

APPLICATION FORM FOR SUBSCRIPTION OF SHARES IN FUNDS OF
HARRINGTON COOPER UCITS FUNDS ICAV

Registered office: Sixth Floor, 2 Grand Canal Square, Dublin 2, Ireland.
Registration number: C185026.

Instructions:

- (1) Please complete (a) and (b) below in full, answering all questions. Each document should then be signed (where appropriate).
 - (a) Application Form for subscription of shares in Harrington Cooper UCITS Funds ICAV (the "ICAV"); and
 - (b) Self-certification form required under the Foreign Account Tax Compliance Act ("FATCA") and the Common Reporting Standard ("CRS") (the "Self-Certification Form")
- (2) Completed, signed and dated Application Forms and Self-Certification Form, together with required supporting documentation (see Section 10 and 11 of the Application Form), should be sent by email to: FB-REG-IRELAND2@caceis.com and FB-IRL-AML@caceis.com before the cut-off time (indicated in Section 4). Application Forms received after the relevant cut-off time will be held for processing the following day.
- (3) Application Forms shall (save as determined by the Directors) be irrevocable.
- (4) For questions please contact: FB-REG-IRELAND2@CACEIS.COM / Tel: + 353 1 6721600.

**NOTE: - This application form is NOT for use by or on behalf of any US Persons.
- Capitalised terms used and not defined have the same meaning as set out in the Prospectus.**

1. REGISTRATION DETAILS

Entity Type	<i>Select one option</i>
Individual/Joint Account (Natural Person)	<input type="checkbox"/>
Designated Person	<input type="checkbox"/>
Nominee Company with Designated Person Parent/Intermediary	<input type="checkbox"/>
Non-Regulated Entity in a Low Risk Country (Risk Level 1 Country)	<input type="checkbox"/>
Regulated/Non-Regulated Entity in a Medium Risk Country (Risk Level 2 Country)	<input type="checkbox"/>
Regulated/Non Regulated Entity in a High Risk Country (Risk Level 3/Risk Level 4 Countries)	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Pension	<input type="checkbox"/>
Charity	<input type="checkbox"/>
Fund - Regulated	<input type="checkbox"/>
Foundation	<input type="checkbox"/>
State Owned Entity	<input type="checkbox"/>

- a) Registered Corporation, Nominee or Surname:
- Nominee Designation or Forename(s):
- Registered Address:.....

City/Country/Post code:.....
 Tel. No.:..... Fax No.:.....
 Email:@
 Passport No.:..... Tax Identification No.:.....

b) Surname:
 Forename(s):.....
 Registered Address:.....
 City/Country/Post code:.....
 Tel. No.:..... Fax No.:.....
 Email:@
 Passport No.:..... Tax Identification No.:.....
 Profession:.....

In case of joint applications, all co-subscribers should complete. Please note that a maximum of four joint applicants is permitted. For additional Shareholders please attach a sheet specifying the information below. Shareholder documentation, including contract notes, will be sent to the first person named above.

2. GENERAL ELIGIBILITY REPRESENTATIONS AND ELECTIONS

Representation	Select one option
Politically Exposed Person Status	
(a) The Applicant confirms that the application is not being made by, on behalf of, for the benefit of, or to be transferred to a Politically Exposed Person ("PEP") / immediate family member of a PEP / close associate of a PEP/ a beneficial owner who is a PEP. <i>Further information on the definition of a PEP can be found in Appendix 3.</i>	<input type="checkbox"/>
(b) The Applicant confirms that the application is being made by, on behalf of, for the benefit of, or to be transferred to a Politically Exposed Person ("PEP") / immediate family member of a PEP / close associate of a PEP/ a beneficial owner who is a PEP. <i>Further information to be completed in Appendix 3.</i>	<input type="checkbox"/>

3. RECEIPT OF SHAREHOLDER COMMUNICATIONS

The ICAV will make Shareholder communications (for example, notices of the annual general meetings and audited financial statements and annual reports) available in electronic format to all shareholders via email.

4. INVESTMENT DETAILS

I/We hereby wish to subscribe for Shares in the Funds detailed below. I/We hereby confirm that I/we have read the Prospectus, the relevant Key Investor Information Document, the most recent annual accounts of the ICAV and, if issued after such report and accounts, the most recent unaudited half yearly report in full and agree to be bound by the Prospectus, this Application Form and the Instrument of Incorporation of the ICAV and confirm that any application for Shares in the Funds is based solely on this information.

* 'D' = the Dealing Day. 'D-1' = the Business Day immediately preceding the relevant Dealing Day.

An earlier deadline for receipt of application or redemption requests may apply where you subscribe or redeem through a local representative, a distributor or any other third party. Please contact your local representative, distributor or other third party for further information.

** Cash subscription amounts must be stated in the currency of the share class.

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
HC Boston Common Global Equity Impact Fund					
Class I GBP Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP (Hedged) Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP (Hedged) Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP (Hedged) Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
Founder Class GBP (Hedged) Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD (Hedged) Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD (Hedged) Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD (Hedged) Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD (Hedged) Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
Class I EUR Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR (Hedged) Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR (Hedged) Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR (Hedged) Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR (Hedged) Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF (Hedged) Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
Class I CHF (Hedged) Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK (Hedged) Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK (Hedged) Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK (Hedged) Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK (Hedged) Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
Class I SEK Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK (Hedged) Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK (Hedged) Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK (Hedged) Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK (Hedged) Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK (Hedged) Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
Class I DKK (Hedged) Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK (Hedged) Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK (Hedged) Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
HC Snyder US All Cap Equity Fund					
Class I GBP Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP (Hedged) Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I GBP (Hedged) Distributing Shares		GBP£10	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option <input type="checkbox"/>)	Amount in Numbers **	Amount in Words
	12 pm on D-1		Shares <input type="checkbox"/>		
Founder Class GBP Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP (Hedged) Accumulating Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class GBP (Hedged) Distributing Shares	12 pm on D-1	GBP£10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD (Hedged) Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I USD (Hedged) Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD Distributing Shares		USD\$10	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option)	Amount in Numbers **	Amount in Words
	12 pm on D-1		Shares <input type="checkbox"/>		
Founder Class USD (Hedged) Accumulating Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class USD (Hedged) Distributing Shares	12 pm on D-1	USD\$10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR (Hedged) Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I EUR (Hedged) Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR Distributing Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR (Hedged) Accumulating Shares	12 pm on D-1	EUR€10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class EUR (Hedged) Distributing Shares		EUR€10	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option)	Amount in Numbers **	Amount in Words
	12 pm on D-1		Shares <input type="checkbox"/>		
Class I CHF Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF (Hedged) Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I CHF (Hedged) Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class CHF Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class CHF Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class CHF (Hedged) Accumulating Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class CHF (Hedged) Distributing Shares	12 pm on D-1	CHF10	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK Distributing Shares		NOK100	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option)	Amount in Numbers **	Amount in Words
	12 pm on D-1		Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK (Hedged) Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I NOK (Hedged) Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK (Hedged) Accumulating Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class NOK (Hedged) Distributing Shares	12 pm on D-1	NOK100	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK (Hedged) Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I SEK (Hedged) Distributing Shares		SEK105	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option)	Amount in Numbers **	Amount in Words
	12 pm on D-1		Shares <input type="checkbox"/>		
Founder Class SEK Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK (Hedged) Accumulating Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class SEK (Hedged) Distributing Shares	12 pm on D-1	SEK105	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK (Hedged) Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Class I DKK (Hedged) Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK Distributing Shares		DKK75	Cash <input type="checkbox"/>		

Sub-Fund Name	Cut-Off (Irish Time)*	Minimum Initial Subscription	Subscription Amount in Cash or Shares (select one option) <input type="checkbox"/>	Amount in Numbers **	Amount in Words
	12 pm on D-1		Shares <input type="checkbox"/>		
Founder Class DKK (Hedged) Accumulating Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		
Founder Class DKK (Hedged) Distributing Shares	12 pm on D-1	DKK75	Cash <input type="checkbox"/>		
			Shares <input type="checkbox"/>		

5. DISTRIBUTING SHARE CLASSES

If you have chosen a distributing share class, dividends (if any) will be declared and paid on an annual basis.

