

<p>Mailing Address C/o State Street Fund Services (Ireland) Ltd Transfer Agency Department 78 Sir John Rogerson's Quay Dublin 2 - Ireland - Tel: + 353 1 242 5414</p>	<p>Please tick here if this has already been sent by facsimile transmission. <input type="checkbox"/></p> <p>DISTRIBUTOR/CLIENT IDENTIFIER:</p>
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Instructions

For initial subscriptions for units you must complete the Application Form and post it to the address above. Completed Application Forms must also be sent by fax and email to the details provided below with the originals to follow by post immediately thereafter to the mailing address provided.

State Street TA Facsimile: +353 1 438 9504
State Street email: kktainvestorservices@statestreet.com
SIG email: operations@sig-global.com

Failure to provide the original Application Form along with the documentation required for Anti-Money Laundering purposes may result in the deduction of tax due to the Irish Finance Act requirements outlined in the Anti-Money Laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption request.

For subsequent subscriptions for units you must complete the Subsequent Dealing Form as per the instructions on that form.

Non Retail Accounts - An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed in accordance with the signing mandate outlined in the authorised signatory list

Any changes to the original account details must be received in original format and signed in accordance with the signing mandate outlined in the authorised signatory list, in the case of a company, on corporate letterhead, and in the case of retail applicants, all account signatories must authorise every instruction.

Details of Investment:
The Applicant, having received and read a copy of the Prospectus of Strategic Investment Funds UCITS plc (the "Company") and relevant Supplement and KIID hereby applies to invest in the Company, as indicated in the table below:

Fund Name	Class	Currency	ISIN	Number of Units	Value of Subscription
SIG Lyrical Fund	Class B	USD	IE00BKZGY991		
SIG Lyrical Fund	Class B	EUR	IE00BSLVT001		
SIG Lyrical Fund	Class B	EUR Hedged	IE00BSLVT118		

Account Registration Details

Registered Name	
Account Designation (if any)	
Entity Type	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	
Source of funds being invested (e.g. inheritance, income from employment, income from business activities)	
Source of wealth generally (e.g. inheritance, income from employment, income from business activities)	
Registered Address PO or C/O will not be accepted	

Mailing Address (if different to registered address)						
Business Address (if different to registered address)						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

Should you have any questions, please contact the Transfer Agent,
 State Street Fund Services (Ireland) Limited, 78 Sir John Rogerson's Quay, Dublin 2, Ireland.
 Telephone: + 353 1 242 5414 Facsimile: + 353 1 438 9504 Email: kktainvestorservices@statestreet.com

Joint Applicant(s)

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

First additional applicant details						
Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of funds being invested (e.g. inheritance, income from employment, income from business activities)						
Source of wealth generally (e.g. inheritance, income from employment, income from business activities)						
Registered Address PO or C/O will not be accepted**						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

Second additional applicant details						
Registered Name						
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)						
Source of funds being invested (e.g. inheritance, income from employment, income from business activities)						
Source of wealth generally (e.g. inheritance, income from employment, income from business activities)						
Registered Address PO or C/O will not be accepted						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

Third additional applicant details	
Registered Name	
Occupation (if individual or joint account) or Nature of purpose of entity (if entity)	

Source of funds being invested (e.g. inheritance, income from employment, income from business activities)						
Source of wealth generally (e.g. inheritance, income from employment, income from business activities)						
Registered Address PO or C/O will not be accepted						
Contact Name						
Contact Details	Telephone		Facsimile		Email	

** Correspondence will only be sent to the first named applicant/correspondence address. Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes.

**BENEFICIAL OWNERS –
TO BE COMPLETED WHERE THE INVESTOR(S) IS/ARE NOT A NATURAL PERSON**

We have noted below any beneficial owner* of the registered investor.

*A beneficial owner is considered by the Fund to be an individual or corporate entity

- (a) Which ultimately owns or controls whether through direct or indirect ownership or control (including through bearer shareholdings) more than 25 per cent of the shares or voting rights in the investor, or
- (b) Otherwise exercises controls over the management of the investor.

Beneficial Owner 1 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

Beneficial Owner 2 (where applicable)	
Registered Name	
Address	

Entity Type ¹	
Date of Birth (if individual)	

Beneficial Owner 3 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

Beneficial Owner 4 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

Intermediary Details (if applicable)					
Broker ID		Branch ID			
Broker Name					
Broker Address					
Representative Name		Representative ID			
Contact Details	Telephone		Facsimile		Email

¹: e.g. (i) individual (ii) joint account, (iii) publicly-listed company, (iv) state-owned entity, (v) pension fund, (vi) regulated credit and financial institution, (vii) nominee company / intermediary company, (viii) private and unlisted companies, (ix) partnerships, (x) collective investment schemes, (xi) trusts, foundations and similar entities, (xii) charities, (xiii) clubs & societies, (xiv) places of worship, (xv) other (please specify)

Bank Account Details for Redemption Payments	
<p>Please list the details of the account to which redemption proceeds should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. Redemptions will not be processed on non-cleared/verified accounts.</p> <p><u>Both</u> IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.</p> <p>Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.</p> <p>The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.</p>	
Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Address	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Account Name	
Beneficiary Account Number	
Payment Type (please select)	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
Currency	
Reference	

Please ensure that your bank quotes the details above in the electronic funds transfer to the appropriate bank. Subscription monies should be received by wire transfer in cleared funds by the relevant Settlement Date as set out in the relevant Supplement in the currency of the relevant Units. The Administrator may, at its discretion, accept payment in other currencies, but such payments will be converted into the currency of the relevant Unit class at the then prevailing exchange rate and any conversion expenses shall be borne by the Unit holder. This may result in a delay in processing the application.

Subscription Information		
Please pay subscription monies to the following account(s)		
	EUR	USD
Correspondent Bank:	Not applicable	Not applicable
SWIFT Code:	Not applicable	Not applicable
Beneficiary Bank:	Bank of America N.A.	Bank of America N.A.
Beneficiary Bank Sort Code\ABA\SWIFT:	BOFADEFX	026009593 \ BOFAUS3N
Account Number:	20017016	6550962966
Beneficiary Name:	Strategic Investment Funds UCITS Plc	Strategic Investment Funds UCITS Plc
IBAN:	DE73 5001 0900 0020 0170 16	Not applicable
Reference:	Name of Fund – Applicant	Name of Fund - Applicant

EU Savings Directive

On 10 November 2015 the Council of the European Union adopted a Council Directive repealing Council Directive 2003/48/EC (the 'Savings Directive') from 1 January 2017 in the case of Austria and from 1 January 2016 in the case of all other Member States (subject to on-going requirements to fulfil administrative obligations such as reporting and exchange of information relating to and account for withholding taxes on payments made before those dates). While there are still a few concluding matters to be resolved (specifically ongoing discussions regarding some of Ireland's bilateral agreements with certain associated and dependent territories of the United Kingdom and the Kingdom of the Netherlands) for the most part the Savings Directive is now defunct, having been superseded by the Common Reporting Standard and the Revised EU Directive on Administration Cooperation in the Field of Taxation.

In the above transitional period (i.e. the period from 1 January 2016 until the date on which the Savings Directive fully ceases to be applicable), I/we agree to provide such information as may continue to be required by the Company in order to comply with the Savings Directive. I/we further consent to the disclosure of any information to the relevant tax authorities (or other relevant persons) as may be required for the Company to fully comply with its obligations under the Savings Directive.

I/We 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 Company, and that the Company and the Depositary 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 Company, the Fund, the Investment Manager and the Depositary against any loss suffered by them or other Shareholders in the Company in connection with any obligation or liability to so deduct, withhold or account.

