

VERMEER UCITS ICAV
(the "ICAV")
Application Form

GOSHAWK GLOBAL FUND
being a Sub-Fund of Vermeer UCITS ICAV
(the "Fund")

This Application Form, which acts as an account opening form, should be read in the context of and together with the Prospectus of the ICAV and the Supplement(s) of the Fund (collectively referred to as the "Prospectus"), and save where otherwise defined in this Application Form, all capitalised terms shall have the same meaning as in the Prospectus.

This Application Form, together with the Money Laundering Verification Requirements and the Declaration of Residency, constitutes your agreement to subscribe for Shares in the Fund.

Application Forms must be received by the Administrator by 4.00pm (Irish time) on the business day prior to the relevant Dealing Day. Dealing instructions received after such times will generally be deemed to have been received for the next relevant Dealing Day.

Please complete using BLOCK CAPITALS all the following sections as indicated:

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IMPORTANT:

You will need to contact the Administrator before completing this form if the following situation(s) apply to you:

Section 4: Declaration of Residency

- If you are an Irish resident who is tax-exempt, please request the specific declaration form

1. Registration Details

Please complete in full

Full Name of Applicant:

Registered Office Address

Mailing Address (if different)

Telephone Number: Telephone Number:

Fax Number: Fax Number:

Contact Name: Contact Name:

E-mail Address: E-mail Address:

National ID/ Passport No/
Company Registration
Number:

Nationality/ Place of
Incorporation:

2. Subscription Instructions

I/We hereby apply to purchase Shares in the amount of which sum will be paid by telegraphic transfer, and agree to be bound by the material contracts as set out in the Prospectus:

Sub-Fund Name	Sub-Fund #	Monetary Amount
Goshawk Global Fund	Class A	<input type="text"/>
Goshawk Global Fund	Class A2	<input type="text"/>
Goshawk Global Fund	Class A3	<input type="text"/>
Goshawk Global Fund	Class B	<input type="text"/>
Goshawk Global Fund	Class C	<input type="text"/>
Goshawk Global Fund	Class G	<input type="text"/>
Goshawk Global Fund	Class G1	<input type="text"/>

3. Bank Account Details

Please complete in full

Applicant’s Banking Information

Shareholders may change their banking information upon written notification to the Administrator and must be accompanied by a bank statement or banker's reference. Redemption proceeds will not be processed on non-cleared/verified accounts.

Bank account details for Redemption Payments

Name of Bank	<input type="text"/>
SWIFT Code	<input type="text"/>
IBAN	<input type="text"/>
Account Name	<input type="text"/>
Sort Code	<input type="text"/>

NOTES:

- (a) Requests for redemption payments to be made by telegraphic transfer will be subject to bank charges. Such charges will normally be payable by the Shareholder although the ICAV has the discretion to determine that these charges should be borne by the ICAV or the relevant Fund.
- (b) If subscribing for Shares in more than one Fund investors must clearly mark the payment reference accounts for each particular Fund and the sub-account.
- (c) The Base Currency of the Fund and the designated currency of any Shares will be set out in the Prospectus. Applications for Shares shall be accepted in the Base Currency of the relevant Fund or the designated currency of the relevant Share Class. At the discretion of the ICAV, applications may be accepted in currencies other than the Base Currency.

NOTE: NO THIRD PARTY PAYMENTS WILL BE UNDERTAKEN

Bank account details for Subscription Payments EUR

Pay subscription monies in EUR to the following bank account:

Name of Bank:	Societe Générale
Swift Code:	SOGEFRPPAFI
Account Name:	GOSHAWK GLOBAL FUND COL
Account Number:	0560500003134237
IBAN:	FR7630003056050000313423754

Bank account details for Subscription Payments GBP

Pay subscription monies in GBP to the following bank account:

Name of Correspondent Bank: Barclays Bank London
 BIC: BARCGB22XXX

For further credit to:

Name of Bank: Societe Générale
 Swift Code: SOGEFRPPAFI
 Account Name: GOSHAWK GLOBAL FUND COL
 Account Number: 0560503803134237
 IBAN: FR7630003056050380313423735

Bank account details for Subscription Payments USD

Pay subscription monies in USD to the following bank account:

Name of Correspondent Bank: Societe Générale New York
 BIC: SOGEUS33XXX

For further credit to:

Name of Bank: Societe Générale
 Swift Code: SOGEFRPPAFI
 Account Name: GOSHAWK GLOBAL FUND COL
 Account Number: 0560503003134237
 IBAN: FR7630003056050300313423739

Subscription monies for the Shares of the Fund should be remitted in the designated currency of the relevant Class via SWIFT MT103 only.

