



In cooperation with



European Capital Partners SA

Application form for Private Investors

For funds domiciled in Luxembourg

APPLICATION FORM FOR PRIVATE INVESTOR

Full name of the Fund	
Account number (for existing investors)	
Account reference up to 20 characters (optional)	
Name of the Intermediary (if applicable)	

Instructions for filling this Application Form

- 1) This Application Form should be read in conjunction with the most recent prospectus of the Fund.
- 2) The original copy of this Application Form once completed and signed must be sent **by post** along with any further identification documentation required in the below sections to the Fund's Administrator EFA S.A.:
 European Fund Administration S.A. (EFA)
 Att: Register Administration Department - Shareholder Services
 2, rue d'Alsace
 L-1122 Luxembourg
- 3) In addition to sending the documents by post, you may provide a copy of the completed and signed Application Form along with any further identification documentation to the following Fax number of EFA in Luxembourg: (00352) 48 65 61 8002.
- 4) Please instruct your bank to transfer the amount that you wish to invest to the Fund's bank account. Please ensure that your transfer is executed from your own bank account and that the transfer is received by the Fund at the correct date.
- 5) Please complete this Form in English and in BLOCK LETTERS using Black ink. Please tick (✓) in the appropriate box (), where boxes have been provided. Please note that all mandatory fields are marked with an asterisk (*).
- 6) You will receive by mail (or by fax if you provided us with your fax number) a confirmation of your transaction.

Should you have any questions about any aspect of the subscription process please E-mail your question to register.ta.ops@efa.eu and we will be pleased to help you.

DETAILS OF MAIN ACCOUNT HOLDER

Title*	<input type="checkbox"/> Mr. <input style="margin-left: 150px;" type="checkbox"/> Ms.
Last name*	
First name*	
Date of birth*	
Place of birth (town or city)*	
Country of birth*	
Nationality/ies / citizenship(s) (please list all)*	
Number(s) of identity card or passport*	
Issued by (authority/country)*	
Date of issue*	
Date of expiration (if applicable)	
Contact details	
Telephone number*	
Fax number (if available)*	
E-mail address*	
Residential address (PO Box and c/o address are only accepted as mailing address)	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	
Mailing address (if different from residential address)	
Addressee (if applicable)*	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	
Politically exposed persons (and closely related persons or relatives)	
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person)*	<input type="checkbox"/> Yes <input style="margin-left: 150px;" type="checkbox"/> No
If Yes, please specify the function and the timeframe*	

WELL INFORMED INVESTOR (FOR INVESTMENTS INTO SIF/SICAR/RAIF ONLY) - MAIN ACCOUNT HOLDER

Please note that investments into Specialised Investment Funds (SIF) under the Luxembourg amended law of 13th February 2007, Investment Companies in Risk Capital (SICAR) under the Luxembourg law of 15th June 2004 or Reserved Alternative Investment Funds (RAIF) under the Luxembourg law of 23rd July 2016 are restricted to well-informed investors only. In this context it is to be noted that besides professional and institutional investors any other investor confirming in writing that he/she adheres to the status of well-informed investor who is investing at least EUR 125 000 or who benefits from an assessment made by a credit institution, investment firm, management company or by an authorised alternative investment fund manager in the case of RAIF certifying his/her expertise, his/her experience and his/her knowledge in adequately appraising an investment in the SIF/SICAR/RAIF qualifies as well-informed investor. However, none of the aforementioned conditions needs to be met by persons intervening in the management of a SIF/SICAR/RAIF. Please note that in addition to the foregoing, specific restrictions defined in the relevant fund prospectus (if any) must be complied with as well.

1. I qualify as professional investor.	<input type="checkbox"/>	Yes
2. I intervene in the management of a SIF/SICAR/RAIF (e.g. act as director of a SIF/SICAR/RAIF).	<input type="checkbox"/>	Yes
3. I hereby declare to adhere to the status of well informed investor.	<input type="checkbox"/>	Yes
And I invest a minimum of EUR 125,000.-*	<input type="checkbox"/>	*The minimum investment capital is a condition applicable to each holder
Or I am subject of an assessment** made by:		
i. for SIF/SICAR a credit institution within the meaning of Directive 2006/48/EC or for RAIF a credit institution within the meaning of Regulation (EU) No 575/2013 of the European Parliament and of the Council of 26 June 2013 on prudential requirements for credit institutions and investment firms and amending Regulation (EU) No 648/2012,	<input type="checkbox"/>	**Certifying the holder's expertise, experience and knowledge in adequately appraising an investment in the fund.
ii. an investment firm within the meaning of Directive 2004/39/EC,	<input type="checkbox"/>	
iii. a management company within the meaning of Directive 2009/65/EC or	<input type="checkbox"/>	
iv. for RAIF only an authorised alternative investment fund manager within the meaning of Directive 2011/61/EU	<input type="checkbox"/>	

U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") - DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES - MAIN ACCOUNT HOLDER

Investor Self-Certification is required in order to determine whether or not the Account Holder is a resident or/and a citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes. Please note that a U.S. citizen is considered a U.S. tax resident even if the person is also a tax resident of another jurisdiction.

Self-certification of the Main Account Holder*	(a) <input type="checkbox"/>	I confirm that I am a U.S. citizen and/or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes. My U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____	TIN :
	or (b) <input type="checkbox"/>	I confirm that I am not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes	

INTERNATIONAL EXCHANGE OF FISCAL INFORMATION - COMMON REPORTING STANDARD ("CRS") - DECLARATION OF TAX RESIDENCE - MAIN ACCOUNT HOLDER

Investor Self-Certification is required in order to determine the tax residence(s) of the Main Account Holder for tax purposes.
Please note that you may choose more than one country.

Provision of the Tax Identification Number (TIN) is required unless you are tax resident in a country / jurisdiction that does not issue a TIN.

Self-certification of the Main Account Holder*	I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:	
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
If applicable, please specify the reason for non-availability of a TIN:		

** For further information, please refer to: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>
If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A".

ECONOMICAL BACKGROUND - MAIN ACCOUNT HOLDER

Professional situation (If you are retired, please indicate the information on your last position.)				
Professional status*	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Student
	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Director / Partner / Management
	<input type="checkbox"/>	Retired		
	<input type="checkbox"/>	Other (specify):		
Profession*				
Job title*				
Business line/ field of activity*				
Executed within a*	<input type="checkbox"/>	Public administration	<input type="checkbox"/>	Small / Medium size Co.
	<input type="checkbox"/>	Listed company	<input type="checkbox"/>	Multinational
	<input type="checkbox"/>	Other (specify):		
Name of your employer and country*				
Source of funds				
Best estimate of annual regular income* (such as from professional occupation, retirement/ pension benefits, investment income, leasing or renting of real estate)	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000
	<input type="checkbox"/>	Up to EUR 250 000	<input type="checkbox"/>	Up to EUR 500 000
	<input type="checkbox"/>	Up to EUR 1 000 000	<input type="checkbox"/>	More than EUR 1 000 000

Source of wealth				
Best estimate of total net assets* <i>(including liquidities, investments, real estate, etc.)</i>	<input type="checkbox"/>	Up to EUR 100 000	<input type="checkbox"/>	Up to EUR 250 000
	<input type="checkbox"/>	Up to EUR 500 000	<input type="checkbox"/>	Up to EUR 1 000 000
	<input type="checkbox"/>	Up to EUR 5 000 000	<input type="checkbox"/>	More than EUR 5 000 000
Source of wealth*	<input type="checkbox"/>	Savings/ professional occupation	<input type="checkbox"/>	Investments / insurance policy
	<input type="checkbox"/>	Sale of business/ house	<input type="checkbox"/>	Real estate
	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Other (specify):

INVESTMENT DETAILS (Purpose and intended nature of the investment as well as the economic origin of the funds invested)						
Planned frequency of future investment*	<input type="checkbox"/>	Lump sum	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Yearly
	<input type="checkbox"/>	Other (specify):				
Expected average amount per investment*	<input type="checkbox"/>	Up to EUR 10 000	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000
	<input type="checkbox"/>	Over EUR 100 000	<input type="checkbox"/> Other (specify):			
Expected total amount to invest*	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000	<input type="checkbox"/>	Up to EUR 300 000
	<input type="checkbox"/>	Up to EUR 500 000	<input type="checkbox"/> Other (specify):			
Expected period of investment*	<input type="checkbox"/>	Short term	<input type="checkbox"/>	Middle term	<input type="checkbox"/>	Long term
	<input type="checkbox"/>	Other (specify):				
Economic origin of the money considered to be invested* <small>EFA reserves the right to request documentary evidence relating to the source of funds in all instances.</small>	<input type="checkbox"/>	Professional income	<input type="checkbox"/>	Inheritance		
	<input type="checkbox"/>	Insurance policy	<input type="checkbox"/>	Sale of house, business, other		
	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Exceptional income (commissions, bonuses...)		
	<input type="checkbox"/>	Other (specify):				

BANK ACCOUNT DETAILS (from which subscriptions are paid and to which redemption proceeds and/or dividends will be paid)	
<i>According to the standard procedure EFA will only transfer redemption proceeds and dividends to the persons appearing as holders of the units/shares in the register of unit/shareholders.</i>	
<i>The following details should be provided in order to ensure timely processing of payments made to you.</i>	
Name of the bank*	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	
BIC code of the bank*	
National code of the bank (e.g. BLZ, BC, Sort Code)*	
Bank account number*	
Bank account currency*	
IBAN format of the account number*	
Full name of bank account holder*	
BIC code of the bank account holder (if available)	
Please be advised that EFA will have the right to verify that information. As part of such verification process EFA might therefore ask you to provide documentary evidence of the information provided especially in case of change of your bank details.	

REPORTING			
1. EFA should provide a contract note of each transaction*	<input type="checkbox"/> To the holder(s)	and/or	<input type="checkbox"/> To a third party
2. EFA should provide a holding statement to*	<input type="checkbox"/> To the holder	and/or	<input type="checkbox"/> To a third party
on the following basis*	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly (default)
using the following media*	<input type="checkbox"/> Postal (default)	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
EFA should provide the reporting in the following language*	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> German
	<input type="checkbox"/> Swedish	<input type="checkbox"/> Italian	
EFA should provide the reporting in the following currency			
Name of the third party*			
Relation with the main account holder*			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Contact person*			
Telephone number*			
Fax number*			
E-mail address*			

DIVIDEND INFORMATION (if applicable)	
<i>The following instructions will be applied only in accordance with terms and conditions of the prospectus of the fund we invested in.</i>	
Dividend should be*	<input type="checkbox"/> Reinvested <input type="checkbox"/> Paid by transfer to the holder's bank account (please fill bank details below)

DETAILS OF THE POWER OF ATTORNEY / LEGAL REPRESENTATIVE (if applicable)

Transactions on behalf of a Main Account Holder under the age of 18 are only accepted if signed by both parents.
 In the case of a sole legal tutor, proof of legal representation / authority must be provided.

If there is more than one legal representative, please add the other legal representative details to this Form using a copy of this page.

EFA is authorised to accept and execute any future instructions received from the following person for (if not specified, PoA will be ALL dealing instructions)*	<input type="checkbox"/> Subscriptions ONLY	<input type="checkbox"/> Redemptions ONLY	<input type="checkbox"/> ALL dealing instructions
	<input type="checkbox"/> Other (specify):		
Title*	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
Last name*			
First name*			
Date of birth*			
Place of birth (town or city)*			
Country of birth*			
Nationality/ies / citizenship(s) (please list all)*			
Number(s) of identity card or passport*			
Issued by (authority/country)*			
Date of issue*			
Date of expiration (if applicable)*			
Contact details			
Telephone number*			
Fax number*			
E-mail address*			
Residential address (PO Box and c/o address are only accepted as mailing address)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Mailing address (if different from residential address)			
Addressee (if applicable)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Politically exposed persons (and closely related persons or relatives)			
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please specify the function and the timeframe*			

DETAILS OF JOINT ACCOUNT HOLDER (if applicable)