Data Protection

I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the Company) in accordance with the Irish Data Protection Acts 1988 to 2003, as amended from time to time. I/We also acknowledge that this information will be processed by the Administrator for the purposes of carrying out the services of administrator, registrar and transfer agent of the Company and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or Company will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, the Irish Revenue Authorities pursuant to the EU Savings Directive and the Irish Financial Regulator or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the Manager, the Investment Manager or Strategic Investment Funds UCITS plc (3) the disclosure of my/our information where necessary, or in the Company's or the Administrator's legitimate interests, to the MLRO and/or any company in the Administrator's and/or Strategic Investment Funds UCITS plc and/or the Investment Manager's and/or the Strategic Investment Funds UCITS plc group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland. I/we acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. For the avoidance of doubt the Company shall be considered a data controller in accordance with the Irish Data Protection Acts and the Administrator shall be considered a Data Processor.

Politically Exposed Persons

Please complete EITHER Section A or B below, with reference to the definitions below

A Politically-Exposed Person (“PEP”) is an individual who has at any time in the preceding 12 months been, entrusted with a prominent public function. This includes the following individuals (but excluding 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;

A “specified official” is (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, chargé d’affaires or high-ranking officer in the armed forces

An immediate family member of a PEP includes any of the following persons:

- a. any spouse of the PEP;
- b. any person who is considered to be equivalent to a spouse of the PEP under the national or other law of the place where the person or PEP resides;
- c. any child of the PEP;
- d. any spouse of a child of the PEP;
- e. any person considered to be equivalent to a spouse of a child of the PEP under the national or other law of the place where the person or child resides;
- f. any parent of the PEP;
- g. any other family member of the PEP who is of a class prescribed by the Minister for Justice under section 37(11) of the Act.

A close associate of a PEP includes any of the following persons

- a. any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the PEP;
- b. any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the PEP.

As an example, a “beneficial owner” of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS (please tick one of the following)

- the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP
- the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
- the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
- it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name of PEP		Address of PEP	
Office of PEP		Relationship of Applicant or Applicant’s Beneficial Owner to PEP	
Start Date as PEP		End Date as PEP	

Source of Wealth of the PEP (e.g. Income from employment, Income from company business, inheritance, etc.)

SECTION B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Return of Values (Investment Undertakings) Regulations 2013

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Regulations"), the Company is required to collect certain information from non-Excepted Share Holders. All Applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish resident or ordinarily resident should review the list of Excepted Share Holders set out below.

If the Applicant is Irish resident or non-Irish resident and is not an Excepted Share Holder, please provide the following information and documentations:

Tax Identification Number (TIN) / PPS Number: _____

Any one of the following additional documents is required to verify the TIN or PPS Number (either an original or a copy will suffice):

- P60
- P45
- P21 Balancing Statement
- Payslip (where employer is identified by name or tax number)
- Drug Payment Scheme Card
- Tax Assessment
- Tax Return Form
- PAYE Notice of Tax Credits
- Child Benefit Award Letter / Book
- Pension book
- Social Services Card
- Public Services Card

In addition, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes your name, address and tax reference number is also acceptable.

In the case of joint account holders, the additional documentation is required for each Applicant.

Your personal information will be handled by the Administrator, the Company or its duly appointed delegates as Data Processor for the Company in accordance with the Data Protection Acts 1988 to 2003. Information provided herein will be processed for the purposes of complying with the Regulations and this may include disclosure to the Irish Revenue Commissioners.

Excepted Share Holders	
Share Holders	TCA 1997 reference
The following entities will constitute Excepted Share Holders provided the Fund has obtained a duly completed appropriate declaration:	
An investment undertaking	739D(6)(c)
An investment limited partnership	739D(6)(cc)
A pension scheme which is an exempt approved scheme	739D(6)(a)
A company carrying on a life assurance business	739D(6)(b)
A special investment scheme	739D(6)(d)
A unit trust to which section 731(5) applies	739D(6)(e)
A charity	739D(6)(f)(i)
ARFs, AMRFs	739D(6)(h)
A qualifying fund manager	739D(6)(g)
A qualifying savings manager	739D(6)(g)
PRSA providers	739D(6)(i)
The National Pensions Reserve Fund	739D(6)(l)
The National Asset Management Agency	739D(6)(ka)

