

FEROX INVESTMENTS ICAV ("the ICAV") APPLICATION FORM

Please ensure you have read the prospectus for the ICAV ("the Prospectus") and any applicable supplements before completing this application form. Defined terms used in this application form are those used in the Prospectus.

All applicants should sign the necessary declarations in section 7. Exempt Irish Residents should also complete the relevant declaration in section 6. Foreign Persons should read carefully the important notes at section 5. Please contact the Administrator if you are or subsequently become an Irish Taxable Person.

This application form must be received by the Administrator before the ICAV's dealing cut off time of 5.30 p.m. (Irish time) two business days before the relevant Dealing Day and cleared funds must be received by the Administrator by 5.00 p.m. (Irish time) three business days immediately following the relevant Dealing Day. Applications received after this time will be processed on the next Dealing Day unless the Directors otherwise agree and in this case provided the application is received before the Valuation Point for the relevant Dealing Day.

On completion please return to the ICAV c/o the Administrator at the following address:

Ferox Investments ICAV

c/o BNP Paribas Fund Administration Services (Ireland) Limited, 2 Grand Canal Plaza, Grand Canal Street, Dublin 4, Ireland, Attention: Investor Relations Group, Tel: + 353 1 6071800, Fax: + 353 1 8650174 Email: investordealing.ie@bnpparibas.com

1. I/We wish to open this account by investing the amount(s) set out below

I/We hereby irrevocably apply for such number of Shares (including fractions) as detailed below:

Company	Share Class	Currency	Investment Amount in Words
Ferox Investments ICAV Sub Fund – Chinook Global Convertible Bond Fund.	Class A GBP Accumulating	GBP	£
	Class A GBP Distributing	GBP	£
	Class A USD Accumulating	USD	\$
	Class A USD Distributing	USD	\$
	Class A EUR Accumulating	EUR	€
	Class A EUR Distributing	EUR	€
	Class A2 GBP Accumulating	GBP	£
	Class A2 GBP Distributing	GBP	£
	Class A2 USD Distributing	USD	\$
	Class A2 EUR Accumulating	EUR	€
	Class A2 EUR Distributing	EUR	€
	Class R GBP Accumulating	GBP	£
	Class R GBP Distributing	GBP	£
	Class R USD Accumulating	USD	\$
	Class R USD Distributing	USD	\$
	Class R EUR Accumulating	EUR	€
	Class R EUR Accumulating	EUR	€
	Class R EUR Distributing	EUR	€
	Class M GBP Accumulating	GBP	£
	Class M USD Accumulating	USD	\$
Class M EUR Accumulating	EUR	€	

Class F GBP Accumulating	GBP	£
Class F USD Accumulating	USD	\$
Class F EUR Accumulating	EUR	€
Class F CHF Accumulating	CHF	CHF
Class F GBP Distributing	GBP	£
Class F USD Distributing	USD	\$
Class F EUR Distributing	EUR	€

2. NAME(S) FOR REGISTRATION (BLOCK CAPITALS) AND ANTI-MONEY LAUNDERING REQUIREMENTS

Please complete either section (a) for individual investors or (b) for corporate investors or trusts. Shares may be registered in a single name or in up to four joint holders, but only one address. Foreign Persons should provide an address outside the Republic of Ireland only. Please note, all joint holders must sign the application form. Correspondence will be sent to the first named holder only. In line with anti-money laundering requirements operating in various jurisdictions, all investors are required to be identified. Please refer to Appendix 2 for the relevant documentation requirements. The requirements in Appendix 2 are not exhaustive and the ICAV and the Administrator may be under a legal obligation to request further information given the unique circumstances of each investor. Failure to supply all the necessary documentation to the ICAV and the Administrator may result in the rejection of any subsequent redemption request.

(a) Individual shareholders:-

1. Registration details

Mr/Mrs/Ms/Title
Surname
First Name(s)
Address
.....
.....
Tel Fax
Email

2. Registration details

Mr/Mrs/Ms/Title
Surname
First Name(s)
Address
.....
.....
Tel Fax
Email

(b) corporate shareholders or trusts:-

Full title of body corporate / trust for registration
Address
.....
Address
.....
.....
Tel Fax
Place of Incorporation

Contact name
.....
.....
Tel Fax
E-mail

Authorised Signatories (for corporate investors, charities, trusts or Designated Bodies from an approved country)

The ICAV and Administrator are authorized to act on the written instructions of any person listed below until further notice.

Name	Signature
1.

2.
3.
4.

3. MY /OUR BANK ACCOUNT DETAILS

Please complete your bank account details. Foreign Persons should provide details for a bank account situate outside the Republic of Ireland only. Until further notice, funds may be sent by electronic transfer to the bank account as follows:

Bank Name:

Bank Address:

Sort Code

ABA or CHIPS no:

Account Name:

Account Number/IBAN Number:

For further credit:

NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN. PAYMENTS SHOULD COME FROM THE ACCOUNT OF THE APPLICANT(S)

4. METHOD OF PAYMENT

Payment to the ICAV can be made by either CHAPS or telegraphic transfer. Cleared funds must be received and accepted by the Administrator by 5.00 pm (Irish time) three Business Days immediately following the relevant Dealing Day, unless otherwise approved by the Directors, into the appropriate bank account detailed below.

a) For subscriptions in GBP Share Classes

Correspondent Bank: BNP PARIBAS S.A., London Branch
Swift Address: BNPAGB22XXX
Correspondent Bank Account: GB13BNPA40638485678016
Beneficiary Bank: BNP Paribas Luxembourg
Swift Address: PARBLULLDUB
Account Name: BPSS DUBLIN/FEROX INVESTMENTS ICAV/CHINOOK GLOBAL CONVERTIBLE BOND FUND/COLLECTION ACCOUNT
A/C Number: LU943280323702R00826

b) For subscriptions in EUR Share Classes

Correspondent Bank: BNP Paribas, Paris
Swift Address: PARBFRPP
Beneficiary Bank: BNP Paribas Luxembourg
Swift Code: PARBLULLDUB
Account Name: BPSS DUBLIN/FEROX INVESTMENTS ICAV/CHINOOK GLOBAL CONVERTIBLE BOND FUND/COLLECTION ACCOUNT
A/C Number: LU643280323702R00978

c) For subscriptions in USD Share Classes

Correspondent Bank: BNP Paribas, New York
Swift Address: BNPAUS3N
Beneficiary Bank: BNP Paribas Luxembourg
SWIFT Address: PARBLULLDUB

Account Name BPSS DUBLIN/FEROX INVESTMENTS ICAV/CHINOOK GLOBAL CONVERTIBLE
BONDFUND/COLLECTION ACCOUNT
A/C Number: LU073280323702R00840

d) For subscriptions in CHF Share Classes

Correspondent Bank: BP2S Zurich
Swift Address: PARBCHZZ
Beneficiary Bank: BNP Paribas Luxembourg
SWIFT Address: PARBLULLDUB
Account Name BPSS DUBLIN/FEROX INVESTMENTS ICAV/CHINOOK GLOBAL CONVERTIBLE
BONDFUND/COLLECTION ACCOUNT
A/C Number: LU443280323702R00756

From: Please enter details of your bank account which will be used for this subscription.