Type of account (if not specified, account will be either/or) :	<input type="checkbox"/> Joint (signature of all holders are required)	<input type="checkbox"/> Either/or (main or joint are able to sign separately)
Title*	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.
Last name*		
First name*		
Date of birth*		
Place of birth (town or city)*		
Country of birth*		
Nationality/ies / citizenship(s) (please list all)*		
Number(s) of identity card or passport*		
Issued by (authority/country)*		
Date of issue*		
Date of expiration (if applicable)		
Contact details*		
Telephone number		
Fax number		
E-mail address		
Residential address (PO Box and c/o address are only accepted as mailing address)		
Name of street and number*		
Zip code or Postal code*		
Town or City*		
Country*		
Mailing address (if different from residential address)		
Addressee (if applicable) :		
Name of street and number*		
Zip code or Postal code*		
Town or City*		
Country*		
Politically exposed persons (and closely related persons or relatives)		
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please specify the function and the timeframe*		

WELL INFORMED INVESTOR (FOR INVESTMENTS INTO SIF/SICAR/RAIF ONLY) - JOINT ACCOUNT HOLDER

Please note that investments into Specialised Investment Funds (SIF) under the Luxembourg amended law of 13th February 2007, Investment Companies in Risk Capital (SICAR) under the Luxembourg law of 15th June 2004 or Reserved Alternative Investment Funds (RAIF) under the Luxembourg law of 23rd July 2016 are restricted to well-informed investors only. In this context it is to be noted that besides professional and institutional investors any other investor confirming in writing that he/she adheres to the status of well-informed investor who is investing at least EUR 125 000 or who benefits from an assessment made by a credit institution, investment firm, management company or by an authorised alternative investment fund manager in the case of RAIF certifying his/her expertise, his/her experience and his/her knowledge in adequately appraising an investment in the SIF/SICAR/RAIF qualifies as well-informed investor. However, none of the aforementioned conditions needs to be met by persons intervening in the management of a SIF/SICAR/RAIF. Please note that in addition to the foregoing, specific restrictions defined in the relevant fund prospectus (if any) must be complied with as well.

1. I qualify as professional investor	<input type="checkbox"/> Yes
2. I intervene in the management of a SIF/SICAR/RAIF (e.g. act as director of a SIF/SICAR/RAIF).	<input type="checkbox"/> Yes
3. I hereby declare to adhere to the status of well informed investor.	<input type="checkbox"/> Yes
<i>And</i>	
I invest a minimum of EUR 125,000.-*	<input type="checkbox"/> *The minimum investment capital is a condition applicable to each holder
OR	
I am are subject of an assessment** made by :	
i. for SIF/SICAR a credit institution within the meaning of Directive 2006/48/EC or for RAIF a credit institution within the meaning of Regulation (EU) No 575/2013 of the European Parliament and of the Council of 26 June 2013 on prudential requirements for credit institutions and investment firms and amending Regulation (EU) No 648/2012,	<input type="checkbox"/>
ii. an investment firm within the meaning of Directive 2004/39/EC,	<input type="checkbox"/>
iii. a management company within the meaning of Directive 2009/65/EC or	<input type="checkbox"/>
iv. for RAIF only an authorised alternative investment fund manager within the meaning of Directive 2011/61/EU	<input type="checkbox"/>
	**Certifying the holder's expertise, experience and knowledge in adequately appraising an investment in the fund.

U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") - JOINT ACCOUNT HOLDER

Investor Self-Certification is required in order to determine whether or not the Account Holder and/or Joint-Holder is/are resident or/and citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes.

Self-certification of the Joint Account Holder (if applicable)*	(a) <input type="checkbox"/>	I confirm that I am a U.S. citizen and/or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes. My U.S. federal taxpayer identifying number (U.S. TIN) is as follows: TIN :
	or (b) <input type="checkbox"/>	I confirm that I am not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes

INTERNATIONAL EXCHANGE OF FISCAL INFORMATION - DIRECTIVE ON ADMINISTRATIVE COOPERATION ("DAC2") AND COMMON REPORTING STANDARD ("CRS") - JOINT ACCOUNT HOLDER

*Investor Self-Certification is required in order to determine the tax residence(s) of the Main Account Holder and/or Joint-Holder for tax purposes.
Please note that you may choose more than one country.
Provision of the Tax Identification Number (TIN) is required unless you are tax resident in a country / jurisdiction that does not issue a TIN.*

Self-certification of the Joint Account Holder (if applicable)*	I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:	
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
If applicable, please specify the reason for non-availability of a TIN** :		

** For further information, please refer to: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>
If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A".