Payment will be made by telegraphic transfer in the functional currency to the account specified in Section 6 below or if the Shareholder opts for dividend reinvestment by ticking the box below, in which case such payment will be automatically reinvested in the purchase of Shares of the relevant class, for the account of the relevant Shareholder.

To avail of the dividend reinvestment option, please tick this box:

6. PAYMENT INSTRUCTIONS/DETAILS FOR SUBSCRIPTIONS

Instructions:

- i. Following the Registrar's receipt of your completed Application Form, you will be sent a contract note stating the number of shares provisionally allotted and the Subscription Price.
- ii. Subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.

If payment in full in cleared funds is not received within the required number of Business Days and by the currency cut-off noted in Section 8, any provisional allotment of Shares may be cancelled.

Please provide details of the bank account from which you will be making the payment (Account Name must be the same as that of the registered Shareholder): or

Name of Bank:

Address:

Account Name:

Account Number..... SWIFT:.....

IBAN:

7. ACCOUNT FOR PAYMENT OF DISTRIBUTIONS AND REDEMPTIONS

Distributions and redemptions will be paid to the account specified in Section 6 above. A request to change bank account details must be made in writing to the Administrator and must be accompanied by a bank statement or banker's reference.

8. SETTLEMENT INSTRUCTIONS

Please pay monies in accordance with the deadlines outlined below.

Please remit payment to the following bank account:-

For GBP Classes, in Pound Sterling to:	Intermediary Bank: HSBC Bank SWIFT: MIDLGB22 Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV IBAN: GB56MIDL40051576888255 Ref: Fund name, ISIN and Investor Name
Pound Sterling Payments	All Pound Sterling subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.
For USD Classes, in U.S. Dollar to:	Intermediary Bank: JP Morgan Chase NY Address: New York SWIFT: CHASUS33 ABA: 021000021 Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV Account No/IBAN: 826213360 Ref: <i>Fund name, ISIN and Investor Name</i>
U.S. Dollar Payments	All U.S. Dollar subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.
For EUR Classes, in Euro to:	Direct via Target II By MT202 (without IBAN) 57A Account with Institution FI BIC: //RT ISAEIE2D 58A Beneficiary Name & Address: ISAEIE2D Or By MT103 (with IBAN) 57A Account with Institution FI BIC: //RT ISAEIE2D 59 Beneficiary Name & Address: /IE80 ISAE 9903 2500 0005 61 ISAEIE2D Ref: <i>Fund name, ISIN and Investor Name</i>
Euro Payments	All Euro subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.
For CHF Classes, in Swiss Franc to:	Intermediary Bank: UBS, Zurich SWIFT: UBSWCHZH80A Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV IBAN: CH890023023005990205X Ref: <i>Fund name, ISIN and Investor Name</i>
Swiss Franc Payments	All Swiss Franc subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.
For NOK Classes, in Norwegian Krone to:	Intermediary Bank: DNB Bank ASA SWIFT: DNBANOKC Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV IBAN: NO6179660249163 Ref: <i>Fund name, ISIN and Investor Name</i>
Norwegian Krone	All Norwegian Krone subscription monies must be received by the Administrator by 5 p.m. (Irish

Payments	time) 3 Business Days after the relevant Dealing Day.
For SEK Classes, in Swedish Krona to:	Intermediary Bank: Skandinaviska Enskilda Banken SWIFT: ESSESESS Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV IBAN: SE775000000055558505842 Ref: <i>Fund name, ISIN and Investor Name</i>
Swedish Krona Payments	All Swedish Krona subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.
For DKK Classes, in Danish Krone to:	Intermediary Bank: Danske Bank A.S. SWIFT: DABADKKK Beneficiary Bank: CACEIS Bank – Ireland Branch SWIFT: ISAEIE2D Final beneficiary: HARRINGTON COOPER UCITS FUNDS ICAV IBAN: DK4630003996089924 Ref: <i>Fund name, ISIN and Investor Name</i>
Danish Krone Payments	All Danish Krone subscription monies must be received by the Administrator by 5 p.m. (Irish time) 3 Business Days after the relevant Dealing Day.

9. DECLARATIONS AND CONFIRMATIONS

The undersigned (*each signatory an 'Applicant'*) hereby represents, warrants, declares, certifies and acknowledges to the ICAV as follows in connection with its initial application for Shares and entry on the register of Shareholders of the ICAV, with any subsequent applications and on a continuing basis as a Shareholder in a Fund:

- i. It has received and understood a copy of the most recent versions of the Prospectus, the Key Investor Information Document, the annual report and accounts of the ICAV and (if issued after such report and accounts) the ICAV's most recent unaudited semi-annual report and that this application is made solely on the terms of those documents and is subject to the provisions of the ICAV's Instrument of Incorporation.
- ii. It acknowledges that any notice or document may be served by the ICAV or Administrator on it in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if it has provided an e-mail address or fax number to the ICAV or its delegate, consent to any such notice or document being sent to it by fax or electronically to the fax number or e-mail address previously identified to the ICAV or its delegate which the Applicant acknowledges constitutes effective receipt by it of the relevant notice or document. It acknowledges that it is not obliged to accept electronic communication and may at any time choose to revoke its agreement to receive communications by fax or electronically by notifying the ICAV in writing at the above address, provided that its agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the ICAV of written notice of such revocation.
- iii. It agrees not to duplicate or to furnish particulars of the Prospectus, or to divulge any of its contents, to any person other than its investment, legal or tax advisors (who may use the information contained in the Prospectus solely for purposes relating to the Applicant's investment in the ICAV).
- iv. It is over 18 years of age and that there is no legal or other impediment to its application for Shares.
- v. It is duly authorised to sign this Application Form and to subscribe for or redeem Shares in a Fund and that by virtue of its subscribing for, holding or redeeming such Shares, it will not be in breach of any laws or regulations of any competent jurisdiction.
- vi. It will instruct its bank to remit, the sum(s) specified on the contract note received from the Administrator following a subscription, quoting the Applicant's name, for value no later than the deadline for payment of subscription monies as set out in Section 8 of this Application Form.
- vii. It acknowledges that in the event payment in cleared funds is not received in respect of a subscription by the deadline for payment of subscription monies, the ICAV may cancel the allotment of Shares and impose such charges and remedies as are outlined in the Prospectus.
- viii. That (a) this application is made by a Qualified Holder and (b) it will notify the ICAV and the Administrator immediately in the event that it becomes or ceases to be a Qualified Holder or otherwise holds Shares which might result in the ICAV and / or a Fund incurring any liability to taxation or suffering pecuniary disadvantages which the ICAV and / or Fund might not otherwise have incurred or suffered, or requiring the ICAV and / or Fund to register under the 1940 Act or register any class of its Shares under the 1933 Act.
- ix. That the ICAV, the Depositary and the Administrator are authorised by the Applicant to accept and execute any instructions to which this application relates by facsimile in respect of the Shares on the basis that it will send the original of this Application

Form (and supporting documentation in relation to money laundering prevention checks) to arrive with the Administrator within three Business Days after the facsimile transmission of this Application Form.

- x. That, unless otherwise indicated in Section 3 of this Application Form, it consents to the use of electronic communication or email as a method of receiving communications from the ICAV and (a) it is reasonable for the ICAV to expect the Applicants shall have timely access to the information sent to the email address supplied in Section 1, (b) it fully understands emails are susceptible to data corruption, interception, fabrication, delay, unauthorised amendment, viruses and a risk that an email issued by or on behalf of the ICAV may not be received by the Applicant, and (c) it fully understands that neither the ICAV, the Administrator, the Investment Manager or the Depositary accept any liability whatsoever and howsoever caused for such data corruption, interception, fabrication, delay, unauthorised amendment, viruses and / or risk that an email issued by or on behalf of the ICAV may not be received by the Applicant.
- xi. The ICAV, the Depositary and the Administrator may rely conclusively upon any notice, consent, request, instruction or other instrument issued by or purported to be issued by the Applicant and which the ICAV, the Depositary and the Administrator believes in good faith to be genuine or to be signed by properly authorised persons.
- xii. (Applicable to joint shareholdings only.) That on the death of one of us, the Shares for which we hereby apply and which are or may be held by us jointly will be held in either the name of or to the order of the survivor(s) or the name of the executors and administrators of such survivor.
- xiii. That (a) the ICAV, the Depositary, the Investment Manager and / or the Administrator reserve the right to seek evidence of identity of the Applicant to comply with applicable money laundering regulations, (b) in the case of delay or failure to provide satisfactory information, the ICAV, the Depositary, the Investment Manager and / or the Administrator may take such action as they see fit and no redemption requests will be paid until satisfactory information has been received.
- xiv. It acknowledges the automatic disclosure of information relating to its account to the tax authorities in Ireland and in its country of residence in accordance with the Common Reporting Standard and applicable local regulations and agrees to notify the ICAV of any changes to its tax residency status.
- xv. It agrees to (a) provide the declaration and warranties contained herein to the ICAV and, at such times as the ICAV may request, provide such certificates, documents or other evidence as the ICAV may reasonably require to substantiate such representations and (b) notify the ICAV immediately if the Applicant becomes aware that any of the declarations and warranties contained herein is/are no longer accurate and complete in all respects.
- xvi. It hereby indemnifies and agrees to keep indemnified the ICAV, the Investment Manager, the Depositary, the Administrator and other Shareholders for any loss (howsoever caused and whether direct or indirect) arising out of or in connection with or as a result of: (a) the Applicant becoming or ceasing to be a Qualified Holder or otherwise holding Shares which might result in the ICAV and / or a Fund incurring any liability to taxation or suffering pecuniary disadvantages which the ICAV and / or the Fund might not otherwise have incurred or suffered, or requiring the ICAV and / or Fund to register under the 1940 Act or register any class of its Shares under the 1933 Act and / or (b) any representation, warranty, declaration, certification or acknowledgement made by the Applicant herein not being true in every respect and on a continuing basis.
- xvii. The ICAV, the Investment Manager, the Depositary and the Administrator shall not be liable for any loss (howsoever caused and whether direct or indirect) arising out of or in connection with or as a result of (a) any notice, consent, request, instruction or other instrument issued by or purported to be issued by the Applicant and which the ICAV, the Depositary and the Administrator in the absence of negligence believes in good faith to be genuine or to be signed by properly authorised persons and / or (b) non-processing of this application as a result of the failure of the Applicant to provide such information as is requested by any of the ICAV, the Depositary, the Investment Manager and / or the Administrator or if such information has been provided in incomplete form or if Shares are compulsorily redeemed in such circumstances.
- xviii. This Application Form and the terms on which the Applicant(s) hold Shares in a Fund shall be governed by and construed in accordance with the laws of Ireland. The Applicant(s) irrevocably agree that the courts of Ireland are to have exclusive jurisdiction to settle any dispute arising out of or in connection with this application for or holding of Shares in a Fund and, for such purposes, irrevocably submits to the exclusive jurisdiction of such courts.
- xix. It confirms that it has received a copy of Appendix 4 to this Application Form – Data Protection Notice and that it has read and fully understands all of the information it contains. To the extent that the information contained in this Application Form, or any other information that it provides to the ICAV in connection with its investment, relates to another identifiable individual on whose behalf it is applying for Shares, it also confirms that it has provided the information contained in Appendix 4 – Data Protection Notice to each such individual as required pursuant to Regulation (EU) 2016/679.
- xx. It acknowledges that redemptions will not be processed on non-cleared/verified accounts in as much as any failure to provide complete identification and verification documentation at the account opening stage will result in its account being blocked for both redemptions and distribution payments pending receipt of the outstanding documentation. It acknowledges that it may be classified as a non-compliant investor. Furthermore, where such documentation remains outstanding for 120 days from the date of the initial subscription all transactions including additional subscriptions and transfers may be blocked pending receipt of the outstanding documentation.
- xxi. It acknowledges that any failure to provide complete identification and verification documentation upon request at any other stage during the course of the business relationship may result in its account being blocked for both redemptions and distribution payments pending receipt of the outstanding documentation. It acknowledges that it may be classified as a non-compliant investor. Furthermore, where such documentation remains outstanding for 120 days from the date of the initial request for documentation all transactions including additional subscriptions and transfers may be blocked pending receipt of the outstanding documentation.

xxii. It acknowledges that the Investment Manager and/or the Board of Directors have the right to discontinue the business relationship with it upon it being classified as a non-compliant investor or a non-compliant legacy investor.

xxiii. Declaration of residence outside the Republic of Ireland

Applicants outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in the format authorised by them, in order to receive payment without deduction of tax. It is important to note this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Participating Shares. Non-Resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration. Terms used in this declaration are defined in the Prospectus. If the below declarations cannot be completed, please contact the Administrator immediately to discuss.

(a) Declaration on own behalf

I/We* declare* that I am/we are* applying for Shares on my own/our own behalf/ on behalf of a company* and that I am/we are/ the company is* entitled to the Shares in respect of which this declaration is made and that I am/we are/the company is* not currently resident or ordinarily resident in Ireland and should I/We/the company* become resident in Ireland, I/we will* so inform you, in writing accordingly.

*Delete as appropriate

(b) Declaration as Intermediary

I/We declare that* I am/We are* applying for Shares on behalf of persons who are beneficially entitled to the Shares and who to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland. I/we also declare* that unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of such persons, and I/we* will inform you in writing, if I/we* become aware that any person, on whose behalf I/we* hold Shares, becomes resident in Ireland.

*Delete/strikethrough as appropriate

xxiv. **Nature and Purpose of the business relationship (Expected Investor Activity)**

The aim of this part is to document the purpose and intended nature of a business relationship and includes information that would assist the ICAV to anticipate a pattern of transactions which will be carried out by the applicants.

Please indicate the level of assets/size of transaction(s) in the class currency that you envisage to undertake.
(Please specify) _____

Please indicate the expected frequency of transactions (please tick one of the boxes below)

- Daily
- Weekly
- Monthly
- Annually

Signature(s) of Applicant(s) –

If there is more than one Applicant, each person must sign. If the Applicant is a company, it must be signed by the company secretary or another authorised officer and evidence of such authority must be submitted.

First Applicant: _____

Second Applicant: _____

Date: _____

Or if a company:

Signatory: _____

Print Name: _____

Title: _____

Date: _____

Signatory: _____

Print Name: _____

Title: _____

Date: _____

10. DOCUMENTATION REQUIREMENTS

Completed documentation should be sent to the Administrator by fax first (+ 353) 1 790 0461 with the original or certified true copies to follow by post immediately thereafter to the Administrator at the address provided.

Contact the Administrator if none of the below categories are relevant to the entity investing in the Fund (e.g.: clubs, colleges, direct nominees, investment funds in a non-prescribed country, nominees in a non-prescribed country, pensions in a non-prescribed country, public bodies in a non EU country, trusts in a non-prescribed country, societies, universities, etc.).

- 1 – Individuals/Joint Account (Natural Person);
- 2 – Designated Person;
- 3 – Nominee Company with Designated Person Parent/Intermediary;
- 4 – Non-Regulated Entity in a Low Risk Country (Risk Level 1 Country);
- 5 – Regulated / Non-Regulated Entity in a Medium Risk Country (Risk Level 2 Country);
- 6 – Regulated / Non-Regulated Entity in a High-Risk Country (Risk Level 3/Risk Level 4 Countries);
- 7 – Trust;
- 8 – Partnership;
- 9 – Pension;
- 10 – Charity;
- 11 – Fund – Regulated;
- 12 – Foundation; and
- 13 – State Owned Entity.

A Risk Level 1 Country is a country regarded under Irish anti-money laundering legislation as being a prescribed/equivalent country.

Any other country is a non-prescribed/non-equivalent country and is deemed to be a Risk Level 2 Country/Risk Level 3 Country/Risk Level 4 Country.

Contact the Administrator at: FB-IRL-AML@caceis.com if a query arises in relation to the then-current Risk Level designation of a particular country.

Certification

In relation to the certification of the documents, copy of the documents must be certified by a suitable person, such as; a notary public; a commissioner for oaths; a police officer; an embassy/consular official; a chartered or certified public accountant; a practicing solicitor; or a designated body in a prescribed country. A certified document is one that is stamped, signed and dated as being a true copy of the original at a particular date in time. The certification stamp must be present on the document.

Personal identification

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

Address Verification

Acceptable Address Verification documents are the original or certified copy of any one of the following; electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates, statement for Tax/Revenue. Documents must originate from a different source, show the full name and residential address of the individual and must be dated within six months of submission. Please note that mobile phone bills are not admissible.

Individuals/Joint Account (Natural Person)

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Authorised Signatory List, if applicable (certified copy).
3. One Personal Identity document (certified copy)
4. One proof of residential address (certified copy)
5. Source of Wealth Declaration Form (this Form appears at Appendix 6 to this Application Form) and the supporting documentation for the Source of Wealth (certified copy)
6. The individual's profession.
7. FATCA Documentation (if applicable) (copy).
8. AEOI Documentation (if applicable) (copy).

Designated Person

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Confirmation of Name & Address (copy).
3. Confirmation of Regulatory Authorisation (copy).
4. Letter of Assurance or a Letter of Comfort (If acting as an intermediary) (copy).
5. Authorised Signatory List
(Copy for Risk Level 1 Country
Certified Copy for Risk Level 2/Risk Level 3/Risk Level 4 Country).
6. Valid ID documents for two Authorised Signatories on the account (certified copy).
For Designated Persons located in a Risk Level 2/Risk Level 3 and Risk Level 4 Country.
Not required for a Designated Person in a Risk Level 1 Country.
7. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form).**
A list of all shareholders holding 25% or more of the issued share capital of the company / investment.
25% ownership is required if the fund is domiciled in Ireland.
10% ownership is required if the fund is domiciled in Cayman or Bermuda.
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 1. Certified copy of a personal identification document.
 2. Certified copy of proof of residential address.The requirements for individuals as in point 1 and 2 above: applies to Designated Persons in Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
For Designated Persons in a Risk Level 1 Country, we do not require a personal identification document and a proof of address for individual ultimate beneficial owners.
8. FATCA Documentation (If applicable) (copy).
9. AEOI Documentation (If applicable) (copy).
10. Wolfsberg Questionnaire.

Nominee Company with Designated Person Parent/Intermediary

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Confirmation of Registered Name & Address (copy, if available on-line from the official National Company Registry web-site)
3. Memorandum & Articles of Association (copy).
4. Certificate of Incorporation or equivalent (copy).
5. List of Directors (copy).
6. Authorised Signatory List (copy).
7. AML Due Diligence and Sanctions Questionnaire.
8. **Beneficial Ownership Identification Form (copy), (this Form appears at Appendix 5 to this Application Form), if applicable.**
A list of all shareholders holding 25% or more of the issued share capital of the company.
25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman Islands or BVI).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 1. Certified copy of a personal identification document.
 2. Certified copy of proof of residential address.
9. FATCA Documentation (if applicable) (copy).
10. AEOI Documentation (if applicable) (copy).
11. Wolfsberg Questionnaire.

Non-Regulated Entity in a Low Risk Country (Risk Level 1 Country)

Regulated / Non-Regulated Entity in a Medium Risk Country (Risk Level 2 Country)

Regulated / Non-Regulated Entity in a High Risk Country (Risk Level 3/Risk Level 4 Countries)

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Confirmation of Registered Name & Address (copy, if available on-line from the official National Company Registry web-site)
3. Certificate of Incorporation or Certificate to Trade (certified copy)
4. Memorandum and Articles of Association (certified copy)
5. Authorised Signatory List (certified copy)
6. List of Directors' full names, occupations, residential and business addresses and dates of birth (certified copy)
7. Personal Identity document and an Address Verification document of at least two directors (certified copy of the Personal Identity document)
8. Personal Identity document and an Address Verification document of two authorised signatories (certified copy of the Personal Identity document)

9. **Beneficial Ownership Identification Form (copy), (this Form appears at Appendix 5 to this Application Form) if applicable.**

A list of all shareholders holding 25% or more of the issued share capital of the company. 25% ownership is required if the fund is domiciled in Ireland). (10% ownership is required if the fund is domiciled in Cayman Islands or BVI).

Requirement when the shareholder is a company:

1. Certified copy of the Certificate of Incorporation.

Requirement for individual shareholders (Ultimate Beneficial Owner):

1. Certified copy of a personal identification document.

2. Certified copy of proof of residential address.

10. The latest Annual Report (Copy).

11. FATCA Documentation (if applicable) (copy).

12. AEOI Documentation (if applicable) (copy).

Trusts

The Trust

1. Fund Application Form including Bank Details and Tax Revenue Declaration(original)

2. Confirmation of Name & Address (copy)

3. Trust Deed (certified copy)

4. List of Trustees' (certified copy)

5. Authorised Signatory List (copy or certified copy) (ensure the Authorised Signatory List represents the entity/individuals that are Authorised to sign on behalf of the account).

The Settlor

Identify and verify each Settlor

For an entity:

Certificate of Incorporation (single copy)

Share Register (single copy)

For an individual:

Certified copy of identification document

1 proof of address

The Trustee

1. Confirmation of Name & Address (obtained on line)

2. Proof of regulation for the Trustee (obtained on line)

3. If the Trustee is not List on Recognised Stock Exchange – the Beneficial Ownership structure must be provided.

4. Authorised Signatory List.

5. If the Trustee is an individual:

Certified copy of identification document

1 proof of address

The Protector (if, applicable)

1. Confirmation of Name & Address (obtained on line)

2. Proof of regulation for the Protector (obtained on line)

3. If the Protector is not List on Recognised Stock Exchange – the Beneficial Ownership structure must be provided.

4. Authorised Signatory List, if applicable (if the Protector has signing Authority on the account).

5. If the Protector is an individual:

Certified copy of identification document

1 proof of address

Ultimate Beneficial Owners

Every Beneficial Owner of the Trust must be identified and verified.

For an entity:

Certificate of Incorporation (single copy)

Share Register (single copy)

For an individual

Certified copy of identification document

1 proof of address

1. FATCA documentation (if applicable) (copy).

2. AEOI documentation (if applicable) (copy).

Authorised Signatory List – Authority to transact on the account.

Valid ID documents must be provided for two Authorised Signatories with Signing Authority on the account.

Partnerships

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original)
2. Confirmation of Name & Address (copy)
3. Proof of Registration or equivalent (certified copy) or obtained on line
4. Partnership Agreement (certified copy)
5. Authorised Signatory List
(copy for Risk Level 1 Country)
(Certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Country)
6. List of Partners' to include full names, occupations, residential and business addresses, and dates of birth (certified copy)
7. Personal Identity document and an Address Verification document of at least two partners.
The General Partner must be identified. (certified copy)
8. Personal Identity document and an Address Verification document of two authorised signatories (certified copy)
9. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form).**
A list of all shareholders holding 25% or more of the issued share capital of the company.
(25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 1. Certified copy of a personal identification document.
 2. Certified copy of proof of residential address.
10. FATCA Documentation (if applicable) (copy).
11. AEOI Documentation (if applicable) (copy).

