

APPLICATION FORM (INDIVIDUAL)

Audentia Capital NAIF SICAV Plc.

an open-ended collective investment scheme organized as a multi-fund limited liability company with variable share capital registered under the laws of Malta ("the Company")

PLEASE FILL IN THE FORM ON SCREEN AND PRINT, OR WRITE IN BLOCK CAPITALS

If there is more than one joint Subscriber please attach additional contact details for such investors to this Application Form. There may not be more than four joint Subscribers. In case of joint Subscribers, all investors must sign the present Application Form. However, the Administrator shall only recognize one single Subscriber appointed to exercise the rights relative to each of the Shares of the Company. Unless otherwise decided by the Board of Directors of the Company, the investor entitled to exercise these rights shall be the Subscriber whose name appears first on the present Application Form.

MAILING ADDRESS		
This Application Form including the Dealing Order Form must be sent by email and by standard mail to:		
Email:	audenticapital@tridenttrust.com	
Mailing Address:	Audentia Capital NAIF SICAV PLC, Orange Point Building, Second Floor, Dun Karm Street, Birkirkara BKR 9037 Malta	
INFORMATION OF THE SUBSCRIBER ("THE CUSTOMER")		
Name:	Surname:	
Residential Address:	Post Code:	City/Country:
Place of Birth:	ID Number:	Nationality:
Date of birth:	Phone number:	Fax:
Email:	Other information:	
Occupation/Description of employment:		
CORRESPONDING ADDRESS (IF DIFFERENT FROM THE ABOVE)		
Address:	Post Code:	City/Country:
Contact name:		
Phone number:	Fax:	Email:
INFORMATION OF THE SUBSCRIBER 2 (if any)		
Name:	Surname:	

Residential Address:	Post Code:	City/Country:
Place of Birth:	ID Number:	Nationality:
Date of birth:	Phone number:	Fax:
Email:		Other information:

Occupation/Description of employment:

CORRESPONDING ADDRESS (IF DIFFERENT FROM THE ABOVE)

Address:	Post Code:	City/Country:
Contact name:		
Phone number:	Fax:	Email:

Investment Profile <i>(Please choose one of the below depending on the principal aim of your investment)</i>	YES	NO
Short term Investment (to hold the investment less than 1 year)	<input type="checkbox"/>	<input type="checkbox"/>
Short term Investment (to hold the investment less than 1 year) with the possibility of further subscriptions to be in the region of €_____	<input type="checkbox"/>	<input type="checkbox"/>
Long term Investment (to hold the investment more than 1 year)	<input type="checkbox"/>	<input type="checkbox"/>
Long term Investment (to hold the investment more than 1 year) with the possibility of further subscriptions to be in the region of €_____ (accumulated) within _____ year(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Subscriber Name:
Subscriber ID Number:
Signature:
Date:

CONFIRMATION OF THE CUSTOMER / BENEFICIAL OWNER(S)
(First time Subscribers must complete the following, sign and submit it in original for orders to be accepted.)

→ In my/our capacity as (tick and complete as appropriate):

 The Customer, or

 An Agent / representative / attorney of the Customer (submit power of attorney or authorization in writing to act on behalf of the Customer); or

Name:	Surname:	
Address:	Post Code:	City/Country:
Place of Birth:	ID Number:	Nationality:
Date of birth:	Phone number:	
Email:	Other information:	

→ I / We confirm that (tick and complete as appropriate):

 I am / We are the beneficial owner(s) of the assets to be invested in the Company, or

 The following person(s) is (are) the beneficial owner(s) of the assets invested in the Company*:

Name:	Surname:	
Address:	Post Code:	City/Country:
Place of Birth:	ID Number:	Nationality:
Date of birth:	Phone number:	
Email:	Other information:	

* if the Customer has more than one (1) beneficial owner, then further copies of this page must be completed as required.

SOURCE OF WEALTH DECLARATION

My source of wealth generated from (please mark all relevant sources):

- Family fortune or inheritance
- Active entrepreneurship
- Former entrepreneurship
- Income through employment
- Income from directorship positions or other similar positions
- Company profits / dividends
- Company sale
- Property sale/rental income
- Gift
- Other (such as any other activity which generated your wealth in addition to the business/occupation/employment)

declared) (please specify)

And that my present total net worth is:

- under EUR 500,000 (or equivalent)
- between EUR 500,001 and EUR 1,000,000 (or equivalent)
- between EUR 1,000,001 and EUR 5,000,000 (or equivalent)
- between EUR 5,000,001 and EUR 10,000,000 (or equivalent)
- more than EUR 10,000,001 (or equivalent)

REPRESENTATIONS AND WARRANTIES

1. By signing and submitting this Application Form, I / we will be applying irrevocably for Shares in a Sub-Fund of the Company, subject to the terms of the Offering Memorandum and the Offering Supplement (which I/we confirm I/we have carefully read in full and understood) and the Memorandum and Articles of Association of the Company. I/We have received complete and full information and explanation concerning the risks and restrictions associated with investments in the Shares, and, as a result I/We release the Company from any and all obligation to provide me/us with any additional information. I/We hereby undertake not to perform and/or execute, or cause the execution of, this Application Form should I/We not have fully understood the risks, costs and consequences, including without limitation tax consequences, related to an investment in the Shares of the Company. If at any time, I/we am/are in doubt about the risks regarding this transaction, I/We will immediately seek additional advice from my/our financial advisor.
2. I/We hereby warrant that I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the Company, am/are aware of the risks inherent in investing in the assets in which the Company will invest and the method by which these assets will be held and/or traded, and can bear the loss of my/our entire investment in the Company. I/We further confirm that I/we will notify the Administrator in the event that I/we cease to be a Qualifying Investor and will forthwith redeem my/our Shares in the Company or transfer them to a person who is a Qualifying Investor and who is able to make the above warranties.
3. I/We hereby declare that the Shares are not being acquired and will not be held in violation of any applicable laws.
4. I/we acknowledge that the Company reserves the right to reject any application in whole or in part. I/we also agree that no person is authorized to issue any advertisement, to give any information or to make any representation not contained in the Offering Memorandum and Offering Supplement in connection with the offering, subscription or sale of the Shares in the Company and any advertisement so issued or information or representation not so contained must not be relied upon as having been authorized by or on behalf of the Company. This Application Form does not constitute a solicitation to buy nor an offer to sell, nor shall it be construed as advice in connection to any investment in the Shares. I/We hereby acknowledge that each investment decision in connection with the Shares is made at my/our sole discretion and based on my/our own assessment.
5. The Shares could have tax implications that might impact my/our personal tax situation.
6. I/We will pay the full Offer Price in cleared funds on the day indicated on the Dealing Order Form. I/We understand that subscriptions or redemptions paid in currencies other than the designated currency of the Sub-Fund will be exchanged for the designated currency and I/we agree that any exchange losses or costs will be for my/our account.
7. I/We hereby apply to purchase the Investor Shares in registered form and I/we do not require a certificate for the same Investor Shares.
8. I/We understand and agree that, if I/we do not supply all of the information required herein, then the Company may accept and invest my/our subscription, at my/our risk on the relevant Dealing Day following receipt of the subscription monies. Furthermore, if I/we subsequently decide to redeem my/our holding, prior to receipt, by the Company, of the information, that redemption instruction will be executed, but the Redemption Proceeds will be retained in the Company bank account, pending receipt of said information.
9. I/We, acknowledge that due to money laundering requirements the Administrator and/or the Company requires proof of source of funds and source of wealth, when applicable, before the Application Form can be processed and the

Company, the Directors and the Administrator shall be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information as has been required has not been provided by me/us. I/We agree to indemnify and hold harmless the Company, its Directors and officers, the Administrator, and each of their affiliates and their officers, representatives, members, and employees from and against any and all direct and consequential loss, damage, liability, cost or expense (including reasonable attorneys' and accountants' fees and disbursements, whether incurred in an action between the parties hereto or otherwise) which the Company may incur by reason of or in connection with this Application Form, including any misrepresentation made by myself/ourselves or any of my/our agents, any breach of any declaration, representation or warranty of mine/ours, the failure by me/us to fulfill any covenants or agreements under this Application, reliance on my/our instructions or anti-money laundering obligations.

