspondent Bank: HSBC Bank Plc
Correspondence Swift Code: MIDLGB22
Correspondence Sort Code: 40-05-15
IBAN: GB56MIDL40051576888255
Account No: 76888255
Beneficiary Bank: CACEIS Bank – Ireland Branch Beneficiary Swift Code: ISAEIE2D
Beneficiary Name: APUANO FUNDS

**CHF subscriptions banking details**
Correspondent Bank: UBS, Zurich
Correspondent Swift Code: UBSWCHZH80A
Account Number: 02300000059902050000X
IBAN: CH890023023005990205X
Beneficiary Bank: CACEIS Bank – Ireland Branch
Beneficiary Swift Code: ISAEIE2D
Beneficiary Name: APUANO FUNDS

**AUD subscriptions banking details**
Correspondent Bank: HSBC Custodian Nominees Australia Limited, Sydney
Correspondent Swift Code: HKBAAU2SSYD
Account Number: 011-797495-042
Beneficiary Bank: CACEIS Bank – Ireland Branch
Beneficiary Swift Code: ISAEIE2D
Beneficiary Name: APUANO FUNDS

**Subscription payments**

These are mandatory and are related to the bank and accounts from which the subscription amounts will be paid. The account must be in the name(s) of the Account Holder(s) or the account holder must be identified.

| | |
|---|---|
| Bank: | Bank SWIFT / BIC / Sort Code: |
| Account holder / Name of the account: | IBAN Number |

In case payments are made through a correspondent bank, please provide the following information:

| | |
|---|---|
| Bank: | Bank SWIFT / BIC / Sort Code: |
| Account holder / Name of the account: | IBAN Number |

Please note that in order to prevent third party payments, we require subscription payments to come from a bank account in the name of the registered account holder.

**Note for Financial Institutions and Intermediaries** :

In order to comply with EU Regulation 2015/847, and FATF SR VII, we require the following information to be included for all subscription wires made to the Fund.

For MT 103 , Field 50a is to be used for Ordering Customer's information (either option below, as appropriate)

| **TAG** | **Field Name** | **Information to include** |
|---|---|---|
| 50a (option K) | Ordering Customer | The Payer's account number, name and address |
| 50a (option A) | Ordering Customer | The Payer's account number and the BIC |

For MT 202 (Field 52)

| **TAG** | **Field Name** | **Information to include** |
|---|---|---|
| 52A | Ordering Institution | The Ordering Institution's identifier code (BIC) |

**Redemption monies – for Payment of Redemption Proceeds**

The bank details for receipt of redemption proceeds are as outlined below. I/We undertake to inform the Administrator in writing of changes to those details immediately.

| | |
|---|---|
| Name of Bank: | |
| Address of Bank: | |
| Country: | |
| Bank SWIFT/Sort code: | |
| Name of Account Holder: | |

| | |
|---|---|
| Account Number: | |
| Applicant's signature: | |

Redemption proceeds will be returned to an account held in the name of the registered Unitholder(s)

**Please disclose the purpose and intended nature of your investment in the Fund:**

| | | |
|---|---|---|
| A) Regular Savings | | |
| B) Lump Sum Investment- less than 1 year | | |
| C) Lump Sum Investment- more than 1 year | | |
| D) Periodic Investment | | |
| E) Other (Please Specify) | | |

**Please note that the Application may not be accepted until all the relevant information has been received. Additional confirmation of identity or authority of the applicant or the source of funds may be required in certain circumstances.**

## SECTION 4 - ANTI MONEY LAUNDERING REQUIREMENTS

### 1. Corporate Investor Information (including Financial institutions)

☐ Bank
☐ Nominee
☐ Corporate
☐ Pension Fund
☐ Investment/Mutual Fund
☐ Other Financial Institution
☐ Foundation/Association
☐ Government entity
☐ Trust
☐ Partnership
☐ Insurance Company
☐ Other (please specify):

Business activity:

### 2. TYPE OF INVESTMENT

I/we confirm that the investment into the Fund:

☐ Is made on my/our own behalf and is not in favour of a third party

Please proceed to section 5

☐ Is made on behalf of third party and that the account will reflect:

☐ a Pooled Account (reflecting a pool of underlying clients typically with a generic designation such as “Clients account” or with a designation that makes reference to a region, product or multiple specific customers)

☐ a Segregated Account (a specific account for a single underlying third party)

In such case, please select either one option below:

☐ the designation of the account will refer to the underlying client name

☐ the designation of the account is coded (the designation contains an internal reference, numbers or combination of letters which do not allow an external party to identify the underlying client)

Please indicate whether the account is used to transact "*advised*" or "*execution-only*" business. Per account only one type is possible. If both types of transactions are used, please be advised that two different accounts need to be created.

☐ Advised business ☐ Execution-only business

# 3. EXPECTED VOLUMES & FREQUENCY (BANKS/ NOMINEES DO NOT NEED TO COMPLETE)

Please complete the below section with your expectations in terms of investment in the fund.

**The expected volumes and frequency provided will not form any kind of commitment from the account holder, the beneficial owners or the intermediary.**

## 3.1. Expected frequency of trading

Please tick the anticipated frequency.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ Single transaction | ☐ Daily | ☐ Weekly | ☐ Monthly | ☐ Quarterly | ☐ Semi-annual | ☐ Annual | ☐ Ad-hoc |

## 3.2. Expected investment amount *

| | | | | |
|---|---|---|---|---|
| ☐ Individuals | | EUR | | |
| | Expected Total Investment | | | |
| ☐ Insurance Companies, Pension Funds, Investment Funds, Listed Companies | | | | |
| | Expected Total Investment: | EUR | | |
| ☐ Other types of investors | | | | |
| | Expected Total Investment: | EUR | | |

# 4. THE MONIES INVESTED

## 4.1. Where investing in own name and on own behalf:

The Account Holder declares that the origin of the funds used for subscription is coming from: (please tick the right choice)

☐ Inheritance (please provide some details)
☐ Sale of real estate (please provide some details)
☐ Redemption from other investments (please provide some details)
☐ Savings on salary
☐ Treasury investment (Corporate)
☐ Other (please describe)

Details:

Main country of origin of the funds invested: _____

| | |
|---|---|
| Signature of the account holder | Signature of the account holder 2 |

* **mandatory data**

## 4.2. Where investing in own name but on behalf of third party:

The Account Holder declares that the origin of the funds used for subscription is coming from: (please tick the right choice)

☐ Retail Customers Please tick if High Net Worth Customers Details:
☐

☐ Institutional Customers

☐ Other (please describe)

Main country of origin of Client base:

_____

| | |
|---|---|
| Signature of the account holder | Signature of the account holder 2 |

## SECTION 5 Customer Due Diligence Requirements

**Please provide the following documents in addition to the completed Application Form. CACEIS Ireland Limited as service provider to the Fund will advise what additional documentation is required (if any). If your entity type is not listed below please contact us and we will advise what documentation is required.**

### 1. INDIVIDUAL/JOINT ACCOUNT (NATURAL PERSON)

#### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Authorised Signatory List, if applicable (certified copy).
3. One Personal Identity document (certified copy)
4. One proof of residential address (certified copy)
5. Source of Wealth Declaration Form and the supporting documentation for the Source of Wealth (certified copy)
6. The individual's profession.
7. FATCA Documentation (if applicable) (copy).
8. AEOI Documentation (if applicable) (copy).

### 2. DESIGNATED PERSON

#### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Confirmation of Name & Address (copy).
3. Confirmation of Regulatory Authorisation (copy).
4. Letter of Assurance or a Letter of Comfort (If acting as an intermediary) (copy).
5. Authorised Signatory List

   (Copy for Risk Level 1 Country

   Certified Copy for Risk Level 2/Risk Level 3/Risk Level 4 Country).
6. Valid ID documents for two Authorised Signatories on the account (certified copy).

   For Designated Persons located in a Risk Level 2/Risk Level 3 and Risk Level 4 Country.
   Not required for a Designated Person in a Risk Level 1 Country.
7. ***Beneficial Ownership Identification Form (copy) – if acting as an Intermediary.***

   ***To note, the Beneficial Ownership Form is not required, if the Designated Person is located in a Risk Level 1 Country and listed on a recognised Stock Exchange.***
   A list of all shareholders holding 25% or more of the issued share capital of the company.
   25% ownership is required if the fund is domiciled in Ireland).
   (10% ownership is required if the fund is domiciled in Cayman or Bermuda).
   ***Requirement when the shareholder is a company:***
   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***
   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address.