Please contact the Administrator if payment details are required in any other currency. Any bank charges in respect of telegraphic transfers or otherwise will be deducted from the amount or value of subscriptions and the net amount invested in Shares. Once fully completed and signed, this Application Form should be sent to the following address and/or facsimile number, and if sent by facsimile the original must follow by post:

Apex Fund Services Ireland) Limited
 Second Floor,
 Block 5 Irish Life Centre
 Abbey Street Lower
 Dublin 1
 D01P767

Telephone: +353 1 411 2949
 Facsimile: +353 1 411 2948
 Email: ApexTA@apexgroup.com

No redemption payment may be made until the original Application Form has been received and the Administrator is satisfied that all necessary anti-money laundering checks have been completed in full.

By ticking the box opposite, I hereby consent to the provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in the Fund.	
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4. Declaration of Residency

(a) Declaration of Residence outside of Ireland

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Shares.

Please cross out one of the boxes below and delete “I/we” as applies in the remaining box.

Declaration on own behalf

I/we* declare that I am/we are* applying for the 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 the Republic of Ireland, and
- Should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

**Delete as appropriate (mandatory)*

Declaration as Intermediary

I/we* declare that I am/we are* applying for Shares on behalf of persons:

- who will be beneficially entitled to the Shares; and,
- who, to the best of my/our* knowledge and belief, none of the beneficiaries are resident or 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* holds Shares, becomes resident in the Republic of Ireland.

**Delete as appropriate (mandatory)*

Name and address of applicant:

Signature of applicant or authorised signatory : _____ (declarant)

Capacity of authorised signatory (if applicable): _____ Date: _____

Joint applicants :

Names : _____

Signatures : _____

IMPORTANT NOTES:

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where 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.
3. If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature

(b) Declaration of Residence within Ireland

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

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the Shares on behalf of the applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick as appropriate).

A pension scheme	
A company carrying on life business within the meaning of section 706 TCA 1997	
An investment undertaking	
A special investment scheme	
A unit trust to which section 731(5) (a) TCA 1997 applies	
A charity being a person referred to in section 739D(6)(f)(i) TCA 1997	
A qualifying management company, as defined in section 739B(1), as inserted by section 31(1)(a), Finance Act 2010	
Entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) or by virtue of section 848E of the TCA 1997, (see further requirements for Qualifying Fund Managers below)	
A PRSA Administrator	
A credit union within the meaning of section 2 of the Credit Union Act 1997	

Additional requirement where the declaration is completed on behalf of a pension scheme, a company carrying on life business within the meaning of section 706 TCA 1997, an investment undertaking, a special investment scheme, a unit trust to which section 731(5) (a) TCA applies, a qualifying management company or a credit union to which Section 2 of the Credit Union Act 1997 applies

- I undertake that, in the event that the Shares cease to be assets of the *pension scheme/company carrying on life business within the meaning of section 706 TCA 1997/investment undertaking/special investment scheme/unit trust to which section 731(5) (a) TCA applies/qualifying management company/credit union to which Section 2 of the Credit Union Act 1997 applies, including a case where the Shares are transferred to another such entity, I 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 on behalf of a Charity

- I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made:
 - are held for charitable purposes only; and
 - Form part of the assets of a body of persons or trust related by the Revenue Commissioners as a body or trust established for charitable purposes only, or are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- I undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I 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
<p>I also declare that at the time this declaration is made, the Shares/Units in respect of which this declaration is made:</p> <ul style="list-style-type: none"> ▪ Are assets of an *approved retirement fund/an approved minimum retirement fund; and ▪ Are managed by the declarant for the individual named below who is beneficially entitled to the Shares. <p>I undertake that, if the Shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund, including a case where the Shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate)</p>

Additional requirements where the declaration is completed by an Intermediary
<p>I/we* declare that I am/we are* applying for Shares on behalf of persons who:</p> <ul style="list-style-type: none"> ▪ to the best of my/our* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made; and ▪ is a person referred to in section 739D(6) TCA 1997. <p>I/we* also declare that</p> <ul style="list-style-type: none"> ▪ 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 persons referred to in section 739D(6) TCA 1997; and ▪ I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997. <p>(* Delete as appropriate)</p>

Name of Applicant: _____

Irish Tax Reference Number of Applicant: _____

Authorised Signatory: _____

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 Shares.
3. In the case of (i) an exempt pension scheme, the administrator must sign the declaration (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other 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 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. If the latter, a copy of the power of attorney should be furnished in support of this declaration.