ECONOMICAL BACKGROUND - JOINT ACCOUNT HOLDER

Professional situation (If you are retired, please indicate the information on your last position.)				
Professional status*	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Student
	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Director / Partner / Management
	<input type="checkbox"/>	Retired		
	<input type="checkbox"/>	Other (specify):		
Profession*				
Job title*				
Business line/ filed of activity*				
Executed within a*	<input type="checkbox"/>	Public administration	<input type="checkbox"/>	Small / Medium size Co.
	<input type="checkbox"/>	Listed company	<input type="checkbox"/>	Multinational
	<input type="checkbox"/>	Other (specify):		
Name of your employer and country*				
Source of funds				
Best estimate of annual regular income* <small>(such as from professional occupation, retirement/ pension benefits, investment income, leasing or renting of real estate)</small>	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000
	<input type="checkbox"/>	Up to EUR 250 000	<input type="checkbox"/>	Up to EUR 500 000
	<input type="checkbox"/>	Up to EUR 1 000 000	<input type="checkbox"/>	More than EUR 1 000 000
Source of wealth				
Best estimate of total assets* <small>(including cash, investments, real estate, etc.)</small>	<input type="checkbox"/>	Up to EUR 100 000	<input type="checkbox"/>	Up to EUR 250 000
	<input type="checkbox"/>	Up to EUR 500 000	<input type="checkbox"/>	Up to EUR 1 000 000
	<input type="checkbox"/>	Up to EUR 5 000 000	<input type="checkbox"/>	More than EUR 5 000 000
Source of wealth*	<input type="checkbox"/>	Savings/ professional occupation	<input type="checkbox"/>	Investments/ insurance policy
	<input type="checkbox"/>	Sale of business/ house	<input type="checkbox"/>	Real estate
	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Other (specify):

GENERAL DECLARATIONS

Beneficial owner declaration I am / we are the beneficial owner(s) of the shares subscribed and registered in my / our name(s). Or I / we have subscribed the shares on behalf of somebody else (children / tutelage measures) and I / we will provide you with an additional declaration(s) providing the name(s) and identification details as well as the relevant documentation(s) of the beneficial owner(s) of the shares registered in my / our name(s).	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
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SIGNATURES

The undersigned declare(s):

- To have full legal capacity.
- That I / we have examined and understood the information on this form, filled out this form to the best of my / our knowledge and believe it is true, correct and complete.
- That I / we will examine the official documents of each investment fund before investing and accept and comply with any defined conditions related to such investments.
- That I / we hereby authorise the Fund or its authorized representative(s) (the "Fund"), and/or EFA in its role of transfer agent or as an authorized delegate ("EFA"), to the extent required under the applicable Luxembourg laws (the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015), to report in the time and manner described by the applicable laws to the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s), the following information (the "Information"):

- my / our last name, first name, date and place of birth, tax identification number, country or countries of tax residence and residence address(es);
- my / our register account number;
- the name of the Fund;
- the account value as of the end of the relevant calendar year or, if the account was closed during such year or period, the closure of the account or the value of the account immediately before its closure, according to the terms of the applicable law;
- the total gross amount paid or credited to my / our account during the calendar year including the aggregate amount of any redemption payments made to me / us;
- all other information required by applicable laws.