Pensions

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Authorised Signatory List
(copy for Risk Level 1 Country)
Certified Copy for Risk level 2 / 3 / 4 Countries).
3. Constitutional Documents / Pension rules / Pension plan
(copy for Risk Level 1 Country or obtained on line and
a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
4. Certificate of Incorporation of Pension Manager - only if non-regulated OR not covered by an AML Parent Letter.
(copy), if applicable.
5. Proof of regulation of Pension Manager (copy) or obtained on line.
6. List of Directors for the Pension Company
(copy for Risk Level 1 Country and
a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
7. Valid ID Documents for two Directors (certified copy).
Required for Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
Not required for a Risk Level 1 Country.
8. Valid ID Documents for two Authorised Signatories (certified copy).
9. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form), if applicable.**
A list of all shareholders holding 25% or more of the issued share capital of the company.
(25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 1. Certified copy of a personal identification document.
 2. Certified copy of proof of residential address.
10. An AML Letter of Assurance signed by the authorised signatories of the entity responsible for the AML / KYC supervision (simple copy).
11. The latest Annual Report.
(copy for Risk Level 1 Country)
(certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).
12. FATCA Documentation (if applicable) (copy).
13. AEOI Documentation (if applicable) (copy).

Charities

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original)
2. Confirmation of Name & Address (copy or electronic copy if available on-line from the official National Company)

- Registry or Revenue web-site)
3. Confirmation of Charity Registration (certified copy or electronic copy if available on-line from the official competent authority web-site)
 4. Proof of regulation (Supervision Authority / Charity regulator) OR publication from an official authority in an equivalent country or obtained on line
 5. Memorandum & Articles of Association (certified copy)
 6. Certificate of incorporation or equivalent (certified copy) or obtained on line
 7. Authorised Signatory List (certified copy)
 8. A valid ID Document for two Authorised signatories (certified copy of the ID Document).
 9. List of Directors.
(certified copy Risk Level 2/Risk Level 3/Risk Level 4 Countries)
(copy for Risk Level 1 Country)
 10. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).
 11. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form).**
A list of all shareholders holding 25% or more of the issued share capital of the company.
(25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 2. Certified copy of a personal identification document.
 3. Certified copy of proof of residential address
 12. Company's latest Audited Annual Report
(copy for Risk Level 1 Country and for an Audited Annual Report or available on line)
(certified copy for Unaudited Annual Report or for a Risk Level 2/Risk Level 3/Risk Level 4 Country).
 13. FATCA Documentation (if applicable) (copy).
 14. AEOI Documentation (if applicable) (copy).

Fund – Regulated

1. Fund Application Form including Bank Details and Tax Revenue Declarations (original).
2. Confirmation of Registered Name & Address (copy).
3. Confirmation of Regulation (copy).
4. Fund Prospectus
(copy for Risk Level 1 Country).
(certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Countries)
5. Authorised Signatory List
(copy for Risk Level 1 Country).
(certified copy for Risk Level 2/Risk Level 3/Risk Level 4 Countries)
6. Valid ID Documents and one proof of address for two Authorised Signatories –
for Risk Level 2/Risk Level 3/Risk Level 4 Countries (certified copy)
Not required for Risk Level 1 Country.
7. List of Directors
(certified copy Risk Level 2/Risk Level 3/Risk Level 4 Countries)
(copy for Risk Level 1 Country)
8. Valid ID Documents and one proof of address for two Directors –
for Risk Level 2/Risk Level 3/Risk Level 4 Countries (certified copy)
Not required for Risk Level 1 Country
9. An AML Letter of Assurance from the entity responsible for the KYC of the fund or from the MLRO of the Fund (copy).
10. List of Authorised Signatories of the entity responsible for the KYC Supervision of the Fund, if applicable (copy).
11. Latest Financial Statements, if applicable
(copy for Risk Level 1)
(Certified Copy for Risk Level 2/Risk Level 3/Risk Level 4).
12. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form).**
A list of all shareholders holding 25% or more of the issued share capital of the company.
25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman or Bermuda).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 2. Certified copy of a personal identification document.
 3. Certified copy of proof of residential address.
The requirements for individuals as in point 1 and 2 above: applies to Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
For Risk Level 1 Countries, we do not require a personal identification document and a proof of address for individual ultimate beneficial owners.
13. FATCA Documentation (If applicable) (copy).
14. AEOI Documentation (if applicable) (copy).

Foundation

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Confirmation of Name & Address (copy or electronic copy if available on-line from the official National Company Registry or Revenue web-site)
3. Constitutional Foundation Charter/Document for the Foundation
(copy for Risk Level 1 Country or
a Certified Copy for Risk Level 2/Risk Level 3 and Risk Level 4 Countries).
4. Authorised Signatory List
(copy for Risk Level 1 Country and
Certified copy for Risk level 2 / 3 / 4 Countries).
5. A valid ID Document and one proof of address for two Authorised signatories
(certified copy of the ID Document).
6. List of Directors
(copy for Risk Level 1 Country and
Certified copy for Risk level 2 / 3 / 4 Countries).
7. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).
8. **Beneficial Ownership Identification Form (copy) (this Form appears at Appendix 5 to this Application Form).**
A list of all shareholders holding 25% or more of the issued share capital of the company.
(25% ownership is required if the fund is domiciled in Ireland).
(10% ownership is required if the fund is domiciled in Cayman Islands and BVI).
Requirement when the shareholder is a company:
 1. Certified copy of the Certificate of Incorporation.**Requirement for individual shareholders (Ultimate Beneficial Owner):**
 1. Certified copy of a personal identification document.
 2. Certified copy of proof of residential address
9. The latest Annual Report.
(copy for Risk Level 1 Country)
(certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).
10. FATCA Documentation if applicable, (copy)
11. AEOI Documentation if applicable, (copy).

State Owned Entities

1. Fund Application Form including Bank Details and Tax Revenue Declaration (original).
2. Governmental Decree / Articles of Incorporation / Memorandum or equivalent (confirming the company is a state owned company).
(copy for Risk Level 1 Country or obtain on line and
Certified copy for Risk level 2 / 3 / 4 Countries or obtain on line).
3. List of Authorised Signatories
(copy for Risk Level 1 Country and
Certified copy for Risk level 2 / 3 / 4 Countries).
4. Valid ID Document and one proof of address for two Authorised signatories (certified copy of the ID Document).
For Risk Level 2/Risk Level 3 and Risk Level 4 Countries.
Not required for Risk Level 1 Country.
5. List of Directors
(copy for Risk Level 1 Country and
Certified copy for Risk level 2 / 3 / 4 Countries).
6. A valid ID Document and one proof of address for two Directors (certified copy of the ID Document).
7. The latest Annual Report.
(copy for Risk Level 1 Country)
(certified copy required for Unaudited Annual Report and for Risk level 2 / 3 / 4 Countries).
8. FATCA Documentation, (If applicable), (copy).
9. AEOI Documentation. (If applicable), (copy).

For High Risk investors, the CACEIS AML Risk Committee reserves the right to request further AML Due Diligence as the Committee deems necessary. This additional AML Due Diligence documentation may be required in original or certified wet-ink format.

11. COMMON REPORTING STANDARD

The CRS is a new, single global standard on Automatic Exchange of Information ("AEOI"). It was approved by the OECD in February 2014 and draws on earlier work of the OECD and the EU, global anti-money laundering standards and, in particular, the Model FATCA Intergovernmental Agreement. Under the CRS, participating jurisdictions will be required to exchange certain information held by financial institutions regarding their non-resident investors. The CRS became effective on 1 January 2016. Financial

information to be exchanged includes information such as account balances, interest and dividend income and sales proceeds from financial assets.