SIGNATURE

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

Date:	_____	
Signed		Signatory Capacity if applicable (i.e. Director/manager)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
IN THE CASE OF ALL JOINT HOLDERS – ALL HOLDERS MUST COMPLETE THIS DECLARATION		

Apply Rebate on this Fund

- Management Fee
- Investor Fee rebate
- Frequency of rebate
- Paid or Re-invested
- Side letter received
- Date

5. Return of Values (Investment Undertakings) Regulations 2013

The ICAV must collect additional information in order to satisfy *Return of Values (Investment Undertakings) Regulations 2013* (S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which are an Irish Resident or Ordinarily Irish Resident must provide the following additional information:

Tax Identification Number (TIN) / Personal Public Service Number	
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Any one of the following additional documents is required to verify the TIN or PPS Number (either a copy or the original is sufficient)

- P60
- P45
- P21 Balancing Statement
- Payslip (where employer is identified by name or tax number)
- Drug Payment Scheme Card
- European Health Insurance Card
- Tax Assessment
- Tax Return Form
- PAYE Notice of Tax Credits
- Child Benefit Award Letter /Book
- Pension Book
- Social Services Card
- Public Services Card

In addition, any printed documentation issued by the Irish Revenue Commissioners or by the Department of Social Protection that contains your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each Applicant.

6. FATCA Self-Certification

ENTITY SELF-CERTIFICATION

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

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

*(Mandatory fields are marked with an *)*

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation:

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Code: _____ Country: _____

Section 2: FATCA Declaration Specified U.S. Person:

Please tick either (a), (b) or (c) below and complete as appropriate.

- a) The Entity is a *Specified U.S. Person* and the Entity’s U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN: _____

Or

- b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

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

3.1 Financial Institutions under FATCA:

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

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

3.2 Please provide the Entity’s *Global Intermediary Identification number (GIIN)*

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor’s name and sponsor’s <i>GIIN</i> : Sponsor’s Name: _____ Sponsor’s <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

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

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

Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)*

Please indicate the Entity’s country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TIN”)).

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Section 5: Entity’s CRS Classification*(The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3):

For more information please see the CRS Standard and associated commentary.

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

5.1 Financial Institutions under CRS:

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

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

5.2 Non Financial Institutions under CRS:

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

I.	<i>Active Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation
II.	<i>Active Non-Financial Entity</i> – a Government Entity or Central Bank
III.	<i>Active Non-Financial Entity</i> – an International Organisation
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)
V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s))

****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>

Section 6: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

INDIVIDUAL (CONTROLLING PERSON'S) SELF-CERTIFICATION

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Sub-Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

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

<http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

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

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

Sections 1, 2, 3 and 5 must be completed by all investors.

Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see

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

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name*:

Current Residential Address*:

Number: _____ Street:

City, Town, State, Province or County:

Postal/ZIP Code: _____ Country:

Mailing address (if different from above):

Number: _____ Street:

City, Town, State, Province or County:

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

Town or City of Birth*: _____ Country of Birth*: _____

Date _____ of _____ Birth*: _____

Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*:

Please tick either (a) **or** (b) and complete as appropriate.

(a) I confirm that [**I am**]/[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] _____ U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

(b) I confirm that [**I am not**]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

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

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

Country of Residency	Tax ID Number

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN.

Section 4 – Type of Controlling Person
 (ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person

Please confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		

Controlling Person of a legal person – senior managing official		
Controlling Person of a trust – settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) - settlor equivalent		
Controlling Person of a legal arrangement (non-trust) - trustee equivalent		
Controlling Person of a legal arrangement (non-trust) - protector equivalent		
Controlling Person of a legal arrangement (non-trust) - beneficiary equivalent		
Controlling Person of a legal arrangement (non-trust) - other equivalent		

Section 5: Declaration and Undertakings:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

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

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

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____

7. Money Laundering Verification Requirements

Guide to completing this form:

- **Part I** Beneficial Ownership Detail must be provided by **All Applicants**;
- **Part II** To be completed by any applicant which is a **Recognised Regulated Entity**; e.g. a bank, provider of financial services or nominee company investing on its own behalf or on behalf of a third party and if regulated for compliance with applicable Anti Money Laundering regulations in a Prescribed Country⁶;
- **Part III** To be completed by any **Individual (s) investing in their own name**;
- **Part IV** To be completed by any **Unregulated Nominee Company** that does not fall within scope of Part II above;
- **Part V** To be completed by any **Politically Exposed Person(s)** investing into the Fund;
- **Part VI** To be completed by **Other Investors** investing into the Fund.

Note that, in all cases the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

PART I – Beneficial Ownership Detail

Full Name of any Individual with a beneficial interest of 25% or more in this investment: or anyone who otherwise exercises control of the legal entity, where applicable:

1. _____ 2. _____
 3. _____ 4. _____

Note: If there is/ are no Individual(s) with a beneficial interest of 25% or more in this investment or anyone that otherwise exercises control of the legal entity, where applicable please check the box below:

PART II – Recognised Regulated Entities

Applicant is a Recognised Regulated Entity (as previously defined) acting on its own account or on behalf of a third party

YES

Name of Regulatory Authority:

Applicable Domestic Regulations:

⁶ Prescribed Countries as set out in SI 347 of 2012: Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, India, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States, The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba. The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis & Futuna.

PART III - Individual(s)

Please provide

- 1. A copy photographic identity document e.g. Passport or Driver’s Licence and
- 2. Two copies of non-photographic identity documents⁷ e.g. utility bill / bank statement dated within the last six months.

Current Occupation (s)

Date of Birth

In the case of joint account holders, please supply the relevant documentation and information in respect of all holders.

PART IV – Unregulated Nominee Company

Please provide

- 1. Standard Reliance Letter⁸; and
- 2. Proof of Regulatory Status of Parent Company; **or**
- 3. Documentation in accordance with the legal form of the Nominee Company (see Part VI).

PART V – Politically Exposed Persons

A **Politically Exposed Person** is defined as an individual who is or was at any time in the preceding 12 months entrusted with a prominent public function or immediate family members of such persons or persons known to be close professional associates of such persons.

Please confirm whether you are a **Politically Exposed Person (PEP)**

YES:

NO:

Required Identity Verification Documentation

- 1. Certified Copy Photographic Identity Document e.g. Passport or Driver’s Licence and
- 2. Two Certified Copies of Proof of Residential Address Verification e.g. utility bill / bank statement dated within the last six months
- 3. Source of Funds
- 4. Source of Wealth

Note: In terms of certified documents, this means that there is an original signature on the document from a suitable person confirming the documents are a true copy of the original, and they will need to sign and date it, printing their name, occupation, address, telephone number and email address. Suitable persons include any of the following; police officer, practicing solicitors, embassy consular staff, financial institutions, medical professions, notaries public. The person certifying the documents should be independent of the investor.

7. Please contact the Administrator directly if you have any queries.

8. To be requested from the Administrator.

A. Source of Funds

Please provide details

Earnings from Employment	from	Employment/Self	<input type="checkbox"/>	Inheritance or Gift	<input type="checkbox"/>
Investment Income			<input type="checkbox"/>	Matured Investment	<input type="checkbox"/>
Lump Sum Retirement			<input type="checkbox"/>	Court Award	<input type="checkbox"/>
Sale of Property			<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>
Other	<input type="text"/>				

B. Source of Wealth

Please provide a brief description of your source of wealth (source of total accumulated net worth)

PART VI – OTHER INVESTORS (Standard Customer Due Diligence)

If you fall under one of the investor categories outlined below please provide documents evidencing the requested information.

Note that, in all cases this is an indicative list only and the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

Listed Company on a Recognised Exchange⁹

1. Please provide Proof of Listing on a recognised stock exchange in a Prescribed Country

Listed Company – Not Appearing on a Recognised Exchange

Please provide:

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address of the company.
5. Principal business address of the company.
6. Details of Directors of the company- including name, residential address and date of birth.
7. Detail of any beneficial owners who are natural persons, who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any Beneficial Owner
9. Verification of identity of the company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or

⁹ A Recognised Exchange is regulated under MiFID or deemed to have equivalent transparent rules.

- Copy of latest audited financial statements.

Wholly Owned Subsidiary of a Listed Company**Please provide**

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address of the subsidiary company.
4. Principal business address of the subsidiary company.
5. Details of Directors of the company - including name, residential address and date of birth.
6. Detail of any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Confirmations as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) provide identity detail for any Beneficial Owner.
8. Verification of identity of the subsidiary company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Private Company**Please provide**

1. Full name of the company.
2. Registered number of the company.
3. Registered office address of the company.
4. Principal business address of the company.
5. Details of directors of the company- including name, residential address and date of birth.
6. Documentation to verify the identity of two directors or one director and one authorised signatory in line with legal form (If individuals, one proof of ID and one proof of address is required).
7. Detail of any beneficial owners who are natural persons, own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
8. Verification of identity of the company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of audited financial statements.

Partnership**Please provide**

1. Full name of the partnership.
2. Registered office address.
3. Principal business address of the partnership.
4. Detail of all partners- including name, residential address and date of birth.
5. Documentation to verify the identity of two partners or one partner and one authorised signatory (If individuals, one proof of ID and one proof of address is required).
6. Detail of any partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, details of ultimate beneficial owners is required (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
7. Constitutional Document for the partnership (e.g. Partnership Agreement).

Limited Liability Company**Please provide**

1. Full name of the LLC.
2. Registered office address of the LLC.
3. Principal business address of the LLC.

4. Details of all Managing Members- including name, residential address and date of birth.
5. Documentation to verify the identity of two Managing Members or one Managing Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Detail of any Member beneficially entitled to more than 25% of the entity's share capital or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Constitutional Document
8. Operating Agreement.

Collective Investment Scheme ('CIS')

Please provide

1. Full name of CIS.
2. Registered address of CIS.
3. Prospectus or equivalent.
4. Name and address of scheme promoter.
5. Name and address of scheme administrator.
6. Name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes.
7. Identity detail for any investors who own more than 25% of the share capital.

Trust, Foundation or similar entity

Please provide

1. Full name of trust, foundation or similar entity.
2. Registered address of trust, foundation or similar entity.
3. Legal form of the trust, foundation or similar entity.
4. Trust deed or equivalent or confirmation of the entity to an appropriate register.
5. Detail of Nature / purpose of the Trust, foundation or similar entity.
6. Details of all trustees- including name, residential address and date of birth.
7. Documentation to verify the identity of two trustees or one trustee and one authorised signatory (If individuals, one proof of ID and one proof of address is required).
8. Identity detail for any beneficial owners who own more at least 25% of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
9. Details of settlor- including name, residential address and date of birth, as applicable.
10. Details of protector (as appropriate)- including name, residential address and date of birth, as applicable.

Employee/ Superannuation Pension Scheme

Please provide

1. Proof of registration from the relevant tax authorities.

General Pension Scheme

Please provide

1. Full name of the pension scheme.
2. Registered office address of the pension scheme.
3. Confirmation of registration (as appropriate) from the relevant tax authorities or pension's board **or**
4. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
5. Constitutional/Formation Document (e.g. Trust Deed).

Registered Charity

Please provide

1. Extract from the relevant Charities Register e.g. UK Charities Commission.

Unregistered Charity

Please provide

1. Full name of the charity.
2. Nature/purpose including the nature of the funding of the charity.

3. Registered office address of the charity.
4. Principal business address of the charity.
5. Details of Trustees/Directors/ Governors/Board Members or equivalent - including name, residential address and date of birth.
6. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required).
7. Details of beneficiaries (where ascertainable).
8. Constitutional/Formation Document for the charity.

Club or Society

Please provide

1. Full name of the club/society.
2. Registered office address of the club/society.
3. Nature/Purpose including the nature of funding of the club/society.
4. Confirmation of the legal status of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and / or copy of audited financial statements (if available).
6. Details of officers of the club/society.
7. Documentation to verify the identity of two officers of the Club/Society or one officer and one authorised signatory (If individuals, one proof of ID and one proof of address is required).

Government / Public Body in a Prescribed Country

Please provide

1. Background from a reliable source (e.g. internet search).

Government/ Public Body in Non Prescribed Country

Please provide

1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Detail of ownership of the government/public authority.
6. Details of main public body officials- including name, residential address and date of birth.
7. Identity detail for all persons who own or control over 25% of the entity's share capital, profit or voting rights or otherwise exercises control over the management of the entity.
Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
8. Appropriate background information on the entity (e.g. via internet search).

School, College or University

Please provide

1. Full name of school, college or university.
2. Registered office address school, college or university.
3. Detail to allow verification of identity of school, college or university from relevant registers and/or from obtaining appropriate background information (e.g. via internet search).
4. Documentation to verify the identity of two officials or one official and one authorised signatory (If individuals, one proof of ID and one proof of address is required) or 6 and 7 below.
5. Confirmation of ownership of the entity. In particular, confirmation of public ownership or independent ownership.
6. Where independently owned, identity detail of all persons who own or control over 25% of the entity's share capital, profit or voting rights. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Detail of main officials of school, college or university- including name, residential address and date of birth.

DECLARATION - *I/We declare that the information contained in this form, including the section entitled “Representations and Warranties” at pages 14 and 15, and any attached documentation is true and accurate to the best of my/our knowledge and belief.*

Date: _____

Signatory capacity if applicable (ie Director/manager)

Signed:	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

In the case of joint holders, ALL holders must complete this declaration.