- I / we acknowledge that I / we have been informed that the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s) will automatically pass the aforementioned information on to the relevant Participating Jurisdiction Tax Authority(-ies) and to the U.S. Secretary of the Treasury or its delegate(s), according to the terms of the applicable law.
- That I / we hereby authorise the Fund and/or EFA to disclose the Information to the governing body of the Fund, to the Fund's management company / AIFM / Auditor(s) / Fiscal representative(s) / Sponsoring entity(ies) and / or to the Fund's paying agent if so required for the good administration of my / our shareholding in the Fund.
- That the Fund, acting as data controller, and / or EFA, acting as data processor, shall process the Information in accordance with the provisions of the law of 1 August 2018 on the protection of individuals with regard to the processing of personal data, as amended, (the "2018 Law") and according to the Regulation (EU) of the European Parliament and the Council of April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of data ("GDPR") as such laws may be amended or repealed from time to time; that, according to the 2018 Law, I / we have a right of access, to rectification, to erasure, of restriction of processing, to object and automated individual decision-making, to data portability of the Information by contacting EFA at the email address mentioned on the front page of this document. The Information is kept in accordance with Luxembourg prescription rules applicable to the data controller. The Information is not kept beyond what is needed in order to comply with the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015. Documentation and personal data which are used to demonstrate orderly data processing will be stored in accordance with Luxembourg legal retention periods. Account holder' personal data are then erased if and when permitted by the Law of 2018 and GDPR or any other applicable laws.
- That I / we agree that I / we will submit a new valid form to EFA within 30 days, if any declaration / certification on this form has changed.
- That I / we hereby agree that the present information form is subject to Luxembourg law and to the exclusive jurisdiction of the courts of the judicial district of the City of Luxembourg, Grand-Duchy of Luxembourg.
- I / we acknowledge that I / we may refuse to communicate part of the Information to the Fund and / or to EFA, thereby precluding the Fund or EFA from establishing computer records and from using the Information. However, such refusal or preclusion shall be an obstacle to the entry into relationship between the Fund and the Account Holder and such Account Holder may be subject to liability for penalties imposed on the Fund and / or EFA and attributable to such Account Holder's failure to provide the Information or to disclosure of the Information by the Fund and / or EFA to the Luxembourg tax authorities under the terms of the applicable law.

The undersigned take/s note of the fact that the Fund and / or EFA may request documentary evidence for any of the forgoing declarations.

By signing this document, I/we declare that I/we am/are aware of the tax obligations relating to the detention of shares / units of the funds in which I/we hereby invest in, towards the competent tax authorities.

I/we declare that I/we am/are aware of my/our responsibility for fulfilling all tax obligations towards the reference and/or competent authorities. Especially, I/we declare that I/we comply with the Luxembourg legal requirements more specifically the requirements which result from the Law of 23 December 2016 and the CSSF circular 17/650 related to the fight against money laundering and the terrorism financing.

Main Account Holder		Joint Account Holder (if applicable)	
		Name*	
Date*		Date*	
Signature*		Signature*	
Power of Attorney / Legal Representative (if applicable)			
Name*			
Date*			
Signature*			

INFORMATION FORM FOR BENEFICIAL OWNERS OR CONTROLLING PERSONS

Instructions for filling this Information Form

- 1) This Beneficial Ownership / Controlling Persons Form is to be filled out in conjunction with the entity described below in section "Account Holder (Entity) Details" for which you have been identified as a Beneficial Owner or a Controlling Person.
- 2) The original copy of this Form once completed and signed must be sent **by post** along with any further identification documentation required in the below sections to the Fund's Administrator EFA S.A.:
 European Fund Administration S.A. (EFA)
 Att: Register Administration Department - Shareholder Services
 2, rue d'Alsace
 L-1122 Luxembourg
- 3) In addition to sending the documents by post, you may provide a copy of the completed and signed Information Form along with any further identification documentation to the following Fax number of EFA in Luxembourg: (00352) 48 65 61 8002.
- 4) Please complete this Form in English and in BLOCK LETTERS using Black ink. Please tick (b) in the appropriate box () where boxes have been provided. Please note that all mandatory fields are marked with an asterisk (*).
 Should you have any questions about any aspect of the subscription process please E-mail your question to register.ta.ops@efa.eu and we will be pleased to help you.

ACCOUNT HOLDER (ENTITY) DETAILS

Entity name*	
Contact person*	
Telephone number*	
Fax number*	
E-mail address*	
Registered address (PO Box and c/o address are only accepted as mailing address)	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	

DETAILS OF THE BENEFICIAL OWNER / CONTROLLING PERSON

Title*	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.
Last name*				
First name*				
Date of birth*				
Place of birth (Town or City)*				
Country of birth*				
Nationality/ies / citizenship(s) (please list all)*				
Number(s) of identity card or passport*				
Issued by (authority/country)*				
Date of issue*				
Date of expiration (if applicable)*				
Contact details				
Telephone number*				
Fax number (if applicable)				
E-mail address*				
Residential address				
Name of street and number*				
Zip code or Postal code*				
Town*				
Country*				