10. If this form, or any other communication, is sent to the Company and/or the Administrator by fax, e-mail or verbally it will not be deemed to have been received by the Company or Administrator unless receipt is acknowledged in writing by the Administrator. Exceptions are made where the delivery of the communication has been acknowledged by a signed receipt.
11. I/we covenant to co-operate fully and to provide all the necessary information and documentation requested by the Administrator and/or the Company (as the case may be) in order that the Fund may comply with the applicable rules and obligations stemming from the U.S. Foreign Account Tax Compliance Act (FATCA) and/or the applicable Intergovernmental Agreement (IGA) in connection thereto.

I/we confirm that I/we do not fall within any of the following categories:

- a. U.S. citizen;
- b. U.S. resident individual;

I/We hereby undertake to observe and be bound by the provisions of the Supplement and Articles of Association of the Company and apply to be entered in the register of members as the holder/holders of the Investor Shares issued in relation to this application.

I/We hereby confirm that this application is based solely on the Offering Supplement to which this Subscription Form was attached together with (where applicable) the most recent annual reports of the Company.

I/We agree that if I/we wish to dispose of any of the Investor Shares I/we will not offer, sell or deliver any of such Investor Shares directly or indirectly:

- (a) to any person (whether legal or physical) who is ordinarily or permanently resident, or domiciled, or a national of, or incorporated/registered in, US;
- (b) to a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933 as amended ("the U.S. Securities Act") or as a 'specified United States person' or 'United States owned foreign entity' in terms of the U.S. Foreign Account Tax Compliance Act (FATCA).
- (c) If as a result of such offer, sale or delivery of Investor Shares either the transferor or the transferee would retain a holding of Investor Shares with an aggregate value at the then current net asset value per Share of less than Euros 75,000.

APPLICABLE LAW AND JURISDICTION

This Application Form as well as the Dealing Order Form are subject to the laws of Malta. Any dispute shall be subject to the non-exclusive jurisdiction of the courts of Malta.

PRIVACY POLICY OF AUDENTIA CAPITAL NAIF SICAV, Plc

Data Controller

Audentia Capital SICAV Plc, ("We", the "Data Controller") is registered in Malta under number SV 207 and it is licensed and regulated by the Malta Financial Services Authority as a Professional Investor Fund, with the above registered address.

How your Personal Data is collected

We collect the personal data about you, or by an authorised party on your behalf (the "Personal Data") provided by you in our subscription Application Form upon your request.

What is the Personal Data about you that we collect

The Personal Data about you that we collect, and use includes the following your name, address, phone, email address, fax, job, date of birth, nationality, ID number as well as any other Personal Data that you may provide to us from time to time.

What is the purposes of collecting your Personal Data

We shall process the personal data provided by you (the "Personal Data") when you contact us, for the following purposes:

- Comply with our Anti-money laundering and FATCA legal obligations
- Compilation of the subscription forms, to take any pre-contract steps at your request and/or to perform our contractual obligations to you
- Investment performance details
- Filling of redemption forms
- Effecting redemption
- for any other purpose required by applicable law, regulation, the order of any court or regulatory authority.
- Sending information (Fact sheet) about other funds upon your request on a case by case basis

Applicable Laws

We collect and process your Personal Data in accordance with applicable laws that regulate data protection and privacy, including the EU General Data Protection Regulation (2016/679) ('GDPR'), the Malta Data Protection Act and other applicable EU laws (jointly referred "Data Protection Law").

Third parties

We may need to disclose your Personal Data to certain third-party contractors who are handling that data only on our behalf and in accordance with our instructions under contract (called 'Data Processors') e.g. our fund Administrator and Depositary Bank and/or other organisations that act as our service providers (e.g. IT suppliers or data hosting companies) or professional advisers.

We will ensure that, where relevant, contractual safeguards are implemented to protect your Personal Data when we disclose it to third party processors. For example, we will enter into data processing agreements with restrictions on the use of your personal data.

Your Rights

Under Data Protection Law you also have the following rights, which are exercisable by making a written request to us for the following:

- (a) to access to your personal data
- (b) that we correct Personal Data that we hold about you which is inaccurate or incomplete;
- (c) that we erase your Personal Data without undue delay if we no longer need to hold or process it;
- (d) to object to any automated processing (if applicable) that we carry out in relation to your personal data;
- (e) to object to our use of your personal data for sending funds information upon your request
- (f) to object and/or to restrict the use of your Personal Data for a purpose other than those set out above unless we have a legitimate reason for continuing to use it; or
- (g) that we transfer Personal Data to another party where the Personal Data has been collected with your consent or is being used to perform contact with you and is being carried out by automated means.

If you would like to exercise any of the rights set out above, please contact us at the following email address: confirmations@audenticapital.eu

Consent

Our subscription Application Form shall include a request of your consent to process your Personal Data according to our Privacy Policy explained above.

SIGNATURE

The Undersigned has/have executed this Application Form as of the date set forth below
Date:
Signature:
Name:
Position:
Signing Instructions: <ul style="list-style-type: none">• All joint applicants must sign together.• If an agent or attorney signs on behalf of the person named as the Subscriber, a copy of the relevant power of attorney or other document appointing the agent must be attached and the agent/attorney hereby accepts full responsibility for the obligations undertaken by his principal in subscribing for Investor Shares on such principal's behalf.

Self – Certification Form (For individuals)

FATCA And CRS Declaration Form

INSTRUCTION FOR COMPLETION

FATCA Regulations, Intergovernmental Agreements (IGA), Common Reporting Standard (CRS) and related domestic legislations on Automatic Exchange of Information in Tax Matters (collectively “AEOI”) require Financial Institutions/Funds to collect certain information about the tax residence and citizenship of each account holder who is beneficial owner of a financial account. This self-certificate is to be completed by an individual account holder/Investor.

Please complete the sections below as directed and provide any additional information that is requested. Where there are joint account holders each investor is required to complete a separate Self-Certificate Form.

Please note that in certain circumstances, Fund may be obliged to share this information with relevant tax authorities. Terms referenced in this form shall have the same meaning as applicable under the relevant IGA, FATCA Regulations, CRS, related domestic legislation on AEOI and/or Guidance Notes.

If any of the information below about your tax residence or any other relevant information as mentioned in the form changes in the future, please ensure you advise Fund of these changes within 30 days of the date of change. If you have any questions about how to complete this form, please contact your tax advisor.

SECTION I : BASIC INFORMATION

01	Name (As per passport or equivalent).			
	Last Name (Surname):			
	First Name (Given Name):			
	Middle Name:			
02	Date & Place of Birth (Indicate city and country).			
	Date:	City:	Country:	
03	Permanent and Residence Address:			
	Number & Street:		City / Town:	
			State / Province:	
			ZIP / Postal Code:	
			Country:	
	Telephone Number:	Country Code:	Number:	
04	Mailing Address (if different from above):			
	Number & Street:		City / Town:	
			State / Province:	
			ZIP / Postal Code:	
			Country:	
05	Have you given any Power of Attorney (POA) or signature authority to a person with an address in the United States of America? YES / NO.			

06	Citizenship (if multiple, please provide all):			
	01	County:		Passport / Identity Card No.:
	02	County:		Passport / Identity Card No.:

SECTION II : DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

01	Please tick/check either (a) or (b) or (c) and complete as appropriate the US taxation status:			
	<input type="checkbox"/>	I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (U.S. green card holder, visa holder or resident under the substantial presence test).		
		My US federal taxpayer identification number (US TIN) is:		
	<input type="checkbox"/>	I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.		
	<input type="checkbox"/>	I confirm that I am NOT a U.S. citizen or resident in the U.S. for tax purposes.		

SECTION III : DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.A.)

01	I hereby confirm that I am, for tax purposes, resident in the following countries (If multiple, please provide all):				
	Jurisdiction:		TIN Type:		TIN*:
	Jurisdiction:		TIN Type:		TIN*:
	Jurisdiction:		TIN Type:		TIN*:

SECTION IV : CERTIFICATION AND UNDERTAKINGS

I hereby certify that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete as of the date hereof.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it.

I declare that on my own initiative I will notify Fund of any change in circumstances that makes this certification incorrect or incomplete and will provide an updated form with all relevant documentation, within 30 days of such change.