A Section 110 Company	739D(6)m)
A Credit Union	739D(6)(j)
An Irish resident company but only where the Fund is a money market fund	739D(6)(k)
A non-Irish resident unit holder in respect of whom the Fund has obtained a completed non-resident declaration or where the Fund has adopted the Equivalent Measures Regime	739D(7) 739D(7B)
A unit holder who holds their units in a recognised clearing system	739B

US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

SECTION A: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

I/We confirm that I am/we are a US Person (as defined in the Prospectus) and am/are acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, OR I/we intend to transfer any Shares which I/we may purchase to any US Person.

PLEASE SUPPLY A COPY OF THE US INTERNAL REVENUE SERVICE FORM W-9 OR AN ORIGINAL W-8 BEN IF THE BENEFICIAL OWNER IS A NON-US PERSON.

SECTION B: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

I/We confirm that I am/we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, nor do I/we intend to transfer any Shares which I/we may purchase to any US Person

ERSIA Declaration (ERISA)

*I/We hereby agree to indemnify and hold harmless the Company and the Administrator 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 the Company.

*I/We declare that the entity hereby subscribing for Shares is neither a Benefit Plan Investor nor investing on behalf of or with any assets of a Benefit Plan Investor as defined below. (Benefit Plan Investors are not permitted within the Fund.)

[*Delete as appropriate](#)

“Benefit Plan Investor” means (1) an “employee benefit plan” within the meaning of Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”), (2) a ‘Plan’ within the meaning of Section 4975(e)(1) of the Internal Revenue Code of 1986, as amended (the “Code”), (3) an entity the underlying assets of which constitute assets of employee benefit plans or plans as a result of investments by such plans in the entity pursuant to Section 3(42) of ERISA or (4) assets of a governmental plan or other plan subject to restrictions similar or analogous to those contained in ERISA or the Code.

Personal Portfolio Investment Undertaking (PPIU)

I/we* confirm that I am/we are* Irish Resident or Ordinarily Resident in Ireland and that I/we* can influence the selection of some or all of the property held by the Company either directly (e.g. a director of the Company) or through persons acting on my/our* behalf or connected to me/us*

Please enter name(s) of PPIU _____

[*Delete as appropriate](#)

UCITS IV

By signing this Application Form, I/we acknowledge that *I/we have viewed, reviewed and understood the Key Investor Information Document (KIID) applicable to the relevant Share class(es) to which this Application Form relates in good time and prior to making an application for Shares of such Class(es).

[*Delete as appropriate](#)

Declarations and Signatures

I/We, having received and considered a copy of the Prospectus, hereby confirm that this application is based solely on the current Prospectus and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Trust/Company.

I/We undertake to observe and be bound by the provisions of the Articles of Association of the Company (as amended from time to time) and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/We acknowledge that, owing to anti-money laundering requirements operating within their respective jurisdictions, the Company, its Directors, the Transfer Agent, the Investment Manager and any distributor which may be appointed (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Company, its Directors, the Transfer Agent, the Investment Manager and any distributor which may be appointed shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the parties referred to and has not been provided by me/us.

I/We acknowledge that the Company 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 Company 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 Company to comply with the above FATCA and CRS obligations, I/We agree to provide to the Company, the Administrator, the Investment Manager and the Distributor 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 Company, the Administrator, the Investment Manager and the Distributor immediately of any such change and further agree to immediately take such action as the Company, the Administrator, the Investment Manager and the Distributor may direct, including where appropriate, redemption of our Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Company, the Investment Manager, the Administrator (as applicable)]. If relevant, I/we agree to notify the Company and the Administrator of any change to my/our tax residency status. I/we hereby also agree to indemnify and keep indemnified Company, the Administrator, the Investment Manager and the Distributor 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 Company, the Administrator, the Investment Manager and the Distributor 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 Company, the Administrator, the Investment Manager and the Distributor. 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 Company, and that the and the Custodian 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 Company and the Custodian against any loss suffered by them or other Shareholders in the Company 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 the end of this application form titled: **Entity or Individual Self-Certification for FATCA and CRS**. I/We further confirm that if any information included in the self-certification form subsequently becomes inaccurate or incorrect we will notify the Company, the Administrator, the Investment Manager and the Distributor immediately of any such change and agree to immediately take such action as Company, the Administrator, the Investment Manager and the Distributor may direct, including where appropriate, redemption of our Shares.