In this regard, the Fund is obliged to establish the identity and residence of non-Irish resident investors and therefore, please complete the Entity or Individual Self-Certification form included in Appendices 1 and 2, respectively. Please note that the above mentioned financial information in respect of all non-Irish resident investors along with their tax identification information will be reported to the Irish Revenue. The Irish Revenue may exchange this information with other Tax Authorities.

For further information on the CRS please refer to the 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/>

APPENDIX 1: Individual (including Controlling Persons) Self-Certification for FATCA and CRS

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the relevant data protection laws and regulations. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with Revenue, the Irish tax authority. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

<http://www.revenue.ie/en/business/aeoi/index.html>

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

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

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

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

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

(Mandatory fields are marked with an *)

*Section 1: Account Holder/Controlling Person Identification

*Account Holder / Controlling Person 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 and Date 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 a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

(b) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

***Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")). For further guidance please refer to the OECD CRS Information Portal (<http://www.oecd.org/tax/automatic-exchange/>).

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

a) You are tax resident in a Jurisdiction that does not issue a (TIN),

or,

b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	<input type="checkbox"/> If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

Reason C - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN if you selected Reason C)

Section 4 – Type of Controlling Person

(ONLY to be completed by an individual who is a Controlling Person of an entity 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 use a separate Self-Certification form for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder 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		

***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 the fact 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 within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Data Protection - Customer Information Notice :

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEOI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders (and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders). Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/>

And on the Irish Revenue website - <http://www.revenue.ie/en/business/aeoi/>

*Authorised Signature: _____

*Print Name: _____

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

*Capacity (if Controlling Person): _____

APPENDIX 2: Entity Self-Certification for FATCA and CRS

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information, which may constitute personal data within the meaning of the relevant data protection laws and regulations. Please note that in certain circumstances, we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to the Irish Revenue or OECD website at:

<http://www.revenue.ie/en/business/aeoi/index.html>

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

(Mandatory fields are marked with an *)

*Section 1: Account Holder Identification

*Account holder Name: _____ (the "Entity")

Country of Incorporation or Organisation: _____

*Current (Resident or 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:

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 4 and 5)

Indicate exemption: _____

***Section 3: Entity's FATCA Classification** (the information provided in this section is for FATCA, please note your FATCA 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 or indicate at 3.3 the reason why you are unable to provide a GIIN.

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

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.	<p>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a <i>GIIN</i>[∞]. Please provide the sponsor's name and sponsor's GIIN:</p> <p>Sponsor's Name: _____</p> <p>Sponsor's GIIN: □□□□□□.□□□□□□.□□.□□□□</p> <p>[∞]NOTE: this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</p>	<input type="checkbox"/>
II.	<p>The Entity is an Exempt Beneficial Owner,</p> <p>Please tick and confirm the category of Exempt Beneficial Owner;</p> <p><input type="checkbox"/> I. Government Entity <input type="checkbox"/> II. International Organisation <input type="checkbox"/> III. Foreign Central Bank <input type="checkbox"/> IV. Exempt Retirement Fund <input type="checkbox"/> V. Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</p>	<input type="checkbox"/>
III.	<p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
IV.	<p>The Entity is a Non-Participating Foreign Financial Institution</p>	<input type="checkbox"/>
V.	<p>The Entity is an Excepted Foreign Financial Institution</p> <p>Indicate exemption: _____</p>	<input type="checkbox"/>
VI.	<p>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</p> <p>Trustee's Name: _____</p> <p>Trustee's GIIN: □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>

3.4. Non-Financial Institutions (Non-Financial Foreign Entity/NFFE) under FATCA:

If the Entity is not a Financial Institution, please confirm the Entity's FATCA classification below by ticking one of the below categories.

I.	Active Non-Financial Foreign Entity (NFFE)	<input type="checkbox"/>
II.	Passive Non-Financial Foreign Entity (NFFE) <i>(Please tick the box that applies)</i> I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons. II. Passive Non-Foreign Financial Entity with Controlling Persons that are specified U.S Persons. <i>(If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete and include self-certification forms for each of your Controlling Persons)</i>	<input type="checkbox"/>
III.	Excepted Non-Financial Foreign Entity (NFFE)	<input type="checkbox"/>
IV.	Direct Reporting Non-Financial Foreign Entity (NFFE) <i>Please provide your GIIN</i> <input type="text"/>	<input type="checkbox"/>

Section 4 – Common Reporting Standard (“CRS”) Declaration of Tax Residence

(Note that Entities may have more than one country of Tax Residence)

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”). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence.

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.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

a) You are tax resident in a Jurisdiction that does not issue a (TIN)

Or

c) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residence	Tax ID Number	∞If TIN unavailable Select (A, B or C) and check box below

∞If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

[∞] **Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

[∞] **Reason B** - The Account Holder is otherwise unable to obtain a TIN *(Please explain why you are unable to obtain a TIN if you selected Reason B)*

[∞] **Reason C** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

***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 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information please see the OECD 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, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies **and** specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction. (Please also tick the box that applies)</p> <p><input type="checkbox"/> An Investment Entity resident 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 in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	<input type="checkbox"/>
III.	<p>Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity <input type="checkbox"/> International Organization <input type="checkbox"/> Central Bank Broad Participation Retirement Fund <input type="checkbox"/> Narrow Participation Retirement Fund <input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank <input type="checkbox"/> Exempt Collective Investment Vehicle <input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts <input type="checkbox"/> Qualified Credit Card Issuer <input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax.</p> <p>Specify the type provided in the domestic law: _____</p>	<input type="checkbox"/>

5.2 Non Financial Institution (Non-Financial Foreign Entity/NFE) under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then, please tick one of the below categories confirming if you are an Active or Passive NFE.

I.	<p>Active Non-Financial Entity (NFE) – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: _____</p>	<input type="checkbox"/>
II.	<p>Active Non-Financial Entity (NFE) – if you are a Related Entity of a regularly traded corporation.</p>	<input type="checkbox"/>

	Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____ Please provide details of the securities market that the entity is listed on : _____	
III.	Active Non-Financial Entity (NFE) – a Government Entity or Central Bank <i>Indicate exemption:</i>	<input type="checkbox"/>
IV.	Active Non-Financial Entity (NFE) – an International Organisation	<input type="checkbox"/>
V.	Active Non-Financial Entity (NFE) – other than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)	<input type="checkbox"/>
VI.	Passive Non-Financial Entity (NFE) - (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s)	<input type="checkbox"/>

Section 6: 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>

Name of All Controlling Person(s) of the Account Holder:

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

6.1 Indicate the name of all Controlling Person(s) of the Account Holder:

I.	
II.	
III.	

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary (ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate Individual (Controlling Person's) Self-Certification for FATCA and CRS for each Controlling Person listed in Section 6.1.

*Section 7: 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 the fact 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 on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

***Authorised Signature:** _____

***Print Name(s):** _____

*Capacity in which declaration is made: _____

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

APPENDIX 3: POLITICALLY EXPOSED PERSONS

TO BE READ BY ALL INVESTORS AND COMPLETED IF THE INVESTOR INITIALLED BOX 2(B) OF THE GENERAL ELIGIBILITY SECTION ON PAGE 2

The following information provides the definition of a Politically Exposed Person. Investors should complete section A where the PEP rules apply with reference to the following definitions.