The requirements for individuals as in point 1 and 2 above: applies to Designated Persons in Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
For Designated Persons in a Risk Level 1 Country, we do not require a personal identification document and a proof of address for individual ultimate beneficial owners.

8. FATCA Documentation (If applicable) (copy).
9. AEOI Documentation (If applicable) (cop).

## 3. NOMINEE COMPANY WITH DESIGNATED PERSON PARENT/INTERMEDIARY

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Confirmation of Registered Name & Address (copy, if available on-line from the official National Company Registry web-site)
3. Memorandum & Articles of Association (copy).
4. Certificate of Incorporation or equivalent (copy).
5. List of Directors (copy).
6. Authorised Signatory List (copy).
7. Valid ID documents for two Authorised Signatories on the account (certified copy).
8. ***Beneficial Ownership Identification Form (copy).***

   A list of all shareholders holding 25% or more of the issued share capital of the company.

   25% ownership is required if the fund is domiciled in Ireland).

   (10% ownership is required if the fund is domiciled in Cayman Islands or BVI).

   ***Requirement when the shareholder is a company:***

   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***

   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address.
9. FATCA Documentation (if applicable) (copy).
10. AEOI Documentation (if applicable) (copy).

## 4. NON REGULATED ENTITY IN A LOW RISK COUNTRY
## 5. (RISK LEVEL 1 COUNTRY)

## 6. REGULATED / NON REGULATED ENTITY IN A MEDIUM RISK COUNTRY
## 7. (RISK LEVEL 2 COUNTRY)

## 8. REGULATED / NON REGULATED ENTITY IN A HIGH RISK COUNTRY
## 9. (RISK LEVEL 3/RISK LEVEL 4 COUNTRIES)

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).

2. Confirmation of Registered Name & Address(copy, if available on-line from the official National Company Registry web-site)
3. Certificate of Incorporation or Certificate to Trade (certified copy)
4. Memorandum and Articles of Association (certified copy)
5. Authorised Signatory List (certified copy)
6. List of Directors' full names, occupations, residential and business addresses and dates of birth (certified copy)
7. Personal Identity document and an Address Verification document of at least two directors (certified copy of the Personal Identity document)
8. Personal Identity document and an Address Verification document of two authorised signatories (certified copy of the Personal Identity document)
9. ***Beneficial Ownership Identification Form (copy), if applicable.***

   A list of all shareholders holding 25% or more of the issued share capital of the company.

   25% ownership is required if the fund is domiciled in Ireland).

   (10% ownership is required if the fund is domiciled in Cayman Islands or BVI).

   ***Requirement when the shareholder is a company:***

   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***

   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address.
10. The latest Annual Report (Copy).
11. FATCA Documentation (if applicable) (copy).
12. AEOI Documentation (if applicable) (copy).

## 10. TRUSTS

### KYC REQUIREMENTS

**The Trust**

1. Fund Application Form including Bank Details and Tax Revenue Declaration(original)
2. Confirmation of Name & Address (copy)
3. Trust Deed (certified copy)
4. List of Trustees' (certified copy)
5. Authorised Signatory List (copy or certified copy) (ensure the Authorised Signatory List represents the entity/individuals that are Authorised to sign on behalf of the account).

**The Settor**

Identify and verify each Settlor

***For an entity:***

Certificate of Incorporation (single copy)

Share Register (single copy)

***For an individual***

Certified copy of identification document

1 proof of address

**The Trustee**

1. Confirmation of Name & Address (obtained on line)
2. Proof of regulation for the Trustee (obtained on line)
3. If the Trustee is not List on Recognised Stock Exchange – the Beneficial Ownership structure must be provided.
4. Authorised Signatory List.
5. If the Trustee is an individual:

   Certified copy of identification document
   1 proof of address

**The Protector (if, applicable)**

1. Confirmation of Name & Address (obtained on line)
2. Proof of regulation for the Protector (obtained on line)
3. If the Protector is not List on Recognised Stock Exchange – the Beneficial Ownership structure must be provided.
4. Authorised Signatory List, if applicable (if the Protector has signing Authority on the account).
5. If the Protector is an individual:

   Certified copy of identification document
   1 proof of address

**Ultimate Beneficial Owners**
Every Beneficial Owner of the Trust must be identified and verified.
***For an entity:***
Certificate of Incorporation (single copy)
Share Register (single copy)
***For an individual***
Certified copy of identification document
1 proof of address

1. FATCA documentation (if applicable) (copy).
2. AEOI documentation (if applicable) (copy).

***Authorised Signatory List – Authority to transact on the account.***
***Valid ID documents must be provided for two Authorised Signatories with Signing Authority on the account.***

## 11. PARTNERSHIPS

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original)
2. Confirmation of Name & Address (copy)
3. Proof of Registration or equivalent (certified copy) or obtained on line
4. Partnership Agreement (certified copy)
5. Authorised Signatory List
   (copy for Risk Level 1 Country)
   (Certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Country)
6. List of Partners' to include full names, occupations, residential and business addresses, and dates of birth (certified copy)
7. Personal Identity document and an Address Verification document of at least two partners.

The General Partner must be identified. (certified copy)

8. Personal Identity document and an Address Verification document of two authorised signatories (certified copy)
9. ***B***eneficial Ownership Identification Form (copy).
   A list of all shareholders holding 25% or more of the issued share capital of the company.
   (25% ownership is required if the fund is domiciled in Ireland).
   (10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
   ***Requirement when the shareholder is a company:***
   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***
   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address.
10. FATCA Documentation (if applicable) (copy).
11. AEOI Documentation (if applicable) (copy).

## 12. PENSIONS

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Authorised Signatory List
   (copy for Risk Level 1 Country
   Certified Copy for Risk level 2 / 3 / 4 Countries).
3. Constitutional Documents / Pension rules / Pension plan
   (copy for Risk Level 1 Country or obtained on line and
   a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
4. Certificate of Incorporation of Pension Manager - only if non regulated OR not covered by an AML Parent Letter. (copy), if applicable.
5. Proof of regulation of Pension Manager (copy) or obtained on line.
6. List of Directors for the Pension Company
   (copy for Risk Level 1 Country and
   a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
7. Valid ID Documents for two Directors (certified copy).
   Required for Risk Level 2/Risk Level 3 and Risk Level 4 Countries.

   Not required for a Risk Level 1 Country.
8. Valid ID Documents for two Authorised Signatories (certified copy).
9. ***Beneficial Ownership Identification Form (copy), if applicable.***
   A list of all shareholders holding 25% or more of the issued share capital of the company.
   (25% ownership is required if the fund is domiciled in Ireland).
   (10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
   ***Requirement when the shareholder is a company:***
   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***
   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address.
10. An AML Letter of Assurance signed by the authorised signatories of the entity responsible for the AML / KYC supervision (simple copy).
11. The latest Annual Report.
    (copy for Risk Level 1 Country)
    (certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).
12. FATCA Documentation (if applicable) (copy).
13. AEOI Documentation (if applicable) (copy).

## 13. CHARITIES

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original)
2. Confirmation of Name & Address (copy or electronic copy if available on-line from the official National Company Registry or Revenue web-site)
3. Confirmation of Charity Registration (certified copy or electronic copy if available on-line from the official competent authority web-site)
4. Proof of regulation (Supervision Authority / Charity regulator) OR publication from an official authority in an equivalent country or obtained on line
5. Memorandum & Articles of Association (certified copy)
6. Certificate of incorporation or equivalent (certified copy) or obtained on line
7. Authorised Signatory List (certified copy)
8. A valid ID Document for two Authorised signatories (certified copy of the ID Document).
9. List of Directors.

   (certified copy Risk Level 2/Risk Level 3/Risk Level 4 Countries)
   (copy for Risk Level 1 Country)
10. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).
11. ***Beneficial Ownership Identification Form (copy)***

    A list of all shareholders holding 25% or more of the issued share capital of the company.
    (25% ownership is required if the fund is domiciled in Ireland).
    (10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
    ***Requirement when the shareholder is a company:***
    1. Certified copy of the Certificate of Incorporation.

    ***Requirement for individual shareholders (Ultimate Beneficial Owner):***
    ***2.*** Certified copy of a personal identification document.
    3. Certified copy of proof of residential address
12. Company's latest Audited Annual Report

    (copy for Risk Level 1 Country and for an Audited Annual Report or available on line)

    (certified copy for Unaudited Annual Report or for a Risk Level 2/Risk Level 3/Risk Level 4 Country).
13. FATCA Documentation (if applicable) (copy).
14. AEOI Documentation (if applicable) (copy).

## 14. FUND – REGULATED

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Confirmation of Registered Name & Address (copy).
3. Confirmation of Regulation (copy).
4. Fund Prospectus

(copy for Risk Level 1 Country).

(certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Countries)

5. Authorised Signatory List

   (copy for Risk Level 1 Country).

   (certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Countries)

6. Valid ID Documents and one proof of address for two Authorised Signatories –
   for Risk Level 2/Risk Level 3/Risk Level 4 Countries (certified copy)
   *Not required for Risk Level 1 Country.*
7. List of Directors
   (certified copy Risk Level 2/Risk Level 3/Risk Level 4 Countries)
   (copy for Risk Level 1 Country)
8. Valid ID Documents and one proof of address for two Directors –
   for Risk Level 2/Risk Level 3/Risk Level 4 Countries (certified copy)
   *Not required for Risk Level 1 Country*
9. An AML Letter of Assurance from the entity responsible for the KYC of the fund or from the MLRO of the Fund (copy).
10. List of Authorised Signatories of the entity responsible for the KYC Supervision of the Fund, if applicable (copy).
11. Latest Financial Statements, if applicable
    (copy for Risk Level 1)
    (Certified Copy for Risk Level 2/Risk Level 3/Risk Level 4).
12. ***Beneficial Ownership Identification Form (copy)***

    A list of all shareholders holding 25% or more of the issued share capital of the company.
    25% ownership is required if the fund is domiciled in Ireland).
    (10% ownership is required if the fund is domiciled in Cayman or Bermuda).
    ***Requirement when the shareholder is a company:***
    1. Certified copy of the Certificate of Incorporation.
    ***Requirement for individual shareholders (Ultimate Beneficial Owner):***

    2. Certified copy of a personal identification document.
    3. Certified copy of proof of residential address.

    The requirements for individuals as in point 1 and 2 above: applies to Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
    For Risk Level 1 Countries, we do not require a personal identification document and a proof of address for individual ultimate beneficial owners.
13. FATCA Documentation (If applicable) (copy).
15. AEOI Documentation (If applicable) (copy).

## 15. FOUNDATION

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Confirmation of Name & Address (copy or electronic copy if available on-line from the official National Company Registry or Revenue web-site)
3. Constitutional Foundation Charter/Document for the Foundation

   (copy for Risk Level 1 Country or

   a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
4. Authorised Signatory List

(copy for Risk Level 1 Country and
Certified copy for Risk level 2 / 3 / 4 Countries).

5. A valid ID Document and one proof of address for two Authorised signatories

   (certified copy of the ID Document).

6. List of Directors

   (copy for Risk Level 1 Country and
   Certified copy for Risk level 2 / 3 / 4 Countries).

7. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).

8. ***Beneficial Ownership Identification Form (copy)***

   A list of all shareholders holding 25% or more of the issued share capital of the company.
   (25% ownership is required if the fund is domiciled in Ireland).
   (10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
   ***Requirement when the shareholder is a company:***
   1. Certified copy of the Certificate of Incorporation.

   ***Requirement for individual shareholders (Ultimate Beneficial Owner):***
   1. Certified copy of a personal identification document.
   2. Certified copy of proof of residential address

9. The latest Annual Report.

   (copy for Risk Level 1 Country)

   (certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).

10. FATCA Documentation if applicable, (copy

11. AEOI Documentation if applicable, (copy).

## 16. STATE OWNED ENTITIES

### KYC REQUIREMENTS

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Governmental Decree / Articles of Incorporation / Memorandum or equivalent (confirming the company is a state owned company).

   (copy for Risk Level 1 Country or obtain on line and Certified copy for Risk level 2 / 3 / 4 Countries or obtain on line).

3. List of Authorised Signatories

   (copy for Risk Level 1 Country and Certified copy for Risk level 2 / 3 / 4 Countries).

4. Valid ID Document and one proof of address for two Authorised signatories (certified copy of the ID Document).

   For Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
   Not required for Risk Level 1 Country.

5. List of Directors

   (copy for Risk Level 1 Country and Certified copy for Risk level 2 / 3 / 4 Countries).

6. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).
7. The latest Annual Report.

   (copy for Risk Level 1 Country)

   (certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).

8. FATCA Documentation, (If applicable), (copy).
9. AEOI Documentation. (If applicable), (copy).

## SECTION 6 - Declarations and Signatures

**By signing below:**

1. **Receipt and Consideration of Fund Documentation**

   I/We hereby acknowledge that I/we have received or accessed by electronic means and considered the KID relating to the relevant Class(es) in which investment is proposed to be made and this Application and any future investment in any Sub-Fund of the Fund is made on the terms thereof and subject to the provisions of the relevant KID, the Prospectus of the Fund and the Trust Deed constituting the Fund as amended from time to time, all of which are subject to Irish law and the jurisdiction of the Irish courts.

   I/we confirm that I/we received the KID in electronic form by way of accessing the latest version of the document via the Manager's website, namely www.egifunds.com and I /we confirm that:

   (i) the provision of the KID or the Prospectus in that medium is appropriate to the context in which the business between the Manager and I/us is, or is to be, carried on;

   (ii) when offered the choice between the KID in paper or in electronic form by way of accessing the latest version of the KID via www.egifunds.com, I/we specifically chose electronic form by way of accessing the latest version of the KID via www.egifunds.com in respect of all subscriptions in the Fund present and future;

   (iii) I/We consent to the provision of the KID or the Prospectus by means of the Manager's website (www.egifunds.com); and

   (iv) I/We have been notified electronically of the address of the Manager's website (i.e.www.egifunds.com), and the place on the Manager's website where the KID or the Prospectus may be accessed (i.e. www.egifunds.com).

   (v) I/We confirm that I/we will access the KID via www.egifunds.com before making any subsequent subscriptions for Units in any Sub-Fund of the Fund.

2. I/We confirm that I am/we are 18 years of age or over and I/we have the authority to make the investment pursuant to this Application Form whether this investment is my/our own name or is made on behalf of another person or institution.

3. I/We have made arrangements for payment to be made to the relevant bank account(s) specified above for subscriptions and acknowledge that the Manager reserves the right to reject any application in whole or part without assigning any reason therefor.

4. Politically Exposed Person – Tick either A) or B)

   A) ☐

   I/We hereby represent and warrant that, to the best of our knowledge, none of:
   (1) the investor;
   (2) any person controlling or controlled by the investor;
   (3) if the investor is a privately held entity, any person having a beneficial interest in the investor; or
   (4) any person for whom the investor is acting as agent or nominee in connection with this investment is a politically exposed person,* or any immediate family member** or close associate of a politically exposed person as such terms are defined in the footnotes below

   **or**

   B) ☐

   I/We confirm that I/We meet the definition of a politically exposed person,* or any immediate family member** or close associate of a politically exposed person as such terms are defined in the footnotes below and will provide the necessary disclosures regarding source of wealth and where relevant the source of wealth of any beneficial owners.

[*] "politically exposed person" means an individual who is, or has at any time in the preceding year been, entrusted with a prominent public function, including either of the following individuals (but not including any middle ranking or more junior official): (a) a specified official; (b) a member of the administrative, management or supervisory body of a state-owned enterprise; "specified official" means any of the following officials (including any such officials in an institution of the European Communities or an international body): (a) a head of state, head of government, government minister or deputy or assistant government minister; (b) a member of a parliament; (c) a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal; (d) a member of a court of auditors or of the board of a central bank; (e) an ambassador, charge´ d'affairs or high-ranking officer in the armed forces.