8. Representations, Authorities and Indemnities*Check or delete where requested and appropriate*

1. I/We hereby represent and warrant that:
 - (a) I/We have the legal capacity, power and authority to execute and deliver this Application Form and (i) am/are not a U.S. Person; (ii) am/are not purchasing the Shares on behalf of or for the account of a U.S. Person; nor with a view to the offer, sale, delivery, directly or indirectly, of the Shares of the Fund in the United States, its territories, possessions and other areas subject to its jurisdiction; and (iii) have not been convicted of any criminal activities and the subscription monies are not the proceeds of criminal misconduct and the funds presented to complete this transaction are from legitimate sources in connection with the Investors regular and permitted business activities;
 - (b) I/We have received, read and understand the current Prospectus of the ICAV and, where applicable, the most recent annual report and accounts of the ICAV and, if issued after such reports and accounts, its most recent semi-annual unaudited report including, without limitation, those sections of the Prospectus relating to the risks and fee structure of the Fund and have relied solely on the Prospectus in determining to invest in the Shares of the Fund, and I/we have such knowledge and experience in business and financial matters as to be capable of evaluating the merits and risks of investing in the Shares of the Fund and are able to bear the economic risk of that investment.
2. I/We undertake to observe and be bound by the provisions of the Instrument of Incorporation of the ICAV (as amended from time to time) (the "Instrument") by which the ICAV is constituted.
3. I/We acknowledge that this application is made at a price determined in accordance with the Instrument and that the Directors reserve the right to reject any application in whole or in part.
4. I/We declare that I am/we are over 18 years of age and am/are of full legal age and capacity.
5. I/We hereby warrant that I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the ICAV, am/are aware of the risks inherent in investing in the assets in which the ICAV will invest and the method by which these assets will be held and/or traded, and can bear the loss of my/our entire investment in the Fund.
6. I/We hereby declare that the Shares are not being acquired, and will not be held, in violation of any applicable laws.
7. I/We agree not to duplicate or to furnish particulars of the Prospectus, or to divulge any of its contents, to any person other than my/our investment, legal or tax advisors (who may use the information contained in the Prospectus solely for purposes relating to my/our investment in the Fund).
8. I/We hereby confirm that I/we shall be deemed to make, on a continuing basis, and in respect of all subsequent applications for Shares in the Fund each of the statements contained herein unless I/we notify the ICAV or the Administrator to the contrary in relation to any Shares I/we may hold or obtain at any time.
9. I/We hereby agree to indemnify and hold harmless the ICAV, the Depositary, the Investment Manager, the Administrator (and their respective directors, officers and employees) and the other Shareholders against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result, directly or indirectly, from (i) any misrepresentation or breach of any warranty, condition, covenant or agreement contained herein or in any other document delivered by the undersigned to the ICAV and (ii) my/our holdings of Shares in the Fund which brings the ICAV into conflict with any requirement of any local regulatory authority or the ICAV incurring any liability to taxation or breaching any law or regulation of any local regulatory or taxation authority.
10. I/We agree to notify the ICAV immediately if I/we become aware that any of the representations made is/are no longer accurate and complete in all respects. I/We agree to immediately either to sell or to tender to the ICAV for redemption of a sufficient number of Shares to allow the representations to be made again.
11. I/We declare that the information contained in the declarations completed above is true and correct.
12. For individual investors only:

I/We agree that:

 - (i) Information supplied on this Application Form and otherwise in connection with my/our subscription for Shares may be held by the Administrator or its agent and will be used for the purposes of processing my/our subscription and investment in the Fund and completion of information on the register of Shareholders of the Fund, and may also be used for the purpose of carrying out my/our instructions or responding to any enquiry purporting to be given by me/us or on my/our behalf, dealing in any other matters relating to my/our holding of Shares (including the mailing of reports or notices), forming part of the records of the recipient as to the business carried on by it, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject) and to provide a marketing database for product and market research or to provide information for the despatch of information on other products or services to me/us from the ICAV or any connected person of the ICAV. All such information may be retained after my/our Shares have been redeemed;
 - (ii) The Administrator may disclose and transfer such information to the auditors and the ICAV, including any of their employees, officers, directors, agents and delegates and the Administrator's agent and/or their subsidiaries and/or affiliates or to any third party employed to provide administrative, computer or other services or facilities to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority entitled thereto by law or regulation (whether statutory or not) in connection with my/our investment in the Fund, which persons may be persons outside Ireland;
 - (iii) I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the ICAV) in accordance with the Data Protection Acts 1988 to 2003 of Ireland (as may be amended or supplemented from time to time). I/We also acknowledge that this information will be processed by the Administrator for the purposes of carrying out the services of administrator, registrar and transfer agent of the ICAV and to comply with legal obligations including legal obligations under anti-money laundering legislation. I/We acknowledge that the Administrator or the ICAV will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the Auditors, the Investment Manager, the Irish Revenue Authorities pursuant to the Intergovernmental Agreement entered into between Ireland and the United States in connection with the implementation of FATCA and the OECD Common Reporting Standard ("CRS") and the Central Bank of Ireland or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the Investment Manager and any investment advisor (as relevant), (3) the disclosure of my/our information where necessary, or in the ICAV's or the Administrator's legitimate interests, to any company in the Administrator's and/or the Investment Manager's group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland; and

