



INITIAL APPLICATION PACK

Individual Investors

CONTENT

| | |
|---|-----------|
| SUBSCRIPTION FORM | 2 |
| GENERAL INFORMATION | 7 |
| Due Diligence Documentation | 7 |
| PEP DECLARATION | 8 |
| SOURCE OF WEALTH & SOURCE OF FUNDS DECLARATION | 9 |
| RISK PROFILE QUESTIONNAIRE | 10 |
| About the Registered Shareholder | 10 |
| DECLARATION | 12 |
| ANNEX | 13 |
| Definition of Politically Exposed Person/s | 13 |
| Source of Funds & Source of Wealth – Documentary Evidence | 14 |
| General Notes | 15 |
| INDIVIDUAL SELF-CERTIFICATION FORM | 16 |
| W-8BEN | 18 |

When completed, kindly sign this form (in paper or via DocuSign) and email to:
transferagency@ccfundservices.com

(for any queries call +356 2568 8688)



The Directors,
AQA UCITS Fund SICAV plc – AQA Sure Fund
c/o Calamatta Cuschieri Fund Services Limited
Ewropa Business Centre
Dun Karm Street
B’Kara
BKR 9034
Malta

Email: transferagency@ccfundservices.com
Tel: +356 2568 8688

A. Name of Subscriber:

Trading Name (if applicable):

Address of Subscriber:

Contact Name:

Tel No:

Email:

B. Name of Subscriber:

Trading Name (if applicable):

Address of Subscriber:

Contact Name:

Tel No:

Email:

C. Please send all correspondence (if different from above) to:

Address:

Contact Name:

Tel No:

Email:

- I/We hereby irrevocably subscribe for the equivalent number of Investor Shares in:

CLASS A EUR SHARES (MT7000034302)

Currently available for an investment of:

(Amount/Units in figures)

(Amount/Units in words)

in the Company, an investment company established in Malta in accordance with the terms and conditions of the current Offering Memorandum of the Company and this Subscription Agreement.

- I/We will pay the full Offer Price in cleared funds by not later than 12:00 (CET), three (3) Business Days after the relevant Subscription Day.
- I/We have read and understand the Offering Memorandum and have read and understood and agree to abide by the Subscribers Undertakings and Warranