

## RUDOLF WOLFF INCOME FUND LIMITED APPLICATION FORM<sup>1</sup>

This Application Form, together with the documentation specified in Section 7 (Anti-Money Laundering Documentation) should be faxed or emailed to the Administrator using details given below, and the original sent by mail or courier to the address given below. It is also advisable to read the fund prospectus prior to completing the application form.

Mail: **The Rudolf Wolff Income Fund Limited,  
C/O Altree Fund Services Ltd, 3rd Floor Emporium Building,  
69 Front Street, Hamilton HM 12, Bermuda**

Telephone: **+1 441 278 7615**  
 Fax: **+1 441 295 6735**  
 Email: [info@altreefundservices.com](mailto:info@altreefundservices.com)

### 1. APPLICANT DETAILS (Please use BLOCK CAPITALS) \*

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Applicant
<input type="checkbox"/> Corporation	<input type="checkbox"/> Nominee
<input type="checkbox"/> Partnership/Trust	<input type="checkbox"/> Fund of Funds
<input type="checkbox"/> Non-Profit Organisation (Foundations)	<input type="checkbox"/> Financial Intermediary
<input type="checkbox"/> Other	

Registered Name(s) of all Applicants (including Joint Applicants):			
Occupation <sup>2</sup>			
Full Residential or Registered Address:			
Correspondence <sup>3</sup> address if different:			
Contact Name:		Tel No:	
Email:		Fax No:	
Send Contract Note by:	(Email, Mail, or Fax)		
Intermediary:	Intermediary/Fax:	Intermediary/Email:	

<sup>1</sup> Words used in this Application Form have the same meaning as in the Rudolf Wolff Income Fund Offering Memorandum unless the context requires otherwise. Notification of any inaccuracies on contract notes issued after deals have been processed must be communicated to the Administrator immediately upon receipt.

<sup>2</sup> Applicable to Individuals only

<sup>3</sup> All regular correspondence will be distributed via email / fax; please contact the Administrator if this causes significant issues for the Applicant.

\* should there be a need for further requirements or additions please use the space at the end of the form.

## 2. INVESTMENT DETAILS

SHARE CLASS:

<input type="checkbox"/> GBP Income Class 2 A	<input type="checkbox"/> USD Income Class 2 A	<input type="checkbox"/> EUR Income Class 2 A	<input type="checkbox"/> ¥ JPY Income Class 2 A
<input type="checkbox"/> GBP Acc Class 2 C	<input type="checkbox"/> USD Acc Class 2 C	<input type="checkbox"/> EUR Acc Class 2 C	<input type="checkbox"/> ¥ JPY Acc Class 2 C
amount in numbers GBP/USD/EUR/YEN		Amount in words:	

## 3. SUBSCRIPTION BANK DETAILS<sup>4</sup>

For **GBP** SEND TO:

Agent:	The Royal Bank of Scotland, London
BIC:	NWBKGB2L
Sort Code:	60-00-04
Beneficiary Account	Name: KAS Bank NV (London Branch)
Account Number:	10008829 (GBP)
Swift:	KASANL2A
IBAN:	GB25 NWBK 6000 0410 0088 29
For Further Credit Account Name:	Rudolf Wolff Income Fund Ltd
For Further Credit account number:	22.84.73.233

For **USD** SEND TO:

Correspondent Bank:	Citibank
Correspondent Bank SWIFT:	CITIUS33
Correspondent Bank Address:	111 Wall St, New York, NY 10043 USA
Account Number:	36293239
ABA Number:	021000089
Beneficiary Bank:	KAS Bank NV
Beneficiary Bank Swift:	KASANL2A
Beneficiary Bank Address:	Spuistraat 172 Amsterdam 1000 DB Netherlands Beneficiary
Name:	Rudolf Wolff Income Fund Ltd
IBAN:	NL09KASA0228473284
Final Beneficiary Account:	22.84.73.284

For **EUR** SEND TO:

Beneficiary Bank	KAS BANK NV
BIC Account Code:	KASANL2A
Beneficiary Account Number	NL12KASA 0223622648
Beneficiary Name:	Rudolf Wolff Income Fund Ltd
IBAN:	NL12KASA 0223622648

For **JAPANESE YEN** SEND TO:

Correspondent Bank:	Hong Kong and Shanghai Banking Corp, Tokyo
Correspondent Bank SWIFT:	HSBCJPJT
Beneficiary Bank	KAS BANK NV
BIC Account Code:	KASANL2A
Beneficiary Account Number	009-023219-026
Beneficiary Name:	Rudolf Wolff Income Fund Ltd
Final Beneficiary Cash Account:	22.83.72.585
IBAN:	NL69KASA0228372585

<sup>4</sup> Shares must be received by the Administrator by 5.00 pm (Bermuda time) on the Business Day before the Dealing Day. Payment is to be received by electronic transfer in cleared funds in GBP, or EUR, or USD or JPY respectively.