Politically-Exposed Person ("PEP") is an individual who has at any time in the preceding 12 months been, entrusted with a prominent public function. This includes the following individuals (but excluding any middle ranking or more junior official):

- a. a "specified official";
- b. a member of the administrative, management or supervisory body of a state-owned enterprise;

A "specified official" is (including any such officials in an institution of the European Communities or an international body):

- a. a head of state, head of government, government minister or deputy or assistant government minister;
- b. a member of a parliament;
- c. a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- d. a member of a court of auditors or of the board of a central bank;
- e. an ambassador, chargé d'affairs or high-ranking officer in the armed forces;
- f. a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.

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

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

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

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

As an example, a "beneficial owner" of a body corporate is a natural person(s) who ultimately owns or controls a legal entity through direct or indirect ownership of a sufficient percentage of the shares or voting rights or ownership interest in that entity, or through control via other means.

SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS

the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP

OR

the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP

OR

the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP

OR

it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP.

Name of PEP		Address of PEP	
Office of PEP		Relationship of Applicant or Applicant's Beneficial Owner to PEP	
Source of wealth of the Applicant (e.g. income from employment, Income from company business, inheritance, etc.)			
Source of actual funds being invested (e.g. savings, employment income, sale of assets etc.)			



APPENDIX 4: DATA PROTECTION NOTICE

1. Purpose of Notice

This notice sets out details on how personal information relating to you, as a shareholder in the ICAV, or that of your directors, officers, employees and / or beneficial owners ("**Personal Data**") will be handled by the ICAV, as controller of the Personal Data (as specified in Section 3 of this notice below) and / or on its behalf by its third party service providers.

2. Personal Data Processed by the ICAV

The ICAV processes your Personal Data as provided to it or its relevant service providers on the Application Form, Personal Data that it collects, generates or observes while administering your investor account and other Personal Data you provide to the ICAV or its third party service providers acting on the ICAV's behalf such as AML / KYC information. This information includes, but is not limited to:

- a. **Information provided to the ICAV by you:** this might include, but is not limited to, your name and address (including proofs of name and address), contact details, date of birth, gender, nationality, photograph, signature, occupational history, job title, income, assets, other financial information, bank details, investment history, tax residency and tax identification information.
- b. **Information that the ICAV collects, generates or observes:** this might include, but is not limited to, information relating to your investment in the ICAV, emails, call recordings and website usage data.
- c. **Information that the ICAV obtains from third party sources:** this might include, but is not limited to, information obtained for the purpose of the ICAV's AML / KYC procedures, information from public websites, social media and information received from your advisers or from intermediaries such as credit reference agencies, AML screening tools etc.

3. Why the ICAV Processes your Personal Data

The ICAV collects and processes your Personal Data on various legal bases and for numerous different purposes, including those set out below.

Legal Basis	Purpose(s)
Performance of a Contract The ICAV must process your Personal Data in order to enter into and perform its contract with you as a shareholder in the ICAV.	<ul style="list-style-type: none">• To assess the initial application for shares and to facilitate the opening of the account with the ICAV.• To facilitate the management and administration of holdings and dealing in the ICAV including, without limitation, the processing of redemption, conversion, transfer and additional subscription requests, the payment of distributions and the processing and verification of instructions.
Legitimate Interests The ICAV may process your Personal Data in order to exercise or preserve its legitimate business interest(s).	<ul style="list-style-type: none">• To make relevant disclosures in the course of a merger, acquisition or bankruptcy of the ICAV or any sub-fund.• To validate and verify information for security purposes, including for the prevention of fraud.• To manage the ICAV, including monitoring and resolving complaints.• To send administrative information relevant to the investment in the ICAV.• To exercise or defend a legal claim, including in the context of litigation, arbitration and similar proceedings.
Compliance with Legal Obligation The ICAV may process your Personal Data in order to comply with its relevant legal and regulatory obligations.	<ul style="list-style-type: none">• To ensure compliance with the ICAV's business, tax and regulatory obligations, including its FATCA/CRS reporting obligations.• To assist the ICAV's auditors in the auditing of the ICAV in accordance with its legal obligations.• To investigate, detect, prevent or prosecute crimes in relation to the prevention of fraud, money laundering and/or terrorist financing, including "know your customer" and other necessary onboarding and ongoing investor checks.

4. Third Party Recipients of your Personal Data

The ICAV may disclose your Personal Data to its relevant service providers and/or other third parties including, but not limited to:

- the Manager, currently Harrington Cooper Asset Management Limited;
- the Distributor, Harrington Cooper LLP and its delegates;

- the Administrator, Registrar and Transfer Agent, currently CACEIS Ireland Limited and its affiliates;
- the Depository, currently CACEIS Bank, Ireland Branch and its affiliates;
- the Auditors, currently Deloitte;
- the Legal Advisors, currently William Fry;
- the Secretary, currently Wilton Secretarial Limited;
- the MLRO, currently Joyce Byron of Bridge Consulting;
- any Investment Manager, currently only Boston Common Asset Management, LLC and Snyder Capital Management, L.P., respectively, act as an Investment Manager;
- any sub-investment manager or investment adviser of the ICAV;
- any relevant paying agent, representative or distributor;
- the Irish Revenue and other national revenue authorities;
- national regulators, including the Central Bank of Ireland;
- An Garda Síochána.

The ICAV or its service providers may also disclose your Personal Data to any other persons or entities as agreed between the ICAV and the relevant service provider, or as may be required or expressly permitted by applicable laws.

5. International Transfer of your Personal Data

The disclosure of your Personal Data to the third-party recipients set out above may involve the transfer of data to the USA, Switzerland, Hong Kong, Malaysia and other jurisdictions outside the European Economic Area ("**EEA**"), which are not the subject of an adequacy decision by the EU Commission. Such countries may not be subject to equivalent data protection laws as countries within the EEA. Any transfer of your Personal Data to jurisdictions outside the EEA may only occur in accordance with the requirements of the GDPR. For example, in connection with the transfer of your Personal Data to jurisdictions outside the EEA, the ICAV has authorised the Administrator as its delegate to enter into standard contractual clauses, as prescribed under the GDPR, with relevant parties to whom your Personal Data will be transferred. Copies of these clauses may be sought from the Administrator by emailing FB-REG-IRELAND2@CACEIS.COM. The ICAV has authorised the Administrator and the Depository to transfer Personal Data to their affiliates.

6. Retention of your Personal Data

The ICAV will retain Personal Data for as long as necessary or permitted in light of the purpose(s) for which it was obtained. The criteria used to determine the retention periods include:

- the length of the ICAV's relationship with you;
- whether there is a legal obligation to which the ICAV is subject (such as retaining Personal Data obtained for the performance of AML and related checks, which will be kept for **5 years** after termination of the relationship); and
- whether retention is advisable in light of the ICAV's legal position (such as with respect to statutes of limitations, litigation or regulatory investigations), in which case the Personal Data may be kept for up to **7 years**.

7. Your Data Protection Rights

You have a number of rights in relation to your Personal Data, which are set out in the table below. **In particular these rights include the right to object to processing of your Personal Data where that processing is carried out for the ICAV's legitimate interests.** Note that in certain circumstances these rights might not be absolute.

Right	Further Information
Right of Access	You have the right to request a copy of the Personal Data held by the ICAV about you and to access the information which the ICAV holds about you free of charge. The ICAV may charge you for making any additional access requests where it feels your request is unjustified or excessive.
Right to Object	You have a right to object at any time to the processing of your Personal Data where the ICAV processes your Personal Data on the legal basis of pursuing the ICAV's legitimate interests.
Right to Rectification	You have the right to have any inaccurate Personal Data which the ICAV holds about you updated or corrected.
Right to Erasure	In certain circumstances, you may also have your personal information deleted, for example if you exercise your right to object (see above) and the ICAV does not have an overriding reason to process your Personal Data or if the ICAV no longer requires your Personal Data for the purposes as set out in this notice.
Right to Restriction of Processing	You have the right to ask the ICAV to restrict processing your Personal Data in certain cases, including if you believe that the Personal Data the ICAV holds about you is inaccurate or the ICAV's use of your information is unlawful. If you validly exercise this right, the ICAV will store your Personal Data and will not carry out any other processing until the issue is resolved.