Where legally obliged to do so, I hereby consent to Fund sharing this information with the relevant tax authorities.

Sign Here _____

[Print Name of Signatory]

Date Signed [YYYY – MM – DD]

Place Signed [City, Country]

PEP DECLARATION FORM (For Individuals)

Please tick as applicable:

I confirm that I:

- Do not fall within the definition of 'politically exposed persons', being natural persons who are or have been entrusted with prominent public functions*, including their immediate family members** or persons known to be close associates*** of such persons, but shall not include middle ranking or more junior officials.
- Fall within the definition of 'politically exposed persons', being natural persons who are or have been entrusted with prominent public functions*, including their immediate family members** or persons known to be close associates*** of such persons, but shall not include middle ranking or more junior officials.

I declare that the above information is true and correct and should any changes occur in the future to my status, I confirm that I will duly inform the Company of such changes within 15 days of said change.

N.B. If you fall under the definition of a 'politically exposed persons' (presently a PEP or for a subsequent 12 month period from when the individual ceased to be a PEP), kindly provide the following details/documents:

- a. Full name: _____
- b. Date of appointment: _____
- c. Position held: _____
- d. Country of appointment: _____
- e. Date of Resignation (if applicable): _____
- f. Through my appointment, I hold relationships with the following jurisdictions: _____
(To be completed only if the individual completing this form is the one who has been entrusted with the prominent public function).
- f. Curriculum Vitae (shall include at least a list of positions held in the past 5 years)
- g. Asset Disclosure document (statement of assets, liabilities and interests) filed with the national agency/government.

If the Asset Disclosure document is not being provided, kindly specify the reasons why:

OR: I myself do not hold the prominent public function but solely fall under the definition of a PEP as I am an immediate family member/close associate of the person who holds the prominent public function.

* *Prominent public functions being:*

- *Heads of State, Head of Government, Ministers, Deputy or Assistant Ministers and Parliamentary Secretaries;*
- *Members of Parliament or similar legislative bodies;*
- *Members of governing bodies of political parties;*
- *Members of the superior, supreme and constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;*
- *Members of courts of auditors or of the boards of central banks*
- *Ambassadors, charges d'affaires and other high ranking officers in the armed forces;*
- *Members of the administrative, management or supervisory boards of State-owned enterprises;*
- *Anyone exercising a function equivalent to those aforementioned within an institution of the European Union or any other international body.*

** *Immediate family members shall include:*

- (i) *the spouse, or any partner recognised by national law as equivalent to the spouse;*
- (ii) *the children and their spouses or persons considered to be equivalent to a spouse; and*
- (iii) *the parents.*

***Close associates shall include:

- (i) *A natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement, or any other close business relations with that politically exposed person;*
- (ii) *A natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that politically exposed person.*

Sign Here _____

[Print Name of Signatory]

Date Signed [YYYY – MM – DD]

Place Signed [City, Country]

PROFESSIONAL INVESTOR DECLARATION FORM

(First time Subscribers must complete the following, sign and submit it in original for orders to be accepted.)

Section I: This Section should be completed by the Professional Investor or duly authorized agent

Name of the Investor:

[tick as applicable]

The investment is being made directly by the investor (not through a duly authorized agent):

- I/ we hereby confirm that I / we am / are eligible to be treated as a “Professional Investor”, since I / we satisfy the definition thereof as prescribed in Paragraph I of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time.
- I/ we hereby confirm that I/ we possess the experience, knowledge and expertise to make my own investment decisions and properly assess the risks involved in vesting in the NAIF.
- I/ we hereby confirm that I/ we have read and understood the Offering Document including the mandatory risk warnings and that even though I/ We have been warned that I/ we may request non-professional treatment, I/ we have still opted to be treated as a professional investor

OR

- I/ we hereby confirm that I/ we have requested to be treated as a “Professional Investor”, in terms of Paragraph II of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time, since I fulfil at least **two** of the following criteria:
 - (1) I/ we have carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters;
 - (2) The size of my financial instrument portfolio, defined as including cash deposits and financial instruments exceeds EUR 500,000;
 - (3) I/ we work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisaged.