**4. CLIENTS BANK DETAILS<sup>5</sup>**

Correspondent Bank	
Beneficiary Bank	
Account Name	
Account Number	
IBAN or SWIFT Code	
Reference Details	

**5. REPRESENTATIONS, DECLARATIONS AND WARRANTIES**

I/We represent that:

- (a) this application is based solely upon the current prospectus of the Rudolf Wolff Income Fund Limited (the "Fund") and subject to the provisions of its memorandum of association and the byelaws and that I/we have received and read and am/are familiar with the contents of the said prospectus;
- (b) I am/We are not a national or resident of or a partnership or corporation organised or existing under the laws of the United States or any state, territory or possessions thereof and nor do I/we hold or intend to hold for the benefit of any such person;
- (c) I am/We are not making this application for any person under the age of 18 years; and
- (d) I/We have completed the documents contained at Section 7 of this Appendix 1 as appropriate which are relevant to our investment in the Fund and the Shares.

**6. SIGNATURE AND DECLARATION**

By signing here, the Applicant is applying for Shares in the Rudolf Wolff Income Fund Limited on the terms of the prospectus and this Application Form.

I / We declare that the information contained in this Application Form and the attached documentation, if any, is true and accurate to the best of my / our knowledge and belief.

I / We agree that the representations set forth above are continuous and will be deemed to be repeated in connection with all further purchases of Shares. I / We further agree to advise the Fund promptly of any violations of the representations set forth herein.

I / We declare that I / we will promptly notify the Fund and the Administrator of any changes in the information or representations provided.

In the case of Individual Applicants, simply sign the top line; in the case of Joint Applicants all applicants must sign.

Name of Authorised Signatory	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>5</sup> Bank accounts must be in the name of the Applicant (as set out in Section 1 above). Please note that redemption payments will only be paid to the Applicant. No third party payments will be made.

## 7. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS

**THE FOLLOWING INFORMATION MUST BE SUBMITTED TOGETHER WITH THE APPLICATION FORM AS APPROPRIATE**

### FOR INDIVIDUALS AND JOINT INVESTORS:

Supply in respect of **ALL Applicants**:

- Certified** copy of passport / driving license or other acceptable form of identification
- A recent (under 3 months) **original or certified** form of address verification. These can be a utility bill or a bank statement. NB bills and statements cannot contain PO Box numbers. Also, mobile phone bills are not accepted either.

### FOR PARTNERSHIPS OR TRUSTS

- List of names, dates of birth, occupations and permanent addresses of all partners / trustees / beneficiaries.
- Certified** copies of the above partners' / trustees' / beneficiaries' identification as per an individual and or for a company.
- Evidence of the above partners' / trustees' authority to make investments in the Fund on behalf of the partnership / trust and an appropriate **certified** authorised signatory list.
- Certified** copy of partnership agreement / trust deed.

### FOR COMPANIES:

- Certified** copy of Certificate of Incorporation or Certificate to Trade.
- Certified** copy of Memorandum and Articles of Association (or equivalent constituent documentation).
- Certified** authorised signatory list and properly authorised mandate of the directors to make the investment (i.e. copy of board minutes).
- List of all directors' names, occupations, residential and business addresses and dates of birth.
- If listed on a stock exchange provide name / details:

Or, if the company is **not listed** on a stock exchange in a Member State of the European Union, Argentina, Australia, Brazil, Canada, Channel Islands, Hong Kong, Iceland, Isle of Man, Japan, New Zealand, Mexico, Norway, Principality of Liechtenstein, Russian Federation, Singapore, South Africa, Switzerland, Turkey and the United States of America, then also supply:

- Identification as per Individual Investor (see above) for at least 2 directors and all persons authorised to operate the account.
- List of names, addresses, dates of birth and occupations of shareholders holding 10% or more of the share capital.