Politically exposed persons (and closely related persons or relatives)	
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the function and timeframe*	

BENEFICIAL OWNER / CONTROLLING PERSON TYPE*				
<i>Please tick the declaration which match with the relationship between the main account holder (entity) and the beneficial owner / controlling person</i>				
The undersigned hereby certify to be the beneficial owner (1) / controlling person of the account holder (entity) as :				
Legal Person	Control by Ownership	<input type="checkbox"/>	% of ownership%
	Senior Managing Official	<input type="checkbox"/>		
	Control by Other Means	<input type="checkbox"/>		
Trust / Legal Arrangement	Settlor - Equivalent	<input type="checkbox"/>	Trustee - Equivalent	<input type="checkbox"/>
	Protector - Equivalent	<input type="checkbox"/>	Beneficiary - Equivalent	<input type="checkbox"/>
	Other (Specify)	<input type="checkbox"/>		
<p>(1) The term "Beneficial owner" means a physical person for whose use and benefit property is held by another. In the current context and in accordance with art. 1 (7) of the law of 12 November 2004, it means any natural person who ultimately owns or controls the customer and/or any natural person on whose behalf a transaction or activity is being conducted</p> <p>The term "Controlling Person" means a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") or Non-Financial Foreign Entity ("NFFE") then a Financial Institution must report whether such the Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012).</p>				

US FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") - DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES - BENEFICIAL OWNER OR CONTROLLING PERSON	
<i>Self-Certification is required from the Beneficial Owner or Controlling Person in order to determine whether or not he/she is a resident or/and a citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes.</i>	
Self-certification for Beneficial Owner / Controlling Person	<input type="checkbox"/> (a) I confirm that I am a U.S. citizen and/or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes. My U.S. federal taxpayer identifying number (U.S. TIN) is as follows: TIN :
	<input type="checkbox"/> (b) I confirm that I am not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes

INTERNATIONAL EXCHANGE OF FISCAL INFORMATION - COMMON REPORTING STANDARD ("CRS") - DECLARATION OF TAX RESIDENCE - BENEFICIAL OWNER OR CONTROLLING PERSON	
<i>Investor Self-Certification is required in order to determine the tax residence(s) of the Beneficial Owner or Controlling Person for tax purposes. Please note that you may choose more than one country. Provision of the Tax Identification Number (TIN) is required unless you are tax resident in a country / jurisdiction that does not issue a TIN.</i>	
Self-certification for Beneficial Owner / Controlling Person	I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:
	Country / jurisdiction: TIN**:
	Country / jurisdiction: TIN**:
	Country / jurisdiction: TIN**:
If applicable, please specify the reason for non-availability of a TIN** :	
<small>** For further information, please refer to: http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers. If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A".</small>	

ECONOMICAL BACKGROUND OF BENEFICIAL OWNER (in case of control by ownership)	
<i>If you are retired, please indicate the information on your last position in the following boxes</i>	
Professional status*	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Director / Partner / Management <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify):
Profession*	
Job title*	
Business line/ field of activity*	
Executed within a*	<input type="checkbox"/> Public administration <input type="checkbox"/> Small / Medium size Co. <input type="checkbox"/> Listed company <input type="checkbox"/> Multinational <input type="checkbox"/> Other (specify):
Name of your employer and country*	

Source of funds				
Best estimate of annual regular income* <i>(such as from professional occupation, retirement/ pension benefits, investment income, leasing or renting of real estate)</i>	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000
	<input type="checkbox"/>	Up to EUR 250 000	<input type="checkbox"/>	Up to EUR 500 000
	<input type="checkbox"/>	Up to EUR 1 000 000	<input type="checkbox"/>	More than EUR 1 000 000
Source of wealth				
Best estimate of total net assets* <i>(including liquidities, investments, real estate, etc.)</i>	<input type="checkbox"/>	Up to EUR 100 000	<input type="checkbox"/>	Up to EUR 250 000
	<input type="checkbox"/>	Up to EUR 500 000	<input type="checkbox"/>	Up to EUR 1 000 000
	<input type="checkbox"/>	Up to EUR 5 000 000	<input type="checkbox"/>	More than EUR 5 000 000
Source of wealth*	<input type="checkbox"/>	Savings / professional occupation	<input type="checkbox"/>	Investments / insurance policy
	<input type="checkbox"/>	Sale of business / house	<input type="checkbox"/>	Real estate
	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Other (specify):