The investment is not being made directly by the investor but through a duly authorized agent:

- I/ we hereby confirm that I / we have been properly appointed as a duly authorized agent of a prospective investor in the NAIF described above
- I/ we hereby confirm that my principal:
 - (1) Is eligible to be treated as a “Professional Investor”, since he/she satisfies the definition thereof as prescribed in Paragraph I of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time; and
 - (2) Possesses the experience, knowledge and expertise to make his/her own investment decisions and properly assess the risks involved in investing in the NAIF; and
 - (3) Has read and understood the Offering Document including the mandatory risk warnings and that even though he/she has been warned that he/she may request non-professional treatment, my principal has still opted to be treated as a professional investor.

OR

- I/ we hereby confirm that my principal has requested to be treated as a “Professional Investor”, in terms of Paragraph II of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on
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markets in financial instruments as may be amended from time to time, since he/she fulfils at least **two** of the following criteria:

- (1) My principal has carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters,
- (2) The size of my principal's financial instrument portfolio, defined as including cash deposits and financial instruments exceeds EUR 500,000
- (3) My principal works or has worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisaged

I / we have been properly appointed as a duly authorized agent of a prospective investor in the NAIF described above

Signature of Professional Investor / duly authorized agent:	
Name of Professional Investor / duly authorized agent:	
Title / Capacity in which signed:	
Date:	

Section II: This Section should be completed by the Company / sales agent / third party selling Investor Shares in the Sub-Fund

(tick as applicable)

I hereby confirm that:

I have satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved;

OR

I have not satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved and that I have warned the investor/duly authorized agent accordingly.

Signature of Company representative / sales agent / third party:	
Name of Company representative / sales agent / third party:	
Date:	

QUALIFYING INVESTOR DECLARATION FORM

(First time Subscribers must complete the following, sign and submit it in original for orders to be accepted.)

Section I: This Section should be completed by the Qualifying Investor or duly authorized agent

Name of the Investor:

→ _____

[tick as applicable]

The investment is being made directly by the investor (not through a duly authorized agent)

I / We hereby confirm that I / we am / are eligible to be treated as a "Qualifying Investor", since I / we satisfy the definition thereof in light of the positive response(s) that I / we have given to the question(s) below. I / We certify that I / we have read and understood the Offering Memorandum and relevant Offering Supplement, including the mandatory risk warnings.

The investment is not being made directly by the investor but through a duly authorized agent

I / We hereby confirm that I / we have been properly appointed as a duly authorized agent of a prospective investor in the above-mentioned Sub-Fund. I / We certify that my / our principal is eligible to be treated as a "Qualifying Investor" since my / our principal satisfies the definition thereof in light of the positive response(s) that I / we have given to the question(s) below in respect of my / our principal. I / We certify that my / our principal has read and understood the Offering Memorandum and relevant Offering Supplement, including the mandatory risk warnings.

I / We qualify / My Principal / Our Principal qualifies <i>[delete as applicable]</i> as a "Qualifying Investor", as I am/he/she/we are:	YES	NO
1. An individual whose net worth or joint net worth with that person's spouse, exceeds EUR 750,000 or the currency equivalent thereof)	<input type="checkbox"/>	<input type="checkbox"/>
2. A senior employee or director of service providers to the Sub-Fund;	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Qualifying Investor / duly authorized agent:	
Name of Qualifying Investor / duly authorized agent:	
Title / Capacity in which signed:	Subscriber
Date:	

Section II: This Section should be completed by the Company / sales agent / third party selling Investor Shares in the Sub-Fund

(tick as applicable)

I hereby confirm that:

I have satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved;

OR

I have not satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved and that I have warned the investor/duly authorized agent accordingly.