Currency	<input type="text"/>	Correspondent Bank	<input type="text"/>
Swift/ABA/sort code	<input type="text"/>	Account number	<input type="text"/>

MONIES MUST COME FROM THE ACCOUNT OF THE INVESTOR

5. APPLICANTS RESIDENT OUTSIDE THE REPUBLIC OF IRELAND

Every applicant applying for Shares on the applicant's own behalf is hereby obliged to notify the ICAV or an agent of the ICAV appointed for this purpose, as the case may be, in writing if the applicant is or becomes resident or ordinarily resident in Ireland. Equally, every applicant applying for Shares on behalf of another person is hereby obliged to notify in writing the ICAV or an agent of the ICAV appointed for this purpose, as the case may be, if the applicant is, or becomes, aware that any person who is beneficially entitled to any of those Shares may be resident or ordinarily resident in Ireland or may have become resident in Ireland.

An individual is ordinarily resident in Ireland if the individual has been resident in Ireland for each of the 3 preceding years of assessment (i.e. calendar years) and that individual continues to be ordinarily resident in Ireland until the individual has not been resident in Ireland in each of the 3 preceding years of assessment.

6. DECLARATION OF RESIDENCE WITHIN THE REPUBLIC OF IRELAND ¹

Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997

It is important to note that this declaration, if it is still then correct, shall apply in respect of any acquisitions of shares.

- I/we* declare that the information contained in this declaration is true and correct.
- I/We* also declare that I am applying for the shares on behalf of the applicant named below who is entitled to the shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997 ("TCA 1997"), being a person who is:

(please tick as appropriate)

- A pension scheme
- A company carrying on life business within the meaning of section 706 TCA 1997
- An investment undertaking

- A special investment scheme
- A unit trust to which section 731(5) (a) TCA 1997 applies
- A charity being a person referred to in section 739D(6)(f)(i) TCA 1997
- A qualifying management company
- A specified company
- Entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA 1997* or by virtue of Section 848E TCA 1997*, (see further requirements for Qualifying Fund Manager/Qualifying Savings Manager below)
- A PRSA Administrator
- A credit union within the meaning of Section 2 of the Credit Union Act 1997

*Delete as appropriate

Additional requirements where the declaration is completed on behalf of a Charity

I/We* also declare that at the time of making this declaration, the shares in respect of which this declaration is made are held for charitable purposes only and;

- Form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
- are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.

I/We* undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I/We* will by written notice, bring this fact to the attention of the investment undertaking accordingly.

*Delete as appropriate

Additional requirements where the declaration is completed by a Qualifying Fund Manager/Qualifying Savings Manager/PRSA Administrator

I/We* also declare that at the time this declaration is made, the shares in respect of which this declaration is made;

- Are assets of an *approved retirement fund/an approved minimum retirement fund, a special savings incentive account or a PRSA, and
- Are managed by the declarant for the individual named below who is beneficially entitled to the shares.

I/We* undertake that, if the shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund, a PRSA, or held in a special savings incentive account, including a case where the shares are transferred to another such fund or account, I/We* will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate).

Additional requirements where the declaration is completed by an Intermediary

I/We* declare that I am/we* are applying for shares on behalf of persons who

- To the best of my/our* knowledge and belief have beneficial entitlement to each of the shares in respect of which this declaration is made; and
- Is a person referred to in Section 739D(6) TCA 1997
- I/We* also declare that
 - Unless I/We* specifically notify you to the contrary at the time of the application, all applications for shares made by me/us* from the date of this application will be made on behalf of persons referred to in Section 739D(6) TCA 1997; and
 - I/We* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in Section 739D(6) TCA 1997.

Name of Applicant: _____

² Irish Tax Reference Number of Applicant: _____

PPS Number (if applicable) _____

³ Authorised Signatory (Declarant) (Mr/Ms/etc): _____

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

Important Notes

1. This is a form authorized by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
 2. Tax reference number in relation to a person, has the meaning assigned to it by Section 885 TCA 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager/qualifying savings manager, quote the tax reference number of the beneficial owner of the shares.
 3. In the case of (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorized officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. It must also be signed by a qualifying fund manager of an approved retirement fund/an approved minimum retirement fund, by a qualifying savings manager of a special savings incentive account or a PRSA administrator. In the case of an Intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorized officer. In the case of a unit trust it must be signed by the trustees. In any other case, it must be signed by an authorized officer of the entity concerned or a person who holds a power of attorney from the entity. If the latter, a copy of the power of attorney should be furnished in support of this declaration.
- Foreign Account Tax Compliance Act ("**FATCA**") and Common Reporting Standard ("**CRS**")
 - The Company is obliged to collect certain information about each investor's tax arrangements. Please complete the Entity or Individual Self-Certification form attached to this document and the IRS Form W-8 or W-9 (if appropriate) and submit to the Administrator alongside your subscription document.
 - Additionally, BNP Paribas Fund Administration Services (Ireland) Limited (the "Administrator") ("BNPP") has partnered with Comply Exchange, an IRS-accepted, process driven system for obtaining Forms W-8 & W-9 electronically. If an investor wishes to submit Form W-9 or W-8 electronically, please contact the Administrator at Tel: + 353 1 6071800 for access to the secure online system.
 - Further information on how to complete the Entity Self-Certification form attached to this document can be found at the following link:
 - For additional information, please contact: BNP Paribas Fund Administration Services (Ireland) Limited, 2 Grand Canal Plaza, Grand Canal Street, Dublin 2, Ireland. For further instructions, please contact your tax advisor or visit <http://www.irs.gov/>

7. SIGNATURES AND DECLARATIONS

This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.