### FOR REGULATED INTERMEDIARIES / NOMINEES ACTING FOR THIRD PARTIES

If an intermediary / agent / nominee authorised and regulated in a prescribed country<sup>6</sup> as follows below:-  
 Member States of the European Union, Argentina, Australia, Brazil, Canada, Channel Islands, Hong Kong, Iceland, Isle of Man, Japan, New Zealand, Mexico, Norway, Principality of Liechtenstein, Russian Federation, Singapore, South Africa, Switzerland, Turkey and the United States of America;

**AND** acting on behalf of a third party; **then, supply the following:**

- Regulatory details (regulated entity, name of regulator, authorized number)
  
- Certified** copy of authorised signatory list

**INTERMEDIARIES / NOMINEES TO COMPLETE THE FOLLOWING DECLARATION:**

I / We _____ (insert name)  at the following address: _____  _____ confirm that we are  regulated in _____ (insert jurisdiction)  by _____ (name of regulator)
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Evidence of our registration can be obtained from the following webpage:

I / We confirm also: (i) that evidence of verification has been obtained and recorded; (ii) the names of our clients have been compared against the following sanction lists: (a) EU; (b) UN and (c) OFAC; (iii) that all documentary evidence of verification process will be retained for at least 5 years after the client has redeemed in full; and (iv) this documentary evidence of verification will be made available on demand.  I / We further confirm that I / we will promptly notify Altree Fund Services Ltd. if any of the information or representations above are no longer accurate and true.
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Name of Authorised Signatory	Title	Signature	Date

**By signing this Application Form the signatory confirms that he / she is duly authorised to sign this declaration on behalf of the intermediary, agent or nominee.**

<sup>6</sup> If you are not regulated in a prescribed country as detailed above please contact the Administrator for further details

\* Insert any additional information...

**IMPORTANT:** Please ensure when completing not to reference any specific client accounts / designations so that the below representation may be used by the Administrator for all accounts invested by the intermediary, agent or nominee.

**IMPORTANT CERTIFICATION REQUIREMENTS FOR ALL APPLICANTS**

**All documents must be certified as true copies of the original - photocopies are not acceptable**

**Certification Requirements:**

- Certified documents must bear the words ‘Certified as a true Copy of the original’, or words to this effect.
- Certified documents must clearly detail the Certifier’s full details including name, title, company, address, telephone number, practicing number (if applicable), and bear the original stamp/signature of the certifier, if any. Details can be provided by way of business card if appropriate.
- Documents must bear the original ink signature of the Certifier. Photocopies or facsimile copies of certified/notarized documents are not acceptable.
- Where documents are not in English, a notarized translation is required.
- **Who can certify:** Documents can be certified by the relevant companies’ registration office, a police officer, notaries public, embassy and consular staff, your Bank\*, chartered and certified public accountant or solicitor. (Please include the practicing number of professionals such as solicitor or accountant, if applicable.)

*\*Only senior officials of a Bank regulated in one of the following countries may certify documents: Member States of the European Union, Argentina, Australia, Brazil, Canada, Channel Islands, Hong Kong, Iceland, Isle of Man, Japan, New Zealand, Mexico, Norway, and Principality of Liechtenstein, Russian Federation, Singapore, South Africa, Switzerland, Turkey and the United States of America.*

**8. TO BE COMPLETED BY SWISS NATIONALS**

The shares of the fund can be distributed in Switzerland exclusively to qualified investors as defined by Article 10 § 3 of the Collective Investment Scheme Act (CISA) and Article 6 of the Collective Investment Scheme Ordinance (CISO) (Qualified Investors).

Article 10 of the Swiss Federal Collective Investment Schemes Act (the CISA) and Articles 6 and 6a of the Swiss Collective Investment Schemes Ordinance (CISO) define the categories of investor regarded as qualified in the field of Swiss collective investment schemes (Qualified Investors).

The Applicant hereby confirms for the benefit of both the Fund and its distributor that the he/she/it is a Qualified Investor as defined by CISA and CISO.

Place and date: \_\_\_\_\_

**Name of the Qualified Investor / financial intermediary**

By \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE SECTIONS BELOW**

- ALL PRIVATE INVESTORS must complete Section 9 and parts 1 to 5 and all of Section 11
- CORPORATIONS/PARTNERSHIPS/TRUSTS/FOUNDATIONS ETC must complete Section 10 and parts 1 to 6 and all of Section 11

**9. FATCA/CRS (FOR PRIVATE INVESTORS ONLY - SELF CERTIFICATION FORM)**

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

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.