[**]The definition also expands to a "close associate", "immediate family member" of a politically exposed person and includes any of the following persons: a)any individual who has joint beneficial ownership of a legal entity or arrangement or any other close business relations with a politically exposed person b)any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of a politically exposed person c)any spouse of a PEP c)any person who is the equivalent of a spouse under the national law of the place where the PEP resides e)any cohabitant, f) any child or parent of the politically exposed person or spouse of the child of the PEP g)any other family member who is of a prescribed class.

5. I/We agree to provide to the Manager or its appointed Administrator or Distributor with any additional documentation that it or they may require to verify my/our identity in accordance with current anti-money laundering/terrorist financing and/or taxation of savings legislation. I/We acknowledge that any delay by me/us in providing such documentation may result in delayed processing of my/our application and/or delayed payment of any future redemption payments to me/us or processing of unit transfer requests on my/our behalf. I/We hereby hold the Manager and the Administrator and the Distributor harmless and indemnify them against any loss arising as a result of a failure to process the application if such information has been required and has not been provided by me/us. I/We also warrant and declare that the monies being invested pursuant to this application do not represent directly or indirectly the proceeds of any criminal activity and the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.

6. I/We declare that I/we am/are not a US Person, as defined in the Prospectus, and certify that the Units applied for are not being acquired for the benefit of, directly or indirectly, any US Person nor in violation of any applicable law or regulation, and I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer Units to a US Person or any person in violation of any applicable law or regulation.

7. The Manager, the Distributor, and the Administrator of the Fund are hereby authorised to accept and execute any instructions in respect of the Units to which this application relates or which may in future be acquired by me/us which are given by me/us in written form or by facsimile or such other means as may from time to time be permitted by the Manager or its delegate including electronic means and in the case of joint account holders which are given by such means by the first named applicant ("Instructions"). I/We hereby agree to indemnify each of the Manager, the Distributors and the Administrator and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon Instructions. The Manager, the Distributor, and the Administrator may each rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions believed in good faith to be genuine and to be signed or given by properly authorised persons.

8. I/We hereby agree to indemnify and hold harmless each of the Manager, the Administrator in respect of the Fund, and the Distributors 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 delivered by me/us to any of them and shall notify the Manager or the Administrator immediately if any of the representations herein made are no longer accurate and complete in all respects.

9. I/We agree to provide to the Manager, the Administrator and/or the Distributor at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require in connection with this investment. Should any information furnished to any of them become inaccurate or incomplete in any way, I/We hereby agree to notify the Manager or the Administrator immediately of any such change and further agree to request the redemption of Units in respect which such confirmations have become incomplete or inaccurate if requested to do so by the Manager. I/we agree to notify the Manager or the Administrator of any change to my/our tax residency status.

10. I/We understand that the confirmations, representations, declarations, indemnities and warranties made or given herein are continuous and apply to all subsequent purchases of Units by me/us in the Fund. I/We agree to notify the Manager or the Administrator immediately if I/we become aware that any of the confirmations, representations, declarations, indemnities or warranties given by me/us in this Application Form is/are no longer accurate and complete in all respects and agree immediately to take such action as the Manager may direct, including where appropriate, redemption of my/our entire holding.

11. (In respect of joint applicants only) we direct that on the death of one of us the Units for which we hereby apply to be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last survivor.

12. I/We hereby acknowledge that any notice or document may be served by the Manager on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Manager or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Manager or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the Manager in writing at the above address provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Manager of written notice of such revocation.

13. I/We have such knowledge and experience in business and financial matters that I/we am/are capable of evaluating the merits and risks of an investment by me/us in the Units.

14. We confirm that the persons listed below on the attached authorised signatories list and whose specimen signatures appear under the heading "Authorised Persons" on that list are duly authorised to give Instructions with respect to Units held by us in the Fund. (For corporate applicants only.)

**15. Data Protection/Information about other investment services**

In accordance with the provisions of the Data Protection Legislation, I/we acknowledge and are informed that personal data given in this Application Form (or otherwise provided in connection with an application to subscribe for Units in the Fund, on application or at any other time, including without limitation my/our name, age, contact details, bank account details, transactions and the invested amount, and any information regarding the dealing in Units (subscription, conversion, redemption and transfer) (the "Personal Data"), will be collected, recorded, stored, adapted, transferred and processed, by electronic means or otherwise, by the Manager as a "data controller" under the Data Protection Legislation, and as further described in the Manager's Data Privacy Statement, which is set out at Appendix 5 below and is otherwise available upon request.

I/We confirm that I/We have read the section at Appendix 4, entitled, Customer Information Notice, Common Reporting Standards.

**16. Declaration of residence outside the Republic of Ireland**

Applicants resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Units. Terms used in this declaration are defined in the Prospectus.

*Please tick a) or b)*

*Either:*

**a) ☐ Declaration on own behalf**
I/we* declare that I am/we are* applying for the units on my own/our own behalf/on behalf of a company* and that I am/we are/the company is* entitled to the units in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland and
- Should I/we/the company* become resident in Ireland, I/we* will so inform you, in writing, accordingly.

**or**

**b) ☐ Declaration as Intermediary**
I am/we are* applying for the units on behalf of persons:

- who will be beneficially entitled to the units, and
- who to the best of my/our* knowledge and belief are neither resident nor ordinarily resident in Ireland.

I/We* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for units made by me/us* from the date of this application will be made on behalf of such persons; and
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds units, becomes resident in Ireland.

** Please delete as appropriate*

If you are resident or ordinarily resident in Ireland and are a qualifying investor within the meaning of Section 739D(6) of the Taxes Consolidation Act, 1997 please delete the declarations on own behalf and as Intermediary and contact the Administrator for a separate declaration form suitable for you.

**17. FATCA and the Common Reporting Standard ("CRS")**

I/We acknowledge that the Manager intends to take such steps as may be required to satisfy any obligations imposed by (i) the Foreign Account Tax Compliance Act ("FATCA") or (ii) any provisions imposed under Irish law arising from the inter-governmental agreement between the Government of the United States of America and the Government of Ireland ("IGA") so as to ensure compliance or deemed compliance (as the case may be) with FATCA or the IGA from 1 July 2014.

Furthermore, I/We hereby acknowledge that the Manager intends to also take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters ("the Standard") and, specifically, the Common Reporting Standard ("CRS") therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

In order for the Fund to comply with the above FATCA and CRS obligations, I/We agree to provide to the Manager / Administrator the necessary declarations, confirmations and/or classifications at such times as each of them may request and furthermore provide any supporting certificates or documents as each of them may reasonably require in connection with this investment by reason of FATCA or CRS, as described above, or otherwise. Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Manager / Administrator immediately of any such change and further agree to immediately take such action as the Manager may direct, including where appropriate, redemption of our Units in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Manager / Administrator. If relevant, I/we agree to notify the Manager / Administrator of any change to my/our tax residency status. I/we hereby also agree to indemnify and keep indemnified the Fund / Manager / Administrator against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly as a result of a failure to meet our obligations pursuant to this section or failure to provide such information which has been requested by the Manager / Administrator and has not been provided by me/us, and from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Manager / Administrator. I/We further acknowledge that a failure to comply with the foregoing obligations or failure to provide the necessary information required may result in the compulsory redemption of our entire holding in the Fund, and that the Fund / Manager / Trustee are authorized to hold back from redemption proceeds or other distributions to me/us such amount as is sufficient after the deduction of any redemption charges to discharge any such liability and I/we shall indemnify and keep indemnified the Fund / Manager / Trustee against any loss suffered by them or other Unitholders in the Fund in connection with any obligation or liability to so deduct, withhold or account.

I/We confirm that we have accurately and correctly completed the relevant self-certification form included at Appendices 2 and 3. I/We further confirm that if any information included in the self-certification forms subsequently becomes inaccurate or incorrect we will notify the Manager / Administrator immediately of any such change and agree to immediately take such action as the Manager may direct, including where appropriate, redemption of our Units.

## SECTION 7 - Signatures

**Signatures and Date of Application**

First Applicant (Authorised Signatory):

Capacity of Authorised Signatory, if applicable

First Additional Applicant or
second Authorised Signatory (if applicable)

Capacity of Authorised Signatory, if applicable

Application Date

Second Additional Applicant or
third Authorised Signatory (if applicable)

Capacity of Authorised Signatory, if applicable

Third Additional Applicant or
fourth Authorised Signatory (if applicable)

Capacity of Authorised Signatory, if applicable

Company Seal, if applicable

**Notes to assist in completion**

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration. The application form including the non-resident declaration may also therefore be disclosed to the Irish Revenue Commissioners.