1. I/we hereby acknowledge as part of this application that I/we have been offered the Prospectus and where applicable the most recent annual or half-yearly reports and accounts for the ICAV and furthermore that this application is made on the terms thereof and subject to the provisions of the Prospectus and Instrument of Incorporation of the ICAV and I/we are bound by the terms of the Instrument of Incorporation of the ICAV.
2. I/We confirm that a copy of the latest version of the key investor information document has been supplied to me/us in good time before subscribing for Shares in the ICAV and that I/we have read the latest version of the key investor information document before subscribing for Shares in the ICAV. I/We confirm that any future investments in the ICAV or Class can be transacted on the basis of this confirmation. I/We hereby acknowledge and agree that the latest version of the key investor information document for each Class is available on www.cqs.com and that I/we will read and review the latest version of the key investor information document prior to making any subsequent application for Shares in the ICAV. I/We confirm that in the case where an investment is being made on behalf of an underlying investor, I/we have provided the latest version of the key investor information document to the underlying investor in good time prior to subscribing for Shares in the ICAV. I/We confirm that the underlying investor is aware that the latest version of the key investor information document is available on www.cqs.com and has read the latest version of the key investor information document prior to subscribing for Shares in the ICAV.
3. I/We warrant that: (a) I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the ICAV and to make an informed decision with respect thereto; (b) I am/we are aware of the risks inherent in investing in the Shares and the method by which the assets of the ICAV are held and/or traded; and (c) I/we can bear the risk of loss of my/our entire investment.
4. I/we have made arrangements for payment to be made by electronic transfer in accordance with Section 4 of the application and acknowledge that the ICAV reserves the right to reject in whole or in part this application.
 - (iii) I/We hereby represent and declare that I/we: (1) am/are not a U.S. Person as defined in the Prospectus; (ii) have not been solicited to purchase and have not and will not acquire Shares while present in the United States; (iii) am/are not applying as a nominee of a U.S. Person and I/we am/are not acting on behalf of nor do I/we intend to transfer any Shares to a U.S. Person(s); (iv) will not transfer any Shares or any interest therein to a U.S. Person and will not transfer any Shares within the United States; and (v) will promptly notify the Company if I/we should at any time become a U.S. Person. I/we confirm that I/we have the authority to make this investment whether the investment is our own or is made on behalf of another person or institution. I/we hereby represent and declare that I/we are/am fully informed as to: (i) the legal requirements within our country for the purchase of the Shares and are permitted to purchase the Shares under the laws and regulations of our home country in the manner in which the Shares have been offered and sold to me/us; (ii)

any foreign exchange restrictions applicable to me/us; and (iii) any relevant tax considerations relating to me/us arising out of our purchase and ownership of Shares.

5. Except as set forth in the Prospectus, or the documents referred to therein, no representations or warranties have been made to me/us by the ICAV or any agent, employee or affiliate of the ICAV; and in entering into this transaction, I am/we are not relying upon any information other than that contained in such Prospectus or the documents referred to therein, and the results of my/our own independent investigation.
6. I/we hereby agree to indemnify and hold harmless the ICAV, Depositary, Administrator, Investment Manager, Distributor and the other Shareholders 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 ICAV. The ICAV, the Depositary, the Administrator, the Distributor and the Investment Manager will not be responsible or liable for the authenticity of instructions received from me/us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine. I/we also agree to indemnify and hold harmless the ICAV, the Depositary, the Administrator, the Investment Manager, the Distributor and the other Shareholders 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 from my holdings of shares in the ICAV which brings the ICAV into conflict with any requirement of any local regulatory authority or the ICAV incurring any liability to taxation or breaching any law or regulation of any local regulatory or taxation authority.
7. I/We the undersigned hereby authorise the Administrator and any other agents to act upon instructions by facsimile or other such means as may from time to time be permitted by the ICAV and the Administrator including electronic means (the "Instructions") with regard to the Shares subscribed for (and any further Shares purchased) or any matter in connection with them or any of them. I/We hereby agree to indemnify each of the ICAV and the Administrator and agree to keep them indemnified against any loss of any nature whatsoever arising to either of them as a result of them acting in respect of any transfer, payment or any other act done in accordance with such Instructions. I/we agree to keep the ICAV, and the Administrator indemnified against any loss of any nature whatsoever arising to either of them as a result of either of them acting upon instructions received by facsimile or other electronic means. The ICAV and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions believed in good faith to be genuine and to be signed (or given) by properly authorised persons.
8. I/We acknowledge that no redemption payments will be made until all documentation required by the ICAV (including any documentation in connection with anti-money laundering procedures and the application form (in the form of a signed original or as may have been received by the Administrator by such other electronic means (including by fax or email) as the Directors and the Administrator shall have approved) and the money laundering procedures have been completed. I/We acknowledge that redemptions will not be processed on non-cleared/verified accounts and that redemption proceeds will only be paid to the account in the name of

the investor from which the initial subscription monies were remitted.

9. I/We hereby acknowledge and agree that neither the ICAV nor the Administrator shall be responsible for any mis-delivery or non-receipt of any facsimile or email if they have not acknowledged receipt of the facsimile, email or original document. Facsimiles or emails sent to the ICAV or the Administrator shall only be effective when actually acknowledged by the ICAV or the Administrator. In the event that no acknowledgement is received from the ICAV or the Administrator submission of the request, I/we agree the I/we should contact the Administrator on telephone number: + 353 1 6071800 to confirm receipt by the Administrator of the request. I/we agree that the foregoing shall also apply to any subscription request made using a short form application form.
10. I/we acknowledge that due to anti-money laundering requirements operating within their respective jurisdictions the ICAV, the Administrator, the Investment Manager or the Distributor (as the case may be) may require further identification from me/us, as described in the Prospectus, at any time in relation to this application and the ICAV, the Administrator, the Investment Manager and the Distributor shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information as has been required by the parties referred to has not been provided by me/us. I/we also warrant and declare that the monies being invested pursuant to the application do not represent directly or indirectly the proceeds of any criminal activity and that the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.
11. I/We shall provide the ICAV, the Investment Manager or the Administrator with any additional information which it may reasonably request in connection with tax and / or FATCA regulations/reporting requirements and / or regulations / reporting requirements under the OECD Common Reporting Standard ("CRS") in order to substantiate any representations made by me/us or otherwise and I/we authorise the ICAV or its agents to disclose such information relating to this application to such persons as they consider appropriate.
12. I/we hereby acknowledge, agree and understand the contents of the privacy notice at Appendix 3, as amended, and notified to the Applicant from time to time (the "Privacy Notice"). Where the Applicant is not a natural person, the Applicant agrees to provide the Privacy Notice to its directors, officers, employees, owners and any other related persons whose personal data may be shared with the Fund, the Investment Manager, the Fund's service providers and their affiliates in relation to the Applicant's proposed investment in the Fund. I/we acknowledge that the Fund may transfer the personal data to non-EEA countries for the purposes outlined in the Privacy Notice where appropriate safeguards have been put in place. I/we acknowledge such countries may not have the same standard of data protection laws as the EEA.
13. To be valid, this application form must be signed by each applicant and if not fully completed to the satisfaction of the ICAV, the Administrator or the Distributor the application may be rejected. In the case of a partnership/firm applications should be signed by all the partners/proprietors. In the case of a corporation, applications should be executed under seal or signed by a duly authorised person(s) who should state the representation capacity. In the case of a trust, application should be made in the individual names of the trustees and should be accompanied by duly certified

documentation. If this application form is signed under power of attorney, such power of attorney or a duly certified copy thereof must accompany this application.