I/We agree to waive any provision of any privacy, banking secrecy or other law or regulation of any jurisdiction and/or the terms of any confidentiality agreement, arrangement or understanding that would, absent such a waiver, prevent the Company's compliance with the FATCA and CRS Requirements.

I/We hereby acknowledge that I/we should consult our own tax advisers about the applicability of FATCA, CRS and any other

reporting requirements with respect to the our own situation.

I/We hereby authorise the Administrator to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile, by telephone or by electronic means. If the instructions are given by me/us by telephone, I/we undertake to confirm them in writing. I/We hereby agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of either or them acting upon instructions given in written form by me/us, i.e. facsimile instructions confirmed by me/us in writing. The Administrator and the Company may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

I/We consent to any notice or other document to be sent by the Company or the Administrator to me/us as a Shareholder, by electronic means including but not limited to e-mail, swift or posting such notice or other document on a website notified to me/us by post or by e-mail.

I/We confirm that I/we have the capacity and am/are duly authorised to complete this form and to make the representations and give the indemnities referred to herein.

I/We agree to provide these representations to the Company and its Directors at such times as either of them may request and to provide on request such certifications, documents or other evidence as the Company and/or its Directors may reasonably require to substantiate such representations.

(In respect of joint shareholdings only). We direct that on the death of one of us, the Shares for which we hereby apply be held in the name of and to the order of the survivor (s) of us or the executor or administrator of such survivor(s)

I/ We understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Fund by me/us shall be governed by them, and I/we agree to notify the Company or the Transfer Agent immediately, if any representation or warranty are no longer accurate and to abide by any directions from the Company or the Transfer Agent arising as a result.

I/We confirm that being a person they I am/ We are over 18 years of age.

I/We hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus.

I/We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus.

I/We declare that the information contained in the declarations completed above is true and correct.

I/We hereby indemnify the Company and the Administrator against any loss, liability, cost or expenses arising out of or in connection with late/failed settlement arrangements.

Customer Information Notice – Common Reporting Standard

The Company 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 2014/107/EU (amending Council Directive 2011/16/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 Company is obliged under Section 891F and Section 891G 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.

In certain circumstances the Company may be legally obliged to share this information and other financial information with respect to an Applicant’s interests in the Company 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 Company to the Irish Revenue Commissioners in respect of each Reportable Account maintained by the Company;

- 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;
- the currency in which each amount is denominated.

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 Company) may adopt the “wider approach” for CRS. This allows the Company to collect data relating to the country of residence and the tax identification number from all non-Irish resident Applicants.

The Company 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 Company’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 and EU Council Directive 2014/107/EU (as applicable).

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 shares/units.

Terms used in this declaration are defined in the Prospectus. Please select either A or B

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 an Irish Resident or Irish Ordinary Resident, and should I/we/the company* become an Irish Resident, I/we will so inform you, in writing, accordingly.

*Delete as appropriate

B - Declaration as Intermediary

- I/ We* declare that I am/we are* applying for 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 an Irish Resident or Irish Ordinary Resident, and
- 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* hold Units, becomes an Irish Resident.