2. To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.

3. If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a certified copy of the power of attorney must be furnished in support of the signature.

4. "Intermediary" means a person who:

a. carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in Ireland on behalf of other persons, or

b. hold units in an investment undertaking on behalf of other persons.

5. The Fund is regulated in Ireland by the Central Bank of Ireland.

6. Investors should not complete this Application Form until they have received the KID relating to the Class in which investment is being made. See Section 5(1).

7. Copies of the most recently published annual and semi-annual reports of the Fund are available free of charge from the registered office of Manager and the Correspondent Bank. Copies of the Prospectus are available free of charge from the registered office of the Administrator.

8. A corporation should affix its common seal and have it countersigned by persons authorised to countersign the seal or otherwise should execute under the hand of a duly authorised official or officials who should state his/their representative capacity. A certified copy (certified by a director or secretary of the company) of the resolution or other authority authorising one or more signatories should be provided with the application form.

9. If any of the details provided by the applicant(s) in this application form change during the lifetime of this investment, please advise the Administrator immediately, in order to avoid any possible settlement delays at some future date.

## Appendix 1

### Ultimate Beneficial Ownership Declaration Form

"Beneficial Owners" means:

- **For Financial Institutions acting in the capacity as Intermediary**

  *For all beneficial owners that owns 25% or more of the underlying investor*

  *For all beneficial owners that owns 10% or more of the underlying investor for Cayman Islands or British Virgin Islands domiciled funds.*

  *If applicable, please complete the section below.*

- **For Entities acting in the capacity as a Nominee**

  *For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or*

  *For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.*

  *If applicable, please complete the section below.*

- **For Corporations**:

  All principals, officers, directors, and any individuals or entities who own 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Islands domiciled funds. *If applicable, please complete the section below.*

- **For Not for Profit Entity (Foundation, Association, Charity)**

  All individuals with significant responsibility to control, manage, or direct the Not for Profit Entity. *If applicable, please complete the section below.*

- **Partnerships**

  Individuals who own/control 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Island domiciled funds of the assets/voting power, including, but not limited to, Limited Partners. *If applicable, please complete the section below.*

- **LLCs**

  All managing member(s) and any member(s) who owns/controls 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Island domiciled funds. *If applicable, please complete the section below.*

- **Trusts**

  All Settlor(s) / Grantor(s) / Trustee(s) / Protector(s), and all Beneficiaries of the Trust must be declared (regardless of the percentage amount of ownership for the beneficiaries).

  *If applicable, please complete the section below.*

- **Pensions**

  *For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or*

  *For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.*

  *If applicable, please complete the section below.*

- **Funds**

  *For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or*

  *For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.*

  *If applicable, please complete the section below.*

# Details on the investor

### Name of the Fund Invested:

_____

### Register Investor Name:

_____

**Register Investor Address:**

_____

**Register Investor Country of Incorporation:**

_____

## Details on the Ownership Structure

*The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more for Irish domiciled Funds or 10% or more for Cayman Islands/British Virgin Islands domiciled Funds of the subscription monies i.e. the Beneficial Owner[1]:*

| Gender M/F | First name | Name[2] | Date of birth | City of birth | Country of birth | Citizenship(s) | Country of tax residence | % of shares / voting rights (if applicable)[3] | Job title (if applicable) | TIN number[4] |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

☐ I/We declare that the beneficial owners, Settlor / Grantor / Protector / Trustee and Beneficiaries (for trust) i.e. individual(s) who ultimately own(s) or effectively control(s) the company (regardless of shareholding), and the percentage shares held by the beneficial owners of the Company.

## Details on the Controlling Persons / Legal Representatives

*The following information is for individuals with significant responsibility for managing the legal entity listed above (registered investor), such as:*

| Gender M/F | First name | Name | Date of birth | City of birth | Country of birth | Citizenship(s) | Country of tax residence | Job title (if applicable) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*1 In the event the shareholder(s) is a company, please drill down by providing the names of the individuals that own the company. Please indicate the names of the intermediary company that owns the investor.*

*2 Provide a document evidencing the identity of the beneficial owner (Statutory auditors or external lawyers attestation, Certification of incorporation, Articles of association etc.).*

*3 Provide an organization chart certified by statutory auditors or external lawyers.*

*4 The Tax Identification Number.*

☐ An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or

☐ Any other individual who regularly performs similar functions (If appropriate, an individual listed under section (1) above may also be listed in this section (2).

☐ Individuals with significant responsibility to control, manage, or direct the Not for Profit Entity

☐ Trustee(s)/Grantor(s)/Settlor(s/Protector(s) for a Trust

☐ **There are no Beneficial Owners.**

No individual(s)/entity/(ies) owns 25% or more of this investment / entity. (10% or more for Cayman Islands/

British Virgin Islands funds). The beneficial owner(s) is (are) individuals who hold the position of legal representative(s).

☐ **There are no legal representatives.**

No natural person(s) falls within the definition of beneficial owner.

***By signing below, I declare that the above information is accurate and that I will keep CACEIS informed of any changes or additions to the information provided.***

| *Signature of the legal representative of the investor* | *Date* |
|---|---|
| | |

## Appendix 2

# AEOI FATCA and CRS Entity Self-Certification

***Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".***

**Instructions for completion and Data Protection notice.**
*We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018). Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.*

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or the OECD websites at:
https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx
*http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/* in the case of CRS only.

*If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.*

(Mandatory fields are marked with an *)

---

## *Section 1. Account holder /Controlling Person Identification

***Account Holder / Controlling Person/ Name: _____**

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

**Mailing address (if different from above):**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

***Town or City of Birth: _____ *Country of Birth: _____**

***Date of Birth: _____**

## *Section 2. FATCA Declaration

Please tick **either** (I) **or** (II) **or** (III) below **and** provide U.S TIN or exemption code as appropriate, and complete the appropriate sections below based on your FATCA classification.

**(I) Specified U.S Person -(also complete Sections 4 and 5 below)** ☐
U.S Federal Taxpayer Identification
Number (TIN) _____

**(II) U.S Person but not a Specified U.S Person –(also complete Sections 4 and 5 below)** ☐
W9 Exemption Code: _____

**(III) Not a Specified U.S Person-(also complete Sections 3, 4 and 5 below)** ☐

## *Section 3: Entity's FATCA Classification (the information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5.)

**Complete either Section 3.1 and 3.2 OR Section 3.3 OR Section 3.4**

### 3.1 Financial Institutions (FIs) under FATCA:

If the Entity is a Financial Institution, **tick one of the below categories** I, II, III and provide a GIIN at 3.2; if not, complete section 3.3 to explain type of Entity you are and why a GIIN cannot be provided.

| | | |
|---|---|---|
| **I.** | *Irish Financial Institution (FI)* **or** *other Partner Jurisdiction Financial Institution (FI)* | ☐ |
| **II.** | *Registered Deemed Compliant Foreign Financial Institution* | ☐ |
| **III.** | *Participating Foreign Financial Institution* | ☐ |

### 3.2 Please provide the Entity's FATCA *Global Intermediary Identification number (GIIN)*

☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐

### 3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please explain by choosing one of the below reasons

| | | |
|---|---|---|
| **I.** | The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Provide the sponsor's name and sponsor's GIIN:<br><br>**Sponsor's Name: _____**<br><br>**Sponsor's GIIN:**<br>☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐<br>**Note:** *This option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S reportable accounts are not required to register and obtain a GIIN with the IRS unless and until reportable accounts are identified* | ☐ |

| | | | |
|---|---|---|---|
| **II.** | ***The Entity is an Exempt Beneficial Owner***<br>***Confirm the type of Exempt Beneficial Owner below;*** | | ☐ |
| | Government entity ☐ | International Organisation ☐ | |
| | Foreign Central Bank ☐ | Exempt Retirement Fund ☐ | |
| | Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners ☐ | | |
| **III.** | ***The Entity is a Certified Deemed Compliant Foreign Financial Institution***<br>*(including a deemed compliant Financial Institution under Annex II of the IGA agreement*<br>***Indicate exemption: _____*** | | ☐ |
| **IV.** | ***The Entity is a Non-Participating Foreign Financial Institution (NPFFI)*** | | ☐ |
| **V.** | ***The Entity is an Excepted Foreign Financial Institution***<br>***Indicate exemption: _____*** | | ☐ |
| **VI.** | ***The Entity is a Trustee Documented Trust***<br>***Please also provide your Trustee's name and GIIN below***<br>***Trustee Name: _____***<br>***Trustee GIIN*** ☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐ | | ☐ |