- (iv) I/We hereby consent to the transmission by the Administrator of personal data provided by me/us to the Administrator being transferred to countries which are outside of the European Economic Area and to countries which do not have data protection legislation in place which is equivalent to that in place within the European Economic Area. The ICAV and the Administrator may carry out electronic searches of publicly available or paid information with regard to anti-money laundering and client identification requirements and may retain records on file from such electronic searches.
13. I/We agree to provide such information as may be required (whether in this Application Form or otherwise), and I/we consent to the disclosure of such information to such person or persons as may be deemed to be a Paying Agent in order to permit them to comply with their obligations under FATCA or the CRS. I/We undertake to ensure that such information as I/we provide is kept up-to-date and to notify to the Administrator of any change to such information which may be relevant for the purposes of FATCA or the CRS as soon as reasonably practicable (including without limitation any change in my/our name, permanent residential address or registered office and/or the State in which I/we are resident for tax purposes).
14. I/We acknowledge and agree that where adequate information (to the satisfaction of the ICAV) has not been provided by us for anti-money laundering verification purposes, that our entire investment may be compulsorily redeemed from the Fund by the ICAV and that monies from such redemption may not be returned to us until such time as information satisfactory to the ICAV is received by the ICAV (see note 3 below). In such instances, I/we acknowledge and agree that the ICAV, where relevant, may not pay any distributions to us. In the event that the ICAV is required to take the foregoing action, I/we understand and agree that I/we shall have no claim against the ICAV, the Fund, the Directors, the Investment Manager, the Administrator and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents for any form of loss, liability, cost, expense or damages as a result of the aforementioned action and each shall be held harmless against any loss arising as a result of a failure by me/us to provide anti-money laundering verification documentation and information as may be requested of me/us by or on behalf of the ICAV.
15. I/We hereby agree to indemnify and hold harmless such person or persons as may be deemed to be a Paying Agent against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly from any failure by me/us to provide information or from any information which I/we provide being incorrect or ceasing to be correct in accordance with this Application Form.

NOTES:

1. Under Irish anti-money laundering legislation, the ICAV and/ or Administrator, acting on behalf of the ICAV, must obtain information to verify the identity and permanent address of any new investor in the Fund in accordance with the requirements of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010 as amended by Part 2 of the Criminal Justice Act, 2013 (the "Act"). In addition, the ICAV and/ or Administrator may require an intermediary that is applying for Shares on behalf of persons (which may include natural and/or legal persons who will be beneficially entitled to these Shares) to make available requested verification of identity documents and information in respect of such beneficial owners.

Please refer to Section 7 'Money Laundering Verification Requirements' above at page 18 for a more detailed overview of AML requirements for new investors. You must provide the requested documentation and information.

Investor account documentation and requirements will be periodically re-evaluated in line with Irish anti-money laundering legislation.