Signature of Company representative / sales agent / third party:	
Name of Company representative / sales agent / third party:	
Date:	

REQUIRED DUE DILIGENCE DOCUMENTATION TO APPROVE THE INVESTMENT:

1. Certified true copy of a valid government issued identification documents containing a photographic image. One of the documents must contain the residential address (please mark which documents are being provided):
 - Passport
 - National or other government-issued Identity Card
 - Residence Card
 - Driving Licence Card
 - Other document not being government issued but recognised by a government authority as a valid means of identification and bears a photographic image (such as a Bank ID Card)
2. Original or certified true copy of one of the following documents not older than six (6) months (please mark which document is being provided):
 - Bank statement (of an active account)
 - Utility Bill issued in relation to services linked to the residential property (i.e. fixed line telephone, water...)
 - Bank Reference Letter (to include full name, residential address and identity reference number)
 - Correspondence from a central or local government authority, department or agency
 - An official conduct certificate (in this case please provide the original document)
 - Any other government-issued document not mentioned under point (1) above
3. PEP Declaration Form
4. Investor Profile Form which is part of the Application Form
5. Source of Wealth Declaration which is part of the Application Form
6. Source of Funds Declaration which is part of the Dealing Form
7. Self-Certification form
8. Subscription application form

N.B. Depending on circumstances, the Company may also require additional information.

CERTIFICATION, TRANSLATION AND APOSTILLE OF DOCUMENTS

Translation of documents.

Please note that all documentation must be provided in English, therefore any documentation which is in any language other than English must also be (i) duly certified in line with the below instructions **and** (ii) officially translated. Any documents being translated should be translated by an independent person of proven competence and must state in writing:

- The document is a faithful translation of the original;
- Date of translation;
- Signature of translator; and
- Full name and contact details of the translator.

Certification of documents.

In the case where documents are not being provided in original, these are to be provided as certified true copies and have to be certified by a legal professional, accountancy professional, a notary or a person undertaking relevant financial business. Such certification should be evidenced by a written statement as follows:

A. In the case of Identification Documents:

I certify that the document is a true copy of the original document and has been seen and verified by me and that the photograph contained in the document bears a true likeness to _____.

B. In the case of Other Documents:

I certify that the document is a true copy of the original document and has been seen and verified by me.

In both cases, the certifier must sign and date the copy (indicating his name clearly beneath the signature) and clearly indicate his profession, designation or capacity on it and provide his contact details.

Apostilled documents.

Documentation of individuals residing outside the EU / EEA need to be apostilled.

Appendix I

List of examples of appropriate information and/or supporting documentation required to establish Source of Wealth and Funds:

Source of funds/wealth	Information / Documents that may be required
Employment Income	<ul style="list-style-type: none"> - Nature of employer's business - Name and address of the employer - Annual salary and bonuses for the last couple of years - Last month/recent pay slip - Confirmation from the employer of annual salary - Latest accounts or tax declaration if self employed
Savings / deposits	<ul style="list-style-type: none"> - Bank statement and enquiry of the source of wealth
Property Sale	<ul style="list-style-type: none"> - Details of the property sold (i.e. address, date of sale, sale value of property sold, parties involved) - Copy of contract of sale - Title deed from land registry
Sale of shares or other investment	<ul style="list-style-type: none"> - Copy of contract - Sale value of shares sold and how they were sold (i.e. name of stock exchange) - Statement of account from agent - Transaction receipt/confirmation - Shareholder's certificate - Date of sale
Loan	<ul style="list-style-type: none"> - Loan agreement - Amount, date and purpose of loan - Name and address of Lender - Details of any security - rationale for loan - relationship with lender
Company Sale	<ul style="list-style-type: none"> - Copy of the contract of sale - Internet research of Company Registry - Name and Address of Company - Total sales price - Customer's share participation - Nature of business - Date of sale and receipt of funds - Media coverage
Company Profits / Dividends	<ul style="list-style-type: none"> - Copy of latest audited financial statements - Copy of latest management accounts - Board of Directors approval - Dividend distribution - Tax declaration form

Inheritance	<ul style="list-style-type: none"> - Name of deceased - Date of death - Relationship to Customer - Date of funds/assets received - Total amount - Solicitor's details - Tax clearance documents
Gift	<ul style="list-style-type: none"> - Date received - Total amount - Relationship to Customer - Letter from donor explaining the reason for the gift and the source of donor's wealth - Certified identification documents of donor - Donor's source of wealth
Maturity/surrender of life policy	<ul style="list-style-type: none"> - Amount received - Policy provider - Policy number/reference - Date of surrender
Other income sources	<ul style="list-style-type: none"> - Nature of income, amount, date received and from who - Appropriate supporting documentation