## 3.4. Non-Financial Foreign Entity ("NFFE") under FATCA:

If the Entity is **not a Financial Institution** but a **Non-Financial Foreign Entity (NFFE) ,** please confirm the Entity's FATCA classification by ticking **one** of the below categories;

| | | |
|---|---|---|
| **I.** | **Active (NFFE)** | ☐ |
| **II.** | **Passive (NFFE)**<br>Confirm Type of Passive NFFE that applies (a) or (b) below<br>**a. Passive (NFFE) with <u>no</u> Controlling Persons that are specified U.S Persons.**<br>***OR*** | ☐ |
| | b. **Passive (NFFE) with Controlling Persons that are specified U.S Persons** *(If this box is ticked, also complete section 6 below and provide separate individual self-certification forms from each of the Controlling Persons)* | ☐ |
| **III.** | ***Excepted (NFFE)*** | ☐ |
| **IV.** | ***Direct Reporting (NFFE) (Please provide your GIIN)***<br>☐☐☐☐☐☐.☐☐☐☐☐.☐☐.☐☐☐ | ☐ |

## *Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency

**(Note that Entities may have more than one country of Tax Residence)**

**Please indicate the Entity's country of tax residence for CRS purposes,** (if resident in more than one country please detail **all** countries of tax residence and **all** associated tax identification numbers ("TIN")).

Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN's. *https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759*

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

**NOTE:** Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

(a) You are tax resident in a Jurisdiction that does not issue a TIN, **Or,**

(b) You are tax resident **only** in a non-reportable Jurisdiction for CRS (i.e. Ireland or the USA)

**Please list ALL Tax ID Numbers below**

| **Country of Tax Residency** | **Tax ID Number (or TIN equivalent)** | **If TIN unavailable Select (A, B or C) and check box below** |
|---|---|---|
| | | |
| | | |
| | | |

**If a TIN is unavailable,** please confirm the reason why below by ticking A, B, or C below.

| | | |
|---|---|---|
| Reason A | ☐ | The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents. |
| Reason B | ☐ | The Account Holder is otherwise unable to obtain a TIN *(Please explain why you are unable to obtain a TIN)* _____ |
| Reason C | ☐ | No TIN is required.<br>(Note: This should only be selected if the domestic law of the relevant country/jurisdiction does |

| | |
|---|---|
| **Please tick this box to confirm you have specified all jurisdictions in which you are resident for tax purposes.** | ☐ |

## *Section 5: Entity's CRS Classification

The information provided in this section is for CRS. (Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information on CRS to assist with classification, please see the OECD CRS Standard and associated commentary.
*http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/*

**5.1 Financial Institutions (FI's) under CRS:**
If the Entity is a *Financial Institution*, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies **and** specify the type of Financial Institution below.

***Note:*** *Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.*
*https://www.revenue.ie/en/companies-and-charities/documents/aeoi/participating-jurisdictions.pdf*

***CRS Financial Institution Type;***

| | | |
|---|---|---|
| **I.** | **A reporting Financial Institution resident in a participating CRS Jurisdiction**<br>*(including an Investment Entity, Depository FI, Custodial Institution, Specified Insurance company)* | ☐ |
| **II.** | **A Financial Institution resident in a Non-Participating CRS Jurisdiction**<br>**Please also tick the type of FI that applies** | |
| | **FI- Investment Entity resident in a Non-Participating Jurisdiction and is managed by another Financial Institution** *(If this box is ticked, also complete section 6 below and provide separate individual self-certification forms from each of the Controlling Persons)* | ☐ |
| | **FI- Investment Entity resident in a Non-Participating Jurisdiction but is not managed by another Financial Institution/ Other Financial Institution** *(including a Depository Financial Institution, Custodial Institution or Specified Insurance Company resident in a non-participating jurisdiction).* | ☐ |
| **III.** | **Non-Reporting Financial Institution under CRS. (Specify the type of non-reporting FI below);** | |

| | | | |
|---|---|---|---|
| Government Entity | ☐ | International Organisation | ☐ |
| Central Bank | ☐ | Broad Participating Retirement Fund | ☐ |
| Narrow Participation Retirement Fund | ☐ | Pension Fund of a Government Entity/ International Organisation or Central Bank | ☐ |
| Exempt Collective Investment Vehicle | ☐ | Trust *(Who's trustee reports all required information with respect to all CRS reportable accounts)* | ☐ |
| Qualified Credit Card Issuer | ☐ | Qualified Non-Profit Entity | ☐ |

Other Entity *(Defined under the domestic law as low risk of being used to evade tax).* ☐
Specify the type provided in domestic law:

_____

### 5.2 Non-Financial Entity (”NFE”) under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then please tick one of the below categories confirming if you are an Active NFE or Passive NFE.

| **Active Non-Financial Entity (NFE)** | | **(Choose the box that applies)** |
|---|---|---|
| **I.** | **Active (NFE) - a corporation the stock of which is regularly traded on an established securities market**<br>**Please provide details of the established securities market on which the corporation is regularly traded**<br>_____ | ☐ |
| **II.** | **Active (NFE) - if you are a Related Entity of a regularly traded corporation.**<br>**Please provide the name of the regularly traded corporation of which the Entity is a Related Entity _____**<br>**And provide details of the securities market on which the corporation is regularly traded:**<br>_____ | ☐ |
| **III.** | **Active NFE-a Government Entity or Central Bank** | ☐ |
| **IV.** | **Active NFE-an International Organisation** | ☐ |
| **V.** | **Active NFE-Other than those listed in I,II,III, or IV above**<br>***For example a start-up or certain types of non-profit NFE's.*** | ☐ |

**Or**

**Passive Non-Financial Entity (NFE)**

| | | |
|---|---|---|
| **VI.** | ***Passive (NFE)*** If this box is ticked please also complete **Section 6.1** for each of the Controlling Person(s) of the Entity and provide separate AEOI *"Individual (including Controlling Persons) Self-Certification for CRS and FATCA form*" as indicated in section 6.2 for each Controlling Person(s). | ☐ |

## Section 6: Controlling Persons

**NB: Please note that each Controlling Person must complete a separate *"Individual (including Controlling Persons) FATCA and CRS Self-Certification" form.***

**If there are no natural person(s) who exercise control of the Entity, then the Controlling Person for CRS purposes will be the natural person(s) who hold the position of senior managing official of the Entity.**

*For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/*

**6.1 Controlling Person(s) of the Account Holder:**
If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above or** An *Investment Entity* resident in a *Non-Participating Jurisdiction* and managed by another *Financial Institution* in the CRS section, then you must also complete this section for each of the Controlling Person(s) of the account holder and provide a separate *"Individual (including Controlling Persons) FATCA and CRS Self-Certification"* form for each Controlling person as per 6.2 below:

**Indicate the name of all Controlling Person(s) of the Account Holder below:**

| | |
|---|---|
| **I.** | |
| **II.** | |
| **III.** | |
| **IV.** | |

**Note: In case of a trust,**
Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust.

With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person for CRS purposes will be the natural person who holds the position of senior managing official of the Entity.

6.2 Arrange **for each of the Controlling Persons listed in Section 6.1** to complete a separate "*Individual (including Controlling Persons) Self-Certification for FATCA and CRS*" form for each Controlling Person listed in Section 6.1.

---

## Section 7: Declarations and Undertakings

**I/We** declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

**I/We** confirm (where applicable) that an ***"Individual (including Controlling Persons) Self-Certification for FATCA and CRS"*** form has been completed, signed and provided for **each Controlling person**, as defined under the CRS and FATCA regulations.

**I/We acknowledge and consent** to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

**I/We** on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

***Authorised Signature(s):**

_____ _____

***Print Name(s):**

_____ _____

***Capacity in which declaration is made:**

_____ _____

***Date of signature: (dd/mm/yyyy):**

_____

# Appendix 3

## AEOI FATCA and CRS Individual (including Controlling Persons) Self-Certification

***Instructions for completion and Data Protection Notice***
*We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.*

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or OECD website at:
https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx
http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/ in the case of CRS only.