[*Delete as appropriate](#)

AUTHORISATION

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

Signature (1)	_____
Capacity of Authorised Signatory	_____
Name Authorised Signatory (1)	_____
Signature (2)	_____
Capacity of Authorised Signatory	_____
Name Authorised Signatory (2)	_____
Signature (3)	_____
Capacity of Authorised Signatory	_____
Name Authorised Signatory (3)	_____
Signature (4)	_____
Capacity of Authorised Signatory	_____
Name Authorised Signatory (4)	_____
Date	_____

Important Information

Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.

To be valid, this application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant and in the case of joint applicants, each must sign. In the case of a corporation, the application must be signed by authorised signatories as agreed in the corporate signing mandate.

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

Applicants who are resident or ordinarily resident in the Republic of Ireland or are an Exempt Irish resident as defined in the Prospectus; please contact the Transfer Agent immediately.

ANTI-MONEY LAUNDERING – KNOW YOUR CUSTOMER REQUIREMENTS

Under Irish legislation and supplemental Guidance covering anti-money laundering the Company and the Administrator are required to obtain the following documentation to verify the identity of all new applicants. This documentation should be provided with the application form. The documentation listed below may not cover all applications and the Company and the Administrator reserve the right to request additional documentation if required.

Should documents be provided in a language other than English, an English translation may be required.

Please note that the application may not be accepted until the Administrator is in receipt of all required anti-money laundering documentation, the original Application Form and the original banking details for the settlement of the redemption proceeds. In any event, redemption and dividend payments will not be processed until full anti-money laundering documentation has been received on the account and the Company and the Administrator reserve the right to take further action where full anti-money laundering documentation has not been received.

Documentation which may be required for all Retail Applicants

1. Personal Verification¹ - ONE official photographic document (Certified²)
2. Address Verification³ - TWO different address verification documents (Original or Certified)

Documentation which may be required for Designated Bodies in certain Countries⁴

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body
3. Original Authorised Signatory List
4. Original Letter of Assurance (where investing as an intermediary)

Documentation which may be required for Non Designated Bodies

1. Confirmation of name, office address, principal business address and registered number
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association
5. Latest audited Financial Statements and annual report (Certified)
6. Nature and purpose of the entity
7. List of Directors to include full name, dates of birth, occupation, residential and business addresses
8. Authorised Mandate or Board Resolution to establish the business relationship
9. Original Authorised Signatory List
10. ONE personal verification and TWO address verification documents for at least TWO directors **OR** ONE director and ONE authorised signatory (original or certified)
11. Names and addresses of shareholders holding 10% or more of the issued share capital, and in the case of individual shareholders, names, residential addresses, occupations and dates of birth. Where a body corporate holds 25% or more of the issued share capital, names, residential addresses, occupations and dates of birth of the ultimate beneficial owners of that body corporate should be obtained.

Documentation which may be required for Pension Fund Accounts in certain Countries

Documentation for UK/Irish Pension Schemes (Additional documentation will be required for non-Irish/UK schemes)

1. Confirmation of name and address
2. Pension Scheme Rules
3. Constitutional / Formation Document (e.g.: Trust Deed)
4. Non-assignment letter from trustee (if applicable)
5. Copy of Revenue Approval
6. Verification of the Principal Employer (if applicable)
7. Verification of the Trustee (if applicable)
8. CTC Evidence that the person representing the Pension Scheme is empowered to act
9. Original Authorised signatory list

Documentation which may be required for a Nominee Company

1. Confirmation of Name and Address of nominee company
2. Original Authorised Signatory List for the nominee Account
3. Confirmation of Name and Address of parent of nominee and percentage of ownership
4. Confirmation of Regulatory Body of Parent of nominee
5. Original Authorised Signatory List of parent
6. Proof of regulation (nominee / parent)
7. Original Letter of Assurance from parent

Documentation which may be required for a Trust/Foundation/Charity

Acceptable Personal Verification documents are a certified copy of a Passport or a Driver's License or National Identity Card. The certified documents must be in date, show a picture of the person, full name, date of birth and signature of the person.

² Verification documents must be *certified* by a suitable person/entity, such as; the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, any Designated Body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

³ Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission.