14. I/we undertake to abide by the restrictions on transfers of shares set out in the Prospectus under the headings "Transfer of Shares". In addition, I/we undertake to ensure that the transferee completes an application form in respect of such transfer.
15. I/We hereby represent that I/we am/are not a **Benefit Plan Investor and that, if I/we do become a Benefit Plan Investor I/we will immediately inform the Administrator and the Investment Manager and I/we agree to complete the Administrator's benefit plan questionnaire.

**A "benefit plan investor" means (i) any plan subject to section 4975 of the U.S. Internal Revenue Code of 1986, as amended (the "Code") including an individual retirement plan or account, or (ii) any plan subject to Title I of the U.S. Employee Retirement Income Security Act of 1974, as amended ("ERISA"), or (iii) any entity whose underlying assets constitute "plan assets" by reason of investment in such entity by plans described in clauses (i) or (ii) above and (iv) in some cases, the general account of an insurance company.

17. I/We declare that I/we am/are or a m /a appropriate box) a person (including an entity) that has discretionary authority or control with respect to the assets of the ICAV or a person that provides investment advice with respect to ICAV's assets, or an "affiliate" of such a person. For purposes of this representation, an "affiliate" is any person controlling, controlled by or under common control with the ICAV or any of its investment advisors, including by reason of having the power to exercise a controlling influence over the management or policies of the ICAV or its investment advisors.
18. I/We certify that I/we reasonably believe that I/we do do not (tick the appropriate box) fall within any of the CFTC U.S. Person Categories set forth below:
- (i) any natural person who is a resident of the United States;
 - (ii) any estate of a decedent who was a resident of the United States at the time of death;
 - (iii) any corporation, partnership, limited liability company, business or other trust, association, joint-stock company, fund or any form of enterprise similar to any of the foregoing (other than an entity described in prongs (iv) or (v), below) (a "legal entity"), in each case that is organized or incorporated under the laws of a state or other jurisdiction in the United States or having its principal place of business in the United States;
 - (iv) any pension plan for the employees, officers or principals of a legal entity described in prong (iii), unless the pension plan is primarily for foreign employees of such entity;
 - (v) any trust governed by the laws of a state or other jurisdiction in the United States, if a court within the United States is able to exercise primary supervision over the administration of the trust;
 - (vi) any commodity pool, pooled account, investment fund, or other collective investment vehicle that is not described in prong (iii) and that is majority-owned by one or more persons described in prong (i), (ii), (iii), (iv), or (v), except any commodity pool, pooled

account, investment fund, or other collective investment vehicle that is publicly offered only to non-U.S. persons and not offered to U.S. persons;

- (vii) any legal entity (other than a limited liability company, limited liability partnership or similar entity where all of the owners of the entity have limited liability) that is directly or indirectly majority-owned by one or more persons described in prong (i), (ii), (iii), (iv), or (v) and in which such person(s) bears unlimited responsibility for the obligations and liabilities of the legal entity; and
- (viii) any individual account or joint account (discretionary or not) where the beneficial owner (or one of the beneficial owners in the case of a joint account) is a person described in prong (i), (ii), (iii), (iv), (v), (vi), or (vii).

19. I am/We are or any of my/our affiliates are derivative or structured product providers and I am/we are investing as part of a derivative or structured product program:
Yes No
(tick the appropriate box)

If the "Yes" box is ticked, I/we represent and warrant that neither I/we nor any of my/our affiliates will enter into or issue any derivative or structured product (each a "Structured Product"), the return on which is based, directly or indirectly, in whole or in part, on the value of the ICAV or my/our Shares, with or to any entity (each, a "Structured Product Investor"), such that (i) the Structured Product Investor (and, where the Structured Product is held by the Structured Product Investor on behalf of any underlying beneficial owner, such underlying beneficial owner) would be: (1) a beneficial owner of Shares for purposes of the 1940 Act (as determined based upon the advice of reputable counsel), unless such Structured Product Investor (and, where applicable, underlying beneficial owner) is either (A) both a "qualified purchaser" as defined in Section 2(a)(51) of the 1940 Act and the rules thereunder and an "accredited investor" as defined in Rule 501(a) in Regulation D under the 1933 Act or (B) not a US Person; or (2) a holder of Shares who is a Benefit Plan Investor; and (ii) the sale of the Structured Product or the purchase of the Structured Product by any Structured Product Investor (and, where the Structured Product is held by the Structured Product Investor on behalf of any underlying beneficial owner, such underlying beneficial owner) would result in any violation by the ICAV and/or any investment adviser to the ICAV of any laws or regulations in any jurisdiction.

If the "No" box is ticked, I/we represent and warrant that neither I/we nor any of my/our affiliates will enter into or issue any Structured Product, the return on which is based, directly or indirectly, in whole or in part, on the value of the ICAV or my/our Shares

20. I/We accept that the ICAV has authority to redeem a portion of my/our investments in the ICAV and to pay the proceeds to the Investment Manager as part of any performance fee payable in accordance with the provisions of the Prospectus.
21. I/we am/are not and I/we will not hold Shares on behalf of a US Taxpayer.
Yes No
(tick the appropriate box)

If the "no" box is ticked, I/we have reviewed the disclosures relating to US taxation set forth in the Application Form for US Persons, and I/we understand the US tax consequences of such an investment. I/We agree to provide the Fund with such additional tax information as it may from time to time request. US Taxpayers must provide a properly executed IRS Form W-9; all other subscribers may be requested to provide an appropriate, properly executed IRS Form W-8. If the subscriber is not a US Taxpayer and is an entity that has identified itself as a "passive NFFE" on the entity self-certification, IRS Form W-8BEN-E or other appropriate IRS Form W-8 furnished to the Fund, it must also complete all controlling person information, including with respect to any US controlling persons, in the attached entity self-certification. I/We acknowledge and agree that such information may be provided to the United States and other governmental agencies, and that failure to provide requested information may subject me/us to liability for any resulting U.S. withholding taxes, U.S. tax information reporting and/or mandatory redemption, transfer or other termination of my/our interest in Shares. I/We agree to waive any provision of law that would prevent such reporting, withholding or termination of my/our interest in Shares.

22. I/we hereby confirm that I/we shall be deemed to make, on a continuous basis, each of the statements contained herein unless I/we notify you to the contrary in relation to any Shares I/we hold or obtain at any time.
23. I am/we are resident for tax purposes in _____
(insert jurisdiction(s) of tax residence).
24. I am/we are responsible for making any filings with the applicable authorities in such jurisdiction(s) as may be required in connection with my/our acquisition, holding or disposal of Shares and I/we will indemnify the ICAV (on its own behalf and on behalf of the Directors and the Administrator) against any loss of any nature whatsoever arising from my/our failure to do so.
25. I/We acknowledge and agree that this Application Form may not be amended or altered other than to complete it in accordance with the instructions contained herein and I/we acknowledge and agree that the Directors reserve the right in their absolute discretion to reject any Application Form which has been amended or altered and compulsorily redeem any shareholder who is subsequently found to have subscribed for Shares on the basis of an amended Application Form.
26. I/We hereby undertake and agree that I/we will not at any time, unless such action is recommended by the Directors, whether before, during or after the time which I/we hold Shares, apply to or petition any court for, or take any other action to commence, the winding up and/or dissolution of the ICAV.
27. The Applicant understands that the ICAV may be susceptible to operational and information security risks through breaches in cyber security. Cyber security breaches include, without limitation, infection by computer viruses and gaining unauthorized access to the ICAV's systems, or those its service providers, through "hacking" or other means for the purpose of misappropriating assets or sensitive information, corrupting data, or causing operations to be disrupted. Cyber security breaches may also occur in a manner that does not require gaining unauthorized access, such as denial-of-service attacks or situations where authorized individuals intentionally or unintentionally release confidential information stored on the ICAV's systems. A cyber security breach may cause disruptions and impact the business operations of the ICAV,

which could potentially result in financial losses, inability to determine the NAV, violation of applicable law, regulatory penalties and/or fines, compliance and other costs. The Applicant understands that indirect cyber security breaches at third-party service providers may also subject me to the same risks associated with direct cyber security breaches. Further, indirect cyber security breaches at an issuer of securities in which the ICAV invests may similarly negatively impact on the ICAV.

PLEASE SIGN BELOW

Signature of all applicant(s) (*individuals*) or duly authorised signatories (*corporate applicants*)

- | | | |
|---------|------------|------|
| 1. | Name | Date |
| 2. | Name | Date |
| 3. | Name | Date |
| 4. | Name | Date |

APPENDIX 1

POLITICALLY EXPOSED PERSON (PEP) REPRESENTATION

Politically Exposed Persons ('PEP') and/or Immediate Family Member, and/or Close Associate of such persons must also be identified and are subject to enhanced due diligence.

I am a Politically Exposed Person ('PEP') and /or immediate family member, and /or close associate of a PEP. Please provide the following details and complete Source of Wealth confirmation

Name:	
Residential Address:	
Date of Birth:	
Occupation:	

POLITICALLY EXPOSED PERSON'S SOURCE OF WEALTH CONFIRMATION

Politically Exposed Persons ("PEP's) are required to provide the Administrator with a confirmation of their source of wealth.

Please **COMPLETE, DATE, and SIGN** the schedule below and provide any required attachments:

CHECK SOURCE(S) OF WEALTH	NECESSARY INFORMATION	DESCRIPTION
Family Fortune	◆ Please specify: e.g. (former) entrepreneurial, inheritance, other sources	
Active entrepreneurial	◆ Company name ◆ Short description of business activities ◆ Name of company website (if applicable)	
Former entrepreneurial	◆ sold to third party": Name of purchaser and approximate date	
Income	◆ Profession ◆ Name of employer	
Other		

Date: _____

Signature: _____

Name: _____

Appendix 2

CLIENT IDENTIFICATION REQUIREMENTS

It is important to note that the appropriate Client Identification documents must be received as part of the completed Application Form. Failure to fully satisfy the Fund's and the Administrator's Client Identification requirements may result in an application being delayed to a later Dealing Day and may even result in the application being rejected. The Fund and the Administrator reserve the right to amend and/or supplement the following requirements from time to time where there is a change in regulations and/or industry best practices.

There are two methods by which you can be cleared for Anti Money Laundering ("AML") purposes

1) Simplified Customer Due Diligence

Introduction via Regulated Financial Institutions from an EU Member State or equivalent Jurisdiction within the prescribed country listing.

EU Member State or equivalent jurisdiction within the prescribed country listing includes; *all EU Member states, Australia, Brazil, Canada, Hong Kong, Iceland, Japan, Liechtenstein, Norway, South Korea, Singapore, South Africa, Switzerland, Aruba and the United States. Also accepted are Jersey, Guernsey and the Isle of Man.*

2) Customer Due Diligence (Know Your Customer)

- Approved Jurisdictions
- Non Approved Jurisdictions

Approved Jurisdictions; *all EU Member States or equivalent; Finland, Italy, Australia, France, Japan, Singapore, Austria, Germany, Kingdom of the Netherlands, South Africa, Belgium, Greece, Luxembourg, Spain, Brazil, Sweden, Canada, Hong Kong, New Zealand, Switzerland, Iceland, Norway, Denmark, Portugal, United Kingdom, Ireland, United States, Cayman, Bermuda and Bahamas.*

Jurisdictions are subject to change from time to time.

CONTACT DETAILS FOR ASSISTANCE:

If your entity type is not mentioned specifically, or we can be of any assistance in ensuring that you return the appropriate documents, please do not hesitate to contact us.

Investor Services

Telephone: + 353 1 607 1800

Email: Investorservices.amlteamdublin@bnpparibas.com

INDEX:

➤ **Simplified Customer Due Diligence**

- **Introduction via Letter of Undertaking - Regulated Financial Institution**
(*EU Member State or equivalent Jurisdiction within the prescribed country listing*)

Please refer to Section 1(a)

- **Introduction via Letter of Undertaking – Nominee**

(*EU Member State or equivalent Jurisdiction within the prescribed country listing*)

Please refer to Section 1(b)

➤ **Customer Due Diligence**

- Individual Investors - please refer to Section 2
- Corporate Entities - please refer to Section 3
- Trusts - please refer to Section 4
- Partnerships - please refer to Section 5
- Charities / Foundations - please refer to Section 6
- Pensions - please refer to Section 7
- Source of Funds Declaration – please refer to Section 8

➤ **FATCA / Self Certification**

- Individual Self-Certification – please refer to Section 9
- Entity Self-Certification – please refer to Section 10
- All Investors FATCA/IRS Form – please refer to Section 11

Documentation should be submitted to the Administrator in an original or original certified copy.

Certification/notarisation of documentation is acceptable from; a notary public, lawyer, solicitor, chartered accountant, company secretary, member of the FATF police force, judiciary member or authorised person from a regulated institution evidenced by a stamp/ seal /licence number.

However it should be noted that for investments by persons/entities located outside the **Approved Jurisdictions** we can only accept certification/notarisation from a notary, lawyer or Embassy.

All documentation should be original certified/notarised evidenced by a stamp/ seal /licence number.

SECTION 1 SIMPLIFIED CUSTOMER DUE DILIGENCE

Section 1 (a)

Letter of Introduction from a designated body in an *EU Member state or equivalent jurisdiction.

(Please print on letterhead of FI, IA or Fund Admin providing the R&W letter to BNP Paribas Fund Administration Services Ireland Limited, herein referred to as (“BNPP”))

To: BNP Paribas Fund Administration Services (Ireland) Ltd
2 Grand Canal Plaza
Grand Canal Street,
Dublin 2
Ireland

Attn: Investor Services Department

Re: **[Insert full legal name of the FI, IA or Fund Admin making the representations and warranties]**
Anti-Money Laundering and Client Identification Representations and Warranties

To Whom It May Concern:

[Insert full Legal name of regulated institution] acts as **[delete as appropriate applicable relationship eg: Administrator, Nominee, Depository, Manager, Trustee, Bank]** to **[insert investors name]** to investment funds for which you act as Administrator.

[insert regulated institution] is organised under the laws of **[insert country]**. **[insert regulated institution name]** has its principal address at **[insert address]** and is regulated by **[insert regulatory body]** for the purposes of combating money laundering and terrorist financing.

US regulated entities only:

We **[insert full legal name of regulated institution]** has AML policies and procedures in place in accordance with the US PATRIOT Act.

Regulatory Licence no **[insert here]**

In connection with every account introduced to your firm, we make the following representations and warranties.

- We confirm that due diligence has been performed on the direct and indirect investors into the fund including ultimate beneficial owners.
- We confirm that we obtain identification and verification documentation and that the names and addresses of each investor (and where applicable, their beneficial owners) are kept on file for at least 5 years following the cessation of our relationship with the introduced investor.
- We confirm that, as far as we are aware, the investor funds are derived from legitimate business activities and legitimate sources and that the activities would not contravene applicable money laundering laws, regulations & conventions.
- If we identify any unusual or suspicious activity on the part of a fund client or its investors which lead us to suspect criminal conduct or money laundering we report this to the relevant reporting authority and to BNP Paribas as permitted by applicable law.
- We have customer due diligence measures in place to identify and verify the identity of the introduced investor(s) and, where appropriate, enhanced due diligence measures where there is an increased risk of money laundering eg; Politically Exposed Persons.
- We confirm that we have policies, procedures and control in place that prohibits doing business with shell banks.
- We have policies, procedures and control in place not to do business with investors/beneficial owners that are on the OFAC list and any other applicable sanction list.
- We agree to provide BNPP promptly upon request, all information that is necessary or appropriate to comply with applicable laws and regulations. In the event of any inquiry from the relevant regulator or a competent law enforcement agency, we agree to provide BNPP's MLRO with all the information that is necessary to satisfy the request.
- We confirm that the undersigned is duly authorized by us to provide this letter.

Sincerely,

Signature _____

Print Name: _____

Title: _____

Date: _____

Section 1 (b)

Letter of Introduction from a designated body in an *EU Member state or equivalent jurisdiction for a Nominee

(Please print on letterhead of FI, IA or Fund Admin providing the R&W letter to BNP Paribas Fund Administration Services Ireland Limited, herein referred to as (“BNPP”))

To: BNP Paribas Fund Administration Services (Ireland) Ltd
2 Grand Canal Plaza
Grand Canal Street,
Dublin 2
Ireland

Attn: Investor Services Department

Re: **[Insert full legal name of the FI, IA or Fund Admin making the representations and warranties]**
Anti-Money Laundering and Client Identification Representations and Warranties

To Whom It May Concern:

[Insert full Legal name of nominee company] is a wholly owned subsidiary of **[insert full legal name of regulated institution]** licensed and regulated by **[insert regulatory body]**.

[insert full legal name of nominee company] conducts customer due diligence in accordance with the policies and procedures set out by its parent company, a regulated institution.

[insert full legal name of nominee] acts as **[Nominee, Depository, Manager, Trustee, Bank]** to **[insert investors name]** to investment funds for which you act as Administrator.

[insert regulated institution] is organised under the laws of **[insert country]**.

US regulated entities only:

We **[insert full legal name of regulated institution]** has AML policies and procedures in place in accordance with the US PATRIOT Act.

[insert regulated institution name] has its principal address at **[insert address]** and is regulated by **[insert regulatory body]** for the purposes of combating money laundering and terrorist financing.

Regulatory Licence no **[insert here]**

In connection with every account introduced to your firm, we make the following representations and warranties.

- We confirm that due diligence has been performed on the direct and indirect investors into the fund including ultimate beneficial owners.
- We confirm that we obtain identification and verification documentation and that the names and addresses of each investor (and where applicable, their beneficial owners) are kept on file for at least 5 years following the cessation of our relationship with the introduced investor.
- We confirm that, as far as we are aware, the investor funds are derived from legitimate business activities and legitimate sources and that the activities would not contravene applicable money laundering laws, regulations & conventions.
- If we identify any unusual or suspicious activity on the part of a fund client or its investors which lead us to suspect criminal conduct or money laundering we report this to the relevant reporting authority and to BNP Paribas as permitted by applicable law.
- We have customer due diligence measures in place to identify and verify the identity of the introduced investor(s) and, where appropriate, enhanced due diligence measures where there is an increased risk of money laundering eg; Politically Exposed Persons.
- We confirm that we have policies, procedures and control in place that prohibits doing business with shell banks.
- We have policies, procedures and control in place not to do business with investors/beneficial owners that are on the OFAC list and any other applicable sanction list.
- We agree to provide BNPP promptly upon request, all information that is necessary or appropriate to comply with applicable laws and regulations. In the event of any inquiry from the relevant regulator or a competent law enforcement agency, we agree to provide BNPP's MLRO with all the information that is necessary to satisfy the request.

- We confirm that the undersigned is duly authorized by us to provide this letter.

Sincerely,

Signature _____

Print Name: _____

Title: _____

Date: _____

Note: Regulated entities introducing their wholly owned subsidiary must also provide the constitutional documents for their wholly owned entity.

SECTION 2 INDIVIDUAL / PRIVATE INVESTORS

Section 2 (a) – Individual / Private Investors in an approved jurisdiction

The following documentation is required;

- Original/ Original Certified Copy of an in-date Passport, National Identity Card, or Driver's Licence.
- Original / Original Certified Copy of One Utility Bill issued within last 6 months
- Individual Self-Certification form– please refer to Section 9
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 2 (b) – Individual / Private Investors in a non-approved jurisdiction

The following documentation is required;

- Original/ Original Certified Copy of an in-date Passport, National Identity Card, or Driver's Licence.
- Original / Original Certified Copy of Two Utility Bill issued within last 6 months
- Source of Wealth Declaration to include supporting documentation.
- Individual Self-Certification form– please refer to Section 9
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

SECTION 3 CORPORATE ENTITIES

Section 3(a) – Corporate Entity (PLC)

Listed Corporate Investor (PLC) within a prescribed country listing

- Proof of listed status from a recognised Stock Exchange in an EU member state or equivalent jurisdiction
- Application Form is in the name of the Listed Corporate Investor (PLC)
- Authorised Signatory List
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11

Section 3 (b) - Private Corporate Investors that are wholly owned by a public listed company (PLC) a prescribed country listing

- Original/ Original certified copy / of Certificate of Incorporation
- Original/ Original certified copy of the Memorandum and Articles of Association
- Original / Original certified copy of Register of Directors
- Verify the identity of at least two directors or one director and one authorised signatory per the requirements for an individual investor.
- Original/ Original certified copy of Authorised Signatory List on company headed paper, duly authenticated.
- Original/ Original certified copy of register of Shareholders/ Members
- Identify (i.e. obtain details of) the ultimate beneficial owner(s) who owns 25% or more
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 3 (c) - Private Corporate Investors within a non-approved jurisdiction

- Original/ Original certified copy / of Certificate of Incorporation
- Original/ Original certified copy of the Memorandum and Articles of Association
- Original / Original certified copy of Register of Directors
- Verify the identity of at least *two directors or one director and one authorised signatory per the requirements for an individual investor.
- Original/ Original certified copy of authorised signatory list on company headed paper, duly authenticated .
- Original/ Original certified copy of register of Shareholders/ Members
- Verify the identity of the ultimate beneficial owner(s) who owns 25% or more in line with the requirements for that entity.
- Source of Wealth Declaration to include supporting documentation.
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

SECTION 4 TRUSTS

Section 4 (a) Private Trusts an approved jurisdiction

- Original/ Original Certified copy of the Trust Deed
- Names of any protector or controller or settlor
- Verify the identity of two Trustees (in accordance with requirements for individuals) or one Trustee and one authorised signatory.
- List of all beneficiaries of the trust. (Where the beneficiary is a corporate entity obtain details of the ultimate beneficial owner).
- Original or Original Certified copy of the authorised signature list for the Trustees.
The persons named in the authorised signature list should be detailed in the Trust document or constitutional documents. If this is not present, or the signer is a person other than the Trustee, then an appropriate empowering document must support the application.
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 4 (b) Private Trusts within a non-approved jurisdiction

- Original/ Original Certified copy of the Trust Deed
- Names of any protector or controller or settlor
- Verify the identity of two Trustees (in accordance with requirements for individuals) or one Trustee and one authorised signatory.
- Verify the identity of all beneficiaries of the trust.
- The beneficial owner in relation to a trust means any of the following:
 - Any individual / entity who has a vested interest in at least 25 per cent or more.
 - The class of individuals in whose main interest the trust is set up or operates
 - Any individual who has control over the trust.
- Original or Original Certified copy of the authorised signature list for the Trustees.
The persons named in the authorised signature list should be detailed in the Trust document or constitutional documents. If this is not present, or the signer is a person other than the Trustee, then an appropriate empowering document must support the application.
- Verify the identity of the Grantor / Settlor
- Nature of the Trust Arrangement
- Source of Wealth of the grantor to include supporting documentation
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

SECTION 5 PARTNERSHIPS

Section 5 (a) Partnerships in an approved jurisdiction

- Original or original certified copy of the partnership agreement or appropriate excerpts (for the general partnership) or constitutional documents for Limited Partnership in line with Corporate entity requirements)
- Verify the identity of two partners, or one partner and one authorised signatory, to the formal arrangement based on entity type.
- List all the beneficiaries of the Partnership - where the beneficiary is a corporate entity, details of the ultimate beneficial owner of that entity are required.
- Original or certified copy of the authorised signatory list for the Partners. *If a party other than the authorised Partners are signing on the account, an original/ certified copy of the appropriate empowering document must also be provided to demonstrate how this third party has authority to sign.*
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 5 (b) Partnerships in a non-approved jurisdiction

- Original or original certified copy of the partnership agreement or appropriate excerpts (for the general partnership) or constitutional documents for Limited Partnership in line with Corporate entity requirements)
- Verify the identity of two partners, or one partner and one authorised signatory, to the formal arrangement based on entity type.
- List all the beneficiaries of the Partnership
- Verify the identity of the ultimate beneficial owner in line with the requirements for that entity type.
- Original or certified copy of the authorised signatory list for the Partners. *If a party other than the authorised Partners are signing on the account, an original/ certified copy of the appropriate empowering document must also be provided to demonstrate how this third party has authority to sign.*
- Source of Wealth
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

SECTION 6 CHARITIES/ FOUNDATIONS

Section 6 (a) Registered Charities/ Foundations in an EU Member state or equivalent jurisdiction.

- Original/ Original certified copy of the approval from the Tax Authorities.
- Original or certified copy of the authorised signatory list.
A certified copy of the constitutional documents specifying who may sign or authorise persons to sign on the account. Alternatively, an original /certified copy of the resolution / minutes appointing the authorised signatory. The person signing the resolution / minutes must be an approved person in the constitutional document / or equivalent.
- Obtain a certified copy of the constitutional documents specifying who may sign or authorise persons to sign on the account.
- Obtain a copy of the resolution/ minutes appointed the authorised signatory. The persons signing the resolution/ minutes must be an approved person in the constitutional document or equivalent.
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 6 (b) Unregistered Charities/ Foundations in a non approved jurisdiction

- Original/ Original certified copy of the Constitutional / Formation document
- Names of Trustees/ Directors/ Governors or equivalent
- Verify the identity of the Two Trustees/ Directors/Board Member or equivalent or one Trustee/ Directors/Board Member and an authorised signer (per requirements for an individual investor).
- Names of beneficiaries and the supporting AML documentation in line with the entity type. Example Individual / Corporate.
- Original or Original certified copy of the authorised signatory list.
The authorised signatory list should be supported with a certified copy of the empowering document specifying who may sign or authorised persons to sign on the account.
- If a third party is signing on the account, verification documents of the third party must be submitted (per requirements for an individual /entity type) and a supporting resolution, duly authorised by an approved person in the constitutional document or equivalent.
- Original/ Original certified copy of audited accounts

- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Wealth
- Source of Funds

SECTION 7 PENSIONS

Section 7 (a) – Pensions in an approved jurisdiction

- An original/original certified copy of the Revenue Commissioners approval or certified copy of the Tax approval for the Pension.
- An original / original certified copy of the Constitution / Formation document (Pension Trust Deed).
- List Names of Administrator/ Trustee/ Controller/ Employer or equivalent
- Original / original certified copy of the authorised signatory list for the Trustees.
The persons named in the authorised signatory list should be detailed in the Pension Trust document or constitutional documents. If this is not present, or the signer is a person other than the Trustee, then an appropriate empowering document must support the application.
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

Section 7 (b) - Pensions in a non-approved jurisdiction

- An original/original certified copy of the Revenue Commissioners approval or certified copy of the Tax approval for the Pension.
- An original / original certified copy of the Constitution / Formation document (Pension Trust Deed).
- Verify the identity of Administrator/ Trustee/ Controller/ Employer or equivalent
- Original / original certified copy of the authorised signatory list for the Trustees.
The persons named in the authorised signatory list should be detailed in the Pension Trust document or constitutional documents. If this is not present, or the signer is a person other than the Trustee, then an appropriate empowering document must support the application.
- Source of Wealth Declaration and supporting documentation
- Entity Self-Certification – please refer to Section 10
- FATCA/IRS Form – please refer to Section 11
- Source of Funds

SECTION 8 SOURCE OF FUNDS DECLARATION

Note: If an approved designated body supplies supporting documentation to confirm the source of funds from their underlying investor, BNPAS can accept a signed Source of funds declaration from the designated body as opposed to receiving this from the underlying investor.

The designated body may seek to independently validate the declaration by requesting supporting documentation.

***Source of Funds refers to how the money to be invested was generated (origin) and the means of transfer. Please indicate the source of funds to be invested:**

Investor Name: *[to be completed]* _____

Address: *[to be completed]* _____

Account number: *[to be completed]* _____

I hereby confirm that the investment into *[insert fund name]* _____

Originated from:

Please complete applicable section

A) Employment Income Yes N/a

- ¹Job Description: _____
- ¹Nature of Employer's business _____

B) Inheritance Yes N/a

- ¹Nature of Employer's business _____
- ¹Relation to benefactor _____
- ¹Date inheritance received _____
- ¹Amount received _____

C) Sale of Real Estate Yes N/a

- ¹Date property was sold: _____
- ¹Sale Amount: _____

D) Sale of Securities/ Investment Yes N/a

- ¹Type of security: _____
- ¹Date of sale: _____
- ¹How long investment(s) were held: _____

E) Other Yes N/a

- ¹Other types of source of funds include the following:
- ¹Loans received. Copy of Loan Agreement duly certified by a suitable persons maybe requested
- ¹Gifts received. Letter from donor confirming details of gift and acknowledging source of donated funds. maybe requested.
- ¹Competition or gambling win. Letter from relevant organisation (Betting office, Casino) or copy of media coverage if appropriate maybe requested.
- ¹Compensation payment. Letter / court order from compensating body or solicitor's letter maybe requested.
- ¹Company profits. A copy of a dividend statement maybe requested.
- ¹Maturing investments or encashment claim. A letter/ contract note from previous investment company giving notification of proceeds to be provided may be requested.
- ¹Sale of a company or sale of an interest in a company. A signed letter from a solicitor, or accountant, or copies of media coverage if applicable maybe requested.
- ¹For Sovereign Wealth Funds, certified copy of audited financials or appropriate on line back up maybe requested.

SOURCE OF FUNDS DECLARATION

Declaration

I hereby declare that the funds used to fund my investment with you originate as per the information given above, and are made on my own behalf and are not on behalf of a third party.

¹We may seek to independently validate the declaration by requesting supporting documentation.

Fund Name: _____ **Applicant Name:** _____

Signature: _____

Signature of Applicant/ Signature of authorised person of designated body on behalf of applicant

Printed Name of above specimen: _____

Regulated / Licence number (if Applicable): _____

Date: _____

**Criminal Justice Act 2010 as amended 2013 Section 37 (4) (b)*

SECTION 9

INDIVIDUAL SELF-CERTIFICATION

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
22905864.6.EU_BUSINESS

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*: _____

SECTION 10

ENTITY SELF-CERTIFICATION

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):

<input type="checkbox"/>	Irish Financial Institution or a Partner Jurisdiction Financial Institution
<input type="checkbox"/>	Registered Deemed Compliant Foreign Financial Institution
<input type="checkbox"/>	Participating Foreign Financial Institution

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 22905864.6.EU_BUSINESS

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 <i>Controlling Persons</i>)	
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 residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence 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 <i>Controlling Person(s)</i> of the Entity and complete a separate individual self-certification forms for each of your <i>Controlling Persons**</i>)	

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))	
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****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.

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.

Print Name(s)*:

Authorised Signature(s)*:

Capacity in which declaration is made*:

Date: (dd/mm/yyyy):*

SECTION 11

FATCA – IRS FORMS

The forms and the IRS completion notes can be found by clicking on the below links;

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

<http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

<http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>

<http://www.irs.gov/pub/irs-pdf/fw8imy.pdf> *this form also requires a withholding statement

<http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>