The measures aimed at the prevention of money laundering will require verification of the Applicant(s)' identity, address, source of funds and/ or source of wealth. As such the ICAV and/ or the Administrator reserves the right to request such information as is necessary to verify the identity of an applicant and / or the source of the subscription monies and/ or the source of wealth.
2. In the event of delay or failure by the applicant to produce any information required for verification purposes, the ICAV and/ or Administrator may refuse to accept the application and subscription monies.
3. Where an application for Shares in the Fund is accepted pending receipt of any information required from you for the purposes of anti-money laundering verification in accordance with the Act, your investment may be compulsorily redeemed from the Fund if such information is not provided as soon as possible after subscribing and at the latest, 90 days after your subscription is accepted into the Fund. In such instances, monies from such redemption may not be returned to you until such time as satisfactory anti-money laundering verification information is received by the ICAV or the Administrator. Also, any distributions may not be paid to you and no transfer of shareholdings may take place.
4. In the case of Joint Applicants, all must sign and supply names and addresses in accordance with "Registration Details" above. Please note that only the first-named holder's address will be used for registration. A corporation should sign under the hand of a duly authorised official who should state his representative capacity. An authorised signatory list must be submitted with this application unless the Applicant is an Individual or Joint Investor. The Authorised Signatory list must be printed on headed paper and contain the names and specimen signatures of all persons authorised to trade on the account. If this Application Form is signed under a power of attorney, such power or a duly certified copy thereof must accompany this Application Form.
5. All individual investors have the right of access to, and to update, all their records (whether held on computer files or manually) held by or on behalf of the Administrator. A copy of such record will be provided to an investor who requests it, upon the payment of a modest administration charge to cover the costs of complying with such request. Requests should be made in writing to the Administrator at the address set out in the Prospectus.
6. Where the Applicant is a financial institution, broker or other person applying to acquire Shares on behalf of its individual client(s) the Applicant represents and warrants that it has full power and authority on behalf of the individual investor to subscribe for Shares and to execute any necessary subscription documentation, including this Application Form and, in particular but without limitation to the aforesaid, to make the representations above on behalf of such individual investor as to the agreement of such individual investor regarding the use of personal data. The Applicant also represents and warrants that it has made due diligence enquiries to make sure that the individual investor is not involved in money laundering or terrorist activities ("know your customer rules").
7. Where this Application Form is sent by facsimile, you must also send the original signed application to the address specified above. The Administrator will not be responsible to an applicant for any loss resulting from the non-receipt of any application sent by facsimile.
8. Applicants should note that the Directors or the Administrator or their agents may refuse to accept a redemption request if it is not accompanied by such additional information as they may in their absolute discretion require. I/we acknowledge that the ICAV or the Administrator on its behalf also reserves the right to refuse to make any redemption payment or distribution to a Shareholder where the ICAV, Investment Manager or the Administrator is not satisfied with the information and documentation that has been provided. This power may, without limitation to the generality of the foregoing, be exercised where proper information has not been provided for anti-money laundering verification purposes as described above. Applicants should note in particular that redemption proceeds will not be paid by the Administrator to an account which is not in the name of the Applicant.
9. This Application Form may also be used for additional investments by existing Shareholders in which case there is no minimum additional investment.
10. The Applicant understands that the confirmations, representations, declarations and warranties made herein are continuous and apply to all subsequent subscriptions for shares in the Fund whether this investment is made in the Applicant's own name or is made on behalf of or for the benefit of another person or corporation.

11. The Applicant understands that any changes to the information provided in this Application Form must be made in writing to the Administrator and must contain the appropriate number of authorised signatories and all such signatories must be signature guaranteed. All certified copies should be certified by a Police Officer; Practicing Certified or Chartered Accountant; Notary Public; Practicing Lawyer; Embassy/ Consular Staff or any person so authorised under the laws of your country or domicile (except that the authorised signatories list may be certified by the company secretary where the investor is domiciled in an equivalent country and regulated).
12. While Shares may be issued on the next available Dealing Day, until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify the Applicant’s identity, no request made by the Applicant to either redeem and/or transfer the Shares will be granted. The Administrator, the Investment Manager and the ICAV shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been required by the parties referred to and has not been provided.
13. The Applicant(s) acknowledges that due to anti-money laundering requirements operating within their respective jurisdictions the Administrator, Investment Manager, and the ICAV (as the case may be) may require further information, including identification, as described in the Prospectus, from it before its fund transaction(s) can be processed. The Applicant(s) further acknowledges that any delay in providing such documentation may result in delayed processing of the application for Shares and/or delayed payment of any future redemption payments or processing transfer of shareholding requests. The ICAV, Administrator and Investment Manager shall be held harmless and indemnified against any loss arising as a result of a failure to process its fund transaction(s) if such requested information has not been provided by the Applicant(s).
14. The Applicant(s) hereby acknowledges, confirms, warrants, declares and represents that:
 - a) in subscribing for Shares, it is not involved in: (i) concealing or disguising any property which is, or which directly or indirectly represents, the proceeds of a criminal activity; or (ii) converting or transferring any property which is, or which directly or indirectly represents, the proceeds of criminal activity for the purpose of avoiding prosecution for an offence;
 - b) it has complied with all anti-money laundering obligations imposed on it pursuant to applicable anti-money laundering legislation;
 - c) it does not know of or suspect and has no reason to suspect that any of the subscription monies forwarded by it for Shares is, or directly or indirectly represents, the proceeds of any criminal activity and subscription pursuant to this Agreement is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise nor is intended to be applied in such a way as may constitute an offence of financing terrorism under the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010 and 2013;
 - d) the ICAV, Depository, Investment Manager, Administrator, and their respective directors, officers and employees shall be held harmless and indemnified against any penalty or loss arising as a result of the foregoing representations and undertaking being shown to be untrue or incorrect in any way.

9. Applicant Signatures *Please sign*

I / We agree to be bound by the representations and statements set out in this Application Form. If applicable, attach an authorised signatory list of those entitled to instruct on this investment

Signature
Date

Joint Applicant (if applicable) Signature
Date