SIGNATURES	
<p>The undersigned declares:</p> <ul style="list-style-type: none"> - To have full legal capacity. - That I have examined and understood the information on this form, filled out this form to the best of my knowledge and believe it is true, correct and complete. - That I will examine the official documents of each investment fund before investing and accept and comply with any defined conditions related to such investments. - That I hereby authorise the Fund or its authorized representative(s) (the "Fund"), and/or EFA in its role of transfer agent or as an authorized delegate ("EFA"), to the extent required under the applicable Luxembourg laws (the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015), to report in the time and manner described by the applicable laws to the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s), the following information (the "Information"): - my last name, first name, date and place of birth, tax identification number, country or countries of tax residence and residence address(es); - my register account number; - the name of the Fund; - the account value as of the end of the relevant calendar year or, if the account was closed during such year or period, the closure of the account or the value of the account immediately before its closure, according to the terms of the applicable law; - the total gross amount paid or credited to my/our account during the calendar year including the aggregate amount of any redemption payments made to me; - all other information required by applicable laws. <ul style="list-style-type: none"> - I acknowledge that I have been informed that the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s) will automatically pass the aforementioned information on to the relevant Participating Jurisdiction Tax Authority(-ies) and to the U.S. Secretary of the Treasury or its delegate(s), according to the terms of the applicable law. - That I hereby authorise the Fund and/or EFA to disclose the Information to the governing body of the Fund, to the Fund's management company/AIFM/Auditors/Fiscal representatives/Sponsoring entity and/or to the Fund's paying agent if so required for the good administration of my shareholding in the Fund; - That the Fund, acting as data controller, and / or EFA, acting as data processor, shall process the Information in accordance with the provisions of the law of 1 August 2018 on the protection of individuals with regard to the processing of personal data, as amended, (the "2018 Law") and according to the Regulation (EU) of the European Parliament and the Council of april 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of data ("GDPR") as such laws may be amended or repealed from time to time; that, according to the 2018 Law, I / we have a right of access, to rectification, to erasure, of restriction of processing, to object and automated individual decision-making, to data portability of the Information by contacting EFA at the email address mentioned on the front page of this document. The Information is kept in accordance with Luxembourg prescription rules applicable to the data controller. The Information is not kept beyond what is needed in order to comply with the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015. Documentation and personal data which are used to demonstrate orderly data processing will be stored in accordance with Luxembourg legal retention periods. Account holder' personal data are then erased if and when permitted by the Law of 2018 and GDPR or any other applicable laws. - That I agree that I will submit a new valid form to EFA within 30 days, if any declaration/certification on this form has changed. - That I hereby agree that the present information form is subject to Luxembourg law and to the exclusive jurisdiction of the courts of the judicial district of the City of Luxembourg, Grand-Duchy of Luxembourg. - I acknowledge that I may refuse to communicate part of the Information to the Fund and/or to EFA, thereby precluding the Fund or EFA from establishing computer records and from using the Information. However, such refusal or preclusion shall be an obstacle to the entry into relationship between the Fund and the Account Holder and such Account Holder may be subject to liability for penalties imposed on the Fund and/or EFA and attributable to such Account Holder's failure to provide the Information or to disclosure of the Information by the Fund and/or EFA to the Luxembourg tax authorities under the terms of the applicable law. <p>The undersigned takes note of the fact that the Fund and/or EFA may request documentary evidence for any of the forgoing declarations.</p> <p>By signing this document, I/we declare that I/we am/are aware of the tax obligations relating to the detention of shares / units of the funds in which I/we hereby invest in, towards the competent tax authorities. I/we declare that I/we am/are aware of my/our responsibility for fulfilling all tax obligations towards the reference and/or competent authorities. Especially, I/we declare that I/we comply with the Luxembourg legal requirements more specifically the requirements which result from the Law of 23 December 2016 and the CSSF circular 17/650 related to the fight against money laundering and the terrorism financing.</p>	

Beneficial Owner / Controlling Person	
Name*	
Date*	
Signature*	