⁴ Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

1. Confirmation of name, registered & principal business address
2. Evidence of charitable status (if applicable)
3. Constitutional / Formation document (e.g.: Trust Deed or equivalent)
4. Deed of appointment of current trustee(s) if different from original trustee
5. Nature and purpose
6. Name and addresses of trustees/settlers/beneficiaries with more than 25% interest or the nature/class of beneficiary
7. ONE Personal Verification and TWO Address Verification documents for at least TWO trustees/directors/governors/board members or ONE trustee/director/governor/board member and ONE authorised signatory (original / certified)
8. ONE Personal Verification and TWO Address Verification documents for any settler (where appropriate)
9. ONE Personal Verification and TWO Address Verification documents for all beneficiaries who own at least 25% of the capital
10. Original Authorised Signatory List

Please note that the Administrator can only accept Application Forms from an entity that has legal capacity to enter into contracts on its own right and may require the constitutive document to legitimate legal status.

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti-money-laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

DESCRIPTION OF INVESTOR	DESIGNATED BODY INVESTING AS AN INTERMEDIARY <input type="checkbox"/> NOMINEE COMPANY <input type="checkbox"/>
--------------------------------	---------------------------------------------------------------------------------------------------------------------------------

RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR	INVESTOR <input type="checkbox"/> PARENT OF INVESTOR <input type="checkbox"/>
-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

Name of Regulated Entity

Name of Regulator

Address of Regulated Entity

We confirm that we are a designated body regulated for anti-money-laundering purposes by the below regulator and hereby confirm the following in connection to the investor

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares (“underlying investors”).
2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor’s* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority’s request.

4. We confirm that all documents and information, which we / the investor* may have on our / the investor's files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request, subject to applicable rules and regulations.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury's Department's Office of Foreign Asset Control ("OFAC").

Yours faithfully

Name: _____

Name: _____

Title: _____
Authorised Signatory of Regulated Entity

Title: _____
Authorised Signatory of Regulated Entity

This should be signed by an authorised member of the Compliance Department or Legal Department (please state position).

This should be signed by an authorised member of the Compliance Department or Legal Department (please state position).

[* delete as applicable](#)

[* delete as applicable](#)

Entity Self-Certification for FATCA and CRS

Instructions for completion

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 investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the investor'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 *)

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered 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: _____

Section 2: FATCA Declaration Specified U.S. Person:

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

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

U.S. TIN: _____

Or

b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

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

3.1 Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

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

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a *Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> (If this box is ticked, please include self-certification forms for each of your Controlling Persons)	
III.	<i>Excepted Non-Financial Foreign Entity</i>	

Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)*

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

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

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.

Country of Tax Residency	Tax ID Number

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):

For more information please see the CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, please tick one of the below categories

I.	<i>Financial Institution under CRS(other than (II) below)</i>	
II.	An <i>Investment Entity</i> located in a <i>Non-Participating Jurisdiction</i> and managed by another <i>Financial Institution</i> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **)	

5.2 Non Financial Institutions under CRS:

If the Entity is a *Non Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation	
II.	<i>Active Non-Financial Entity</i> – a Government Entity or Central Bank	
III.	<i>Active Non-Financial Entity</i> – an International Organisation	
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	
V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	

****Controlling Person's:**

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person 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/common-reporting-standard-and-related-commentaries/#d.en.345314>

Section 6: 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 acknowledge 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 undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance 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: (dd/mm/yyyy):* _____

Individual (Controlling Person's) Self-Certification for FATCA and CRS

Instructions for completion

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 investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser..

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

Sections 1, 2, 3 and 5 must be completed by all investors.

Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor 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 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]/[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

- (b) I confirm that [I am not]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

Section 3: CRS Declaration of Tax Residency (please note you may chose more than one country)*

Please indicate your/ the investor’s country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers (“TIN”). Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN.

Section 4 – Type of Controlling Person

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

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	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 - 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) – 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 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 where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____