Right to Data Portability

You may request the ICAV to provide you with your Personal Data which you have given the ICAV in a structured, commonly used and machine-readable format and you may request the ICAV to transmit your Personal Data directly to another data controller where this is technically feasible. This right only arises where: (1) the ICAV processes your Personal Data with your consent or where it is necessary to perform the ICAV's contract with you; and (2) the processing is carried out by automated means.

Where the ICAV requires your Personal Data to comply with anti-money laundering or other relevant legal requirements, failure to provide this information may prevent your application for any future dealing of shares in the ICAV and will result in your investor account being frozen such that no dividend or redemption proceeds will be paid to you.

Should you consider that the processing of your Personal Data by the ICAV or its service providers infringes the provisions of the GDPR, you may lodge a complaint with a supervisory authority in the EU Member State of your habitual residence, place of work, or in the place where an alleged infringement occurred.

8. Contact Us

If you have any questions in relation to the ICAV's use of your Personal Data, or would like to submit a request with respect to your rights above, please contact us at dataprotection@bridgeconsulting.ie.

Ultimate Beneficial Ownership Declaration Form - February 2019

Please provide this form to CACEIS Ireland Limited declaring the information regarding the Beneficial Owners (as defined below) and Principals (Directors/Officers) for the company.

“Beneficial Owners” means:

- **For Financial Institutions acting in the capacity as Intermediary**
For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or
For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.
If applicable, please complete the section below.
- **For Entities acting in the capacity as a Nominee**
For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or
For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.
If applicable, please complete the section below.
- **For Corporations:**
All principals, officers, directors, and any individuals or entities who own 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Islands domiciled funds. *If applicable, please complete the section below.*
- **For Not for Profit Entity (Foundation, Association, Charity)**
All individuals with significant responsibility to control, manage, or direct the Not for Profit Entity. *If applicable, please complete the section below.*
- **Partnerships**
Individuals who own/control 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Island domiciled funds of the assets/voting power, including, but not limited to, Limited Partners. *If applicable, please complete the section below.*
- **LLCs**
All managing member(s) and any member(s) who owns/controls 25% or more for Irish domiciled funds and 10% or more for Cayman Islands/British Virgin Island domiciled funds. *If applicable, please complete the section below.*
- **Trusts**
All Settlor(s) / Grantor(s) / Trustee(s) / Protector(s), and all Beneficiaries of the Trust must be declared (regardless of the percentage amount of ownership for the beneficiaries).
If applicable, please complete the section below.
- **Pensions**
For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or

*For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.
If applicable, please complete the section below.*

- **Funds**

For all beneficial owners that represents 25% or more of the investment for Irish domiciled funds or

For all beneficial owners that represents 10% or more of the investment for Cayman Islands or British Virgin Islands domiciled funds.

If applicable, please complete the section below.

Details on the investor:

Name of the Fund Invested: _____

Register Investor Name: _____

Register Investor Address: _____

Register Investor Country of Incorporation: _____

Details on the Ownership Structure

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more for Irish domiciled Funds or 10% or more for Cayman Islands/British Virgin Islands domiciled Funds of the subscription monies i.e. the underlying beneficial owner

1.

Gender M/F	First name	Name ²	Date of birth	City of birth	Country of birth	Citizenship(s)	Country of tax residence	% of shares / voting rights (if applicable) ³	Job title (if applicable)	TIN number ⁴

I/We declare that the beneficial owners, Settlor / Grantor / Protector / Trustee and Beneficiaries (for trust) i.e. individual(s) who ultimately own(s) or effectively control(s) the company (regardless of shareholding), and the percentage shares held by the beneficial owners of the Company.

¹ In the event the shareholder(s) is a company, please drill down by providing the names of the individuals that own the company. Please indicate the names of the intermediary company that owns the investor.

² Provide a document evidencing the identity of the beneficial owner (Statutory auditors or external lawyers attestation, Certification of incorporation, Articles of association etc.).

³ Provide an organization chart certified by statutory auditors or external lawyers.

⁴ The Tax Identification Number.

Details on the Controlling Persons / Legal Representatives

The following information is for individuals with significant responsibility for managing the legal entity listed above (registered investor), such as:

Gender M/F	First name	Name	Date of birth	City of birth	Country of birth	Citizenship(s)	Country of tax residence	Job title (if applicable)

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions (If appropriate, an individual listed under section (1) above may also be listed in this section (2).
- Individuals with significant responsibility to control, manage, or direct the Not for Profit Entity
- Trustee(s)/Grantor(s)/Settlor(s)/Protector(s) for a Trust
- There are no Beneficial Owners.**
No individual(s)/entity/(ies) owns 25% or more of this investment / entity. (10% or more for Cayman Islands/
British Virgin Islands funds). The beneficial owner(s) is (are) individuals who hold the position of legal representative(s).
- There are no legal representatives.**
No natural person(s) falls within the definition of beneficial owner.

By signing below, I declare that the above information is accurate and that I will keep CACEIS informed of any changes or additions to the information provided.

<i>Signature of the legal representative of the investor</i>	<i>Date</i>

APPENDIX 6: SOURCE OF WEALTH DECLARATION FORM

Declaration of the origin of wealth

Subscriber name _____

Name of the Fund _____

Source of wealth (please tick accordingly):

<input type="checkbox"/>	<i>Savings</i>
<input type="checkbox"/>	<i>Inheritance</i>
<input type="checkbox"/>	<i>Salary</i>
<input type="checkbox"/>	<i>Earnings (game, gamble, etc.)</i>
<input type="checkbox"/>	<i>Divestment to be specified(sale of company;sale of shares, etc)</i>
<input type="checkbox"/>	<i>Sale of property</i>
<input type="checkbox"/>	<i>Other (please specify):</i>

Please provide the original certified copy of the supporting documentation for the Source of Wealth.

Date _____

Signature _____

Date _____

Signature _____

APPENDIX 7 – RESIDENT ENTITIES COMPOSITE DECLARATION

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

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

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares/units on behalf of the applicant named below who is entitled to the units in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 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;	
an investment limited partnership;	
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;	
entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997 ⁵ (see further requirement for Qualifying Fund Manager below);	
a PRSA Administrator;	
a credit union within the meaning of section 2 of the Credit Union Act 1997.	

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

- I also declare that at the time of making this declaration, the units in respect of which this declaration is made are held for charitable purposes only and

- o 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
 - o 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 undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997,¹ will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed by a qualifying fund manager / PRSA Administrator

- I/we* also declare that at the time this declaration is made, the units in respect of which this declaration is made
 - o are assets of *an approved retirement fund/an approved minimum retirement fund or a PRSA, and
 - o are managed by the Declarant for the individual named below who is beneficially entitled to the units.
- I/we* undertake that, if the units cease to be assets of *the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the units 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* also declare that I am/we are* applying for shares/units on behalf of persons who
 - o to the best of my/our* knowledge and belief, have beneficial entitlement to each of the shares/units in respect of which this declaration is made, and
 - o is a person referred to in section 739D(6) TCA 1997.
- I/we* further declare that
 - o Unless I/we* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D TCA 1997, and
 - o 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.

***Delete as appropriate**

Name of applicant: _____

Irish tax reference number of applicant: _____

Authorised signatory: _____ (declarant)

Title: (Mr/Ms. Etc.) _____

Capacity in which declaration is made: _____

Date: / /

IMPORTANT NOTES

1. This is a form authorised 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, quote the tax reference number of the beneficial owner of the share/units.
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; (hi) 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 authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or 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 authorised 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 authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.