*If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.*
***Please note that where there are joint account holders each account holder is required to complete a separate Self-Certification form.***

***Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.***
***Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.***

(Mandatory fields are marked with an *)

---

## *Section 1. Account holder /Controlling Person Identification

***Account Holder / Controlling Person/ Name: _____**

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

**Mailing address (if different from above):**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

***Town or City of Birth: _____ *Country of Birth: _____**

***Date of Birth: _____**

## *Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

Please tick either (a) or (b) and complete as appropriate.

(a) ☐ I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

**OR**

(b) ☐ I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

---

## *Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies including Citizenship and Residency by Investment disclosure.

Please indicate your country of tax residence (if resident in more than one country please detail All countries of tax residence and **All** associated tax identification numbers ("TINs")).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal *https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759*

**NOTE:** Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

(c) You are tax resident in a Jurisdiction that does not issue a TIN, **Or,**

(d) You are tax resident **only** in a non-reportable Jurisdiction for CRS (i.e. Ireland or the USA)

**Please list ALL Tax ID Numbers below**

| Country of Tax Residency | Tax ID Number (or TIN equivalent) | If TIN unavailable Select (A, B or C) and check box below |
|---|---|---|
| | | |
| | | |
| | | |

**If a TIN is unavailable,** please confirm the reason why below by ticking A, B, or C below.

| | | |
|---|---|---|
| Reason A | ☐ | The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents. |
| Reason B | ☐ | The Account Holder is otherwise unable to obtain a TIN *(Please explain why you are unable to obtain a TIN)* |
| Reason C | ☐ | No TIN is required.<br>(Note: This should only be selected if the domestic law of the relevant country/jurisdiction does |

| | |
|---|---|
| **Please tick this box to confirm you have specified all jurisdictions in which you are resident for tax purposes.** | ☐ |

**3.1 Citizenship/Residency by Investment (CBI/RBI)**

Citizenship by Investment (CBI) and Residency by Investment (RBI) schemes are offered by a number of jurisdictions and allow foreign individuals to obtain citizenship or temporary/permanent residency rights based on local investments or against a flat fee. In this regard, the OECD have identified specific jurisdictions that operate CBI/RBI schemes which could potentially pose a high-risk to the integrity of CRS.

If, in this Section 3, you have confirmed that you are resident **only** in one or more of these specific jurisdictions (and not in any other jurisdiction), we are required to determine whether your citizenship/residency rights were obtained through a CBI/RBI scheme. If so, we must collect additional information.

For further details, including the list of jurisdictions and relevant CBI/RBI schemes, please refer to the OECD website: https://www.oecd.org/en/topics/sub-issues/international-standards-on-tax-transparency/residence-citizenship-by-investment.html

**Please select one of the following options:**

**Option 1:**

☐ I confirm that I am either **not resident** or **not solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity.
***(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)***

**Option 2:**

☐ I confirm that I am **solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity but **I did not** receive my residence rights under a CBI/RBI scheme.
***(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)***

**Option 3:**

☐ I confirm that I am **solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity **and I solely obtained my residence rights** in these jurisdictions under one or more CBI/RBI schemes.
***(If you select this box, please complete Section 3.2)***

**3.2 CBI/RBI additional queries where an Account holder or Controlling person has obtained citizenship or residency in an OECD CBI/RBI high risk jurisdiction.**

*(Additional questions to be completed ONLY where option 3 above has been ticked).*

**Do you hold residence rights in any other jurisdiction(s)?**
**No** ☐ _____
**Yes** ☐ *(If yes, list the jurisdiction(s)* _____

**Have you spent more than 90 days in any other jurisdiction(s) during the previous year?**
**No** ☐ _____
**Yes** ☐ *(If yes, list the jurisdiction(s)* _____

**In which jurisdiction(s) have you filed your personal income tax returns during the previous year?**
*(list the jurisdiction(s) below)*

_____

## Section 4 – Type of Controlling Person**

**(**ONLY to be completed by an individual who is a Controlling Person of an entity which is a Passive NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)**

For Joint or multiple Controlling Person(s) please complete a separate *"Individual (Including Controlling Persons) Self-Certification for FATCA and CRS* form for **each** Controlling Person.

| **Controlling Person of a Legal Person** | **Please Tick all that apply** | **Entity Name** |
|---|---|---|
| Controlling Person of a legal person – control by ownership | | |
| Controlling Person of a legal person – control by other means | | |
| Controlling Person of a legal person – senior managing official | | |

| **Controlling Person of a Trust (Please select all that apply)** | **Please Tick all that apply** | **Entity Name** |
|---|---|---|
| Controlling Person of a trust – settlor | | |
| Controlling Person of a trust – trustee | | |
| Controlling Person of a trust – protector | | |
| Controlling Person of a trust – beneficiary | | |
| Controlling Person of a trust – other | | |

| **Controlling Person of a Legal Arrangement (Non-Trust) (Please select all that apply)** | **Please Tick all that apply** | **Entity Name** |
|---|---|---|
| Controlling Person of a legal arrangement (non-trust) – settlor-equivalent | | |
| Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | | |
| Controlling Person of a legal arrangement (non-trust) – protector- equivalent | | |
| Controlling Person of a legal arrangement (non-trust) – beneficiary equivalent | | |
| Controlling Person of a legal arrangement (non-trust) – other-equivalent | | |

## *Section 5: Declaration and Undertakings:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

**Data Protection - Customer Information Notice :**

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEOI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders(and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: *http://oecd.org/tax/automatic-exchange/*
And on the Irish Revenue website - *https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx*

***Authorised Signature: _____**

***Print Name: _____**

***Date of signature: (dd/mm/yyyy): _____**

***Capacity (if Controlling Person): _____**

_____

# Appendix 4

## Customer Information Notice – Common Reporting Standard

The Manager intends to take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters ("**the Standard**") and, specifically, the Common Reporting Standard ("**CRS**") therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

The Manager is obliged under Section 891F of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to that section to collect certain information about each Applicant's tax arrangements.

Please note that in certain circumstances the Manager may be legally obliged to share this information and other financial information with respect to an Applicant's interests in the Fund with the Irish Revenue Commissioners. In turn, and to the extent the account has been identified as a Reportable Account, the Irish Revenue Commissioners will exchange this information with the country of residence of the Reportable Person(s) in respect of that Reportable Account.

In particular, the following information will be reported by the Manager to the Irish Revenue Commissioners in respect of each Reportable Account maintained by the Manager.

- The name, address, jurisdiction of residence, tax identification number and date and place of birth, in the case of an individual, of each Reportable Person that is an Account Holder of the account and, in the case of any Entity that is an Account Holder and that, after application of the due diligence procedures consistent with CRS is identified as having one or more Controlling Persons that is a Reportable Person, the name, address, jurisdiction of residence and tax identification number of the Entity and the name, address, jurisdiction of residence, TIN and date and place of birth of each such Reportable Person.
- The account number (or functional equivalent in the absence of an account number);
- The account balance or value as of the end of the relevant calendar year or other appropriate reporting period or, if the account was closed during such year or period, the closure of the account;
- The total gross amount paid or credited to the Account Holder with respect to the account during the calendar year or other appropriate reporting period with respect to which the Reporting Financial Institution is the obligor or debtor, including the aggregate amount of any redemption payments made to the Account Holder during the calendar year or other appropriate reporting period.

Please note that in certain limited circumstances it may not be necessary to report the tax identification number and date of birth of a Reportable Person.

In addition to the above, the Irish Revenue Commissioners and Irish Data Protection Commissioner have confirmed that Irish Financial Institutions such as the Fund may adopt the "wider approach" for CRS. This allows the Manager to collect data relating to the country of residence and the tax identification number from all non-Irish resident Applicants.

The Manager can send this data to the Irish Revenue Commissioners who will determine whether the country of origin is a Participating Jurisdiction for CRS purposes and, if so, exchange data with them. Revenue will delete any data for non-Participating Jurisdictions.

The Irish Revenue Commissioners and the Irish Data Protection Commissioner have confirmed that this wider approach can be undertaken for a set 2-3 year period pending the resolution of the final CRS list of Participating Jurisdictions.

Applicants can obtain more information on the Fund's tax reporting obligations on the website of the Irish Revenue Commissioners (which is available at http://www.revenue.ie/en/business/aeoi/index.html) or the following link in the case of CRS only: http://www.oecd.org/tax/automatic-exchange/

All capitalised terms above, unless otherwise defined above, shall have the same meaning as they have in the Standard.

# Appendix 5

## DATA PRIVACY STATEMENT

In accordance with the General Data Protection Regulation (697/2016/EU) (the "**GDPR**") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018, as may be amended) (collectively, "**Data Protection Legislation**") European and Global Investments Limited in its capacity as manager of Apuano Funds (the "**Fund**") (the "**Manager**") being a data controller, must provide you with information on how the personal data that you provide as part of your subscription to units in the Fund will be processed by the Manager on behalf of the Fund, its service providers and delegates and their duly authorised agents and any of their respective related, associated or affiliated companies.

As a consequence of your investment, the Manager acting as a data controller may itself (or through third parties including but not limited to CACEIS Ireland Limited as administrator of the Fund (the "**Administrator**"), together with any distributor or sub-distributors that may be appointed from time to time (collectively the "**Distributor**"), local paying agents, correspondent banks and mailing firms appointed by any of the foregoing (together the "**Service Providers**")) process your personal information or, to the extent that you are a non-natural person, that of your directors, officers, employees, intermediaries and/or beneficial owners. Save where otherwise expressly provided, any reference in this Data Privacy Statement to "you" or "your" in the context of processing personal data of data subjects shall, in the case that you are a non-natural person, be understood to mean and relate to the personal data of your directors, officers, employees, intermediaries and/or beneficial owners as the context may require.

In this regard, please note the following:

**Purposes of Processing and Legal Basis for Processing**

The personal data collected from you or provided by you or on your behalf in connection with your holdings in the Fund will be collected, stored, disclosed, used and otherwise processed by the Service Providers on behalf of the Fund for the purposes outlined in the table below.

| **Processing Activity by or on behalf of the Fund** | **Legal Basis for Processing** |
|---|---|
| Where you are a natural person, managing and administering your holdings in the Fund and any related account on an ongoing basis. | Performance of the contract between the Fund and you. |
| Where you are a natural person, disclosures to third parties such as auditors, regulatory authorities, tax authorities and technology providers in the context of the day to day operations of the Fund. | Performance of the contract between the Fund and you. |
| Where you as an investor are a non-natural person, disclosures to third parties such as auditors, regulatory bodies, tax authorities and technology providers in the context of the day to day operations of the Fund. | Pursuing the legitimate interests of the Fund in managing and administering the holdings of the non-natural person in the Fund and any related account on an ongoing basis. |
| Complying with any applicable legal, tax or regulatory obligations imposed on the Fund including legal obligations under Fund law, the UCITS Regulations, CBI UCITS Regulations, under tax law and under anti-money laundering / counter terrorist financing legislation. | Compliance with a legal obligation to which the Fund is subject. |
| (i) Carrying out statistical analysis; | Compliance with a legal obligation to |

| Processing Activity by or on behalf of the Fund | Legal Basis for Processing |
|---|---|
| (ii) Recording, maintaining, storing and using recordings of telephone calls and electronic communications that you make to and receive from the Fund, the Service Providers and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for any matters related to investment in the Fund, dispute resolution, record keeping, security and/or training purposes. | which the Fund is subject.<br><br>Pursuing the legitimate interests of the Fund.<br><br>**Further information relating to any balancing test undertaken by a Service Provider as applicable to rely on legitimate interests as grounds in respect of such processing is available upon request.** |

**Please note that where personal data is processed for purposes of legitimate interests, you have a right to object to such processing and the Fund and its appointed Service Providers will no longer process the personal data unless it can be demonstrated that there are compelling legitimate grounds for the processing which override your interests, rights and freedoms or for the establishment, exercise or defence of legal claims.**

**Profiling and Screening**

The Manager and its appointed Service Providers may engage in PEP screening and financial sanctions screening programs defined by the European Union ("**EU**"), the United Nations ("**UN**"), Her Majesty's Treasury ("**HMT**") and the Office of Foreign Assets Control ("**OFAC**") for the purposes of complying with anti-money laundering and counter terrorist financing legislation and with UN, EU and other applicable sanctions regimes. The implementation of such PEP screening and financial sanctions screening programmes may result in the Manager or its Service Providers refusing an application for Units in the Fund or delaying or refusing to make any redemption payment or distribution payment to you if you, your directors or any beneficial owner of your Units appear on such screening programmes. In the event that you are identified as a PEP as a result of the screening process, you may be required to provide additional information and/or documentation to the Manager or its Service Providers.

**Undertaking in connection with other parties**

By providing personal data to the Manager, you undertake to be authorised to disclose to the Manager relevant information applicable to the beneficial owner of the investment, to your directors and authorised signatories and to persons that own, directly or indirectly, an interest in the Fund. In this respect you confirm that you have provided these persons with all the information required under applicable data protection law, notably regarding their data protection rights, and received from these persons their authorisation for the processing and transfer of their personal data to us.

**Disclosures to Service Providers and / or Third Parties**

Personal data relating to you which is collected from you or provided by you or on your behalf may be handled by Service Providers appointed by the Manager and its or their duly appointed agents and any of their related, associated or affiliated companies for the purposes specified above.

These Service Providers will be obliged to adhere to the data protection laws of the countries in which they operate.

The Manager, the Administrator and the Trustee may disclose your personal data to other third parties where required by law or for legitimate business interests. This may include disclosure to third parties such as auditors and the Central Bank of Ireland, regulatory bodies, taxation authorities and technology providers.

**Transfers Abroad**

Personal data collected from you or provided by you or on your behalf may be transferred outside of Ireland including to companies situated in countries outside of the European Economic Area ("**EEA**") which may not have the same data protection laws as in Ireland.

Where data transfers outside of the EEA take place, the Manager and/or the relevant Service Provider have taken the necessary steps to ensure that appropriate safeguards have been put in place to protect the privacy and integrity of such personal data in particular the implementation of binding corporate rules between companies within the CACEIS group of companies and/or ensuring the implementation of model contracts by the Service Providers and their affiliates.

**Data Retention Period**

The Manager and its appointed Service Providers will retain all information and documentation provided by you in relation to your investment in the Fund for such period of time as may be required by Irish legal and regulatory requirements, being at least six years after the period of your investment has ended or the date on which you had your last transaction with us.

**Your data protection rights**

Please note that you have the following rights under the GDPR. In each case, the exercise of these rights is subject to the provisions of the GDPR:

(i) You have a right of access to and the right to amend and rectify your personal data.

(ii) You have the right to have any incomplete personal data completed.

(iii) You have a right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the Fund infringes the GDPR.

(iv) You have a right to be forgotten (right of erasure of personal data).

(v) You have a right to restrict processing.

(vi) You have a right to data portability.

(vii) You also have the right to object to processing where personal data is being processed for direct marketing purposes and also where the Fund or a Service Provider is processing personal data for legitimate interests.

Where you wish to exercise any of your data protection rights against the Manager, please contact us via the details provided below under "Contact Us".

The Manager or its Service Provider will respond to your request to exercise any of your rights under the GDPR in writing, as soon as practicable and in any event **within one month** of receipt of your request, subject to the provisions of the GDPR. The Manager or its Service Provider may request proof of identification to verify your request.

**Failure to provide personal data**

As outlined in the section titled "**Purposes of Processing and Legal Basis for Processing**", the provision of personal data by you is required for us to manage and administer your holdings in the Fund and so that we can comply with the legal, regulatory and tax requirements referenced above. Where you fail to provide such personal data in order to comply with anti-money laundering/counter terrorist financing or other legal requirements, in certain circumstances, we may be prohibited from making redemption or any applicable dividend payments to you **and/or** may be required to discontinue our business relationship with you by compulsorily redeeming your unitholding in the Fund.

**Contact us**

**If you have any queries in relation to this matter, please do not hesitate to contact the Manager on +353 1 237 4689 (weekdays 9.00am to 5.00pm) or at the following email address: info@egifunds.com.**