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. **(Mandatory fields are marked with an \*)**

**Part 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\*: \_\_\_\_\_

**Part 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.

\_\_\_\_\_

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

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

Country of 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.

**Part 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

Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.	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		



**Part 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\*: \_\_\_\_\_

**10. FATCA/CRS (CORPORATE/TRUSTEES/PARTNERSHIPS/TRUSTS OR FOUNDATIONS/CHARITIES)**

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.

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 (/Controlling Person) Self-Certification for FATCA and CRS”.**

**Part 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: \_\_\_\_\_

**Part 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)

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

**3.1 Financial Institutions under FATCA:**

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

I.	Financial Institution or a Partner Jurisdiction Financial Institution	
II.	Registered Deemed Compliant Foreign Financial Institution	
III.	Participating Foreign Financial Institution	

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 GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor's name and sponsor's GIIN :  Sponsor's Name: _____ Sponsor's GIIN: _____	
II.	Exempt Beneficial Owner	
III.	Certified Deemed Compliant Foreign Financial Institution	
IV.	Non-Participating Foreign Financial Institution	
V.	Excepted Foreign Financial Institution	

**3.4 Non-Financial Institutions under FATCA:**

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

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

**Part 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

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

**5.2 Non Financial Institutions under CRS:**

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

I.	Active Non-Financial Entity – 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.	Active Non-Financial Entity – a Government Entity or Central Bank	
III.	Active Non-Financial Entity – an International Organisation	
IV.	Active Non-Financial Entity – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	
V.	Passive Non-Financial Entity (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	

**\*\*Controlling Persons:**

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

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

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard.

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

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

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

**Authorised Signature(s)\*:**

\_\_\_\_\_

**Print Name(s)\*:**

\_\_\_\_\_

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

\_\_\_\_\_

**Date: (DD/MM/YYYY):\*** \_\_\_\_\_

**11. SIGNATURE AND DECLARATION**

By signing here, the Applicant is applying for Shares in the Rudolf Wolff Global Equity Income Fund on the terms of the Prospectus and this Application Form.

I / We declare that the information contained in this Application Form and the attached documentation, if any, is true and accurate to the best of my / our knowledge and belief.

I / We agree that the representations set forth above are continuous and will be deemed to be repeated in connection with all further purchases of Shares. I / We further agree to advise the Fund promptly of any violations of the representations set forth herein.

I / We declare that I / we will promptly notify the ICAV and the Administrator of any changes in the information, documentation or representations provided and in particular, any changes in the information or documentation provided in relation to AML/CFT.

I / We declare that I am authorised to sign this Application Form on my/our own behalf or on behalf of the intermediary, agent or nominee (if applicable) and to make the representations and give the indemnities referred to herein.

Name of Authorised Signatory	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____

**Reminder in regard to what needs to be completed and filled in:**

- **ALL PRIVATE INVESTORS must complete Section 9, parts 1 to 5 and all of Section 11.**
- **CORPORATIONS/PARTNERSHIPS/TRUSTS/FOUNDATIONS/CHARITIES must complete Section 10, parts 1 to 6 and all of Section 10**

**APPENDIX I**

***[LETTER HEADED PAPER]***

Full Legal Name of the entity certifying:

Address:

Jurisdiction:

This is to confirm that *[name of company]* is a company registered in *[jurisdiction]*. As a registered company authorized by *[Regulator]* we are subject to *[jurisdiction]* Anti-Money Laundering (AML) laws and regulations.

We acknowledge that Altree Fund Services Limited is relying on us to satisfy their investor due diligence requirements with respect to *[Name of Investor]*.

We confirm that we have written Policies, Procedures and Documentary Requirements designed to comply with applicable local and international AML laws, regulations and requirements.

Our AML Policies, Procedures and Documentary Requirements, at a minimum, cover identification and verification of the identity of the relevant investors and their beneficial owners, politically exposed persons, source of wealth, sanctions screening and screening against international lists of terrorists, AML training our staff, reporting of suspicious activity to the relevant authorities, and record keeping for a minimum of 5 years from the cessation of the relationship with an investor.

We can confirm that we perform the relevant AML and Customer Due Diligence checks on the investors that subscribe into *[name of fund]*.

We confirm that upon request, as soon as practicable copies of the relevant customer due diligence documents will be made available to Altree Fund Services Limited.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Branch/Department/Division: \_\_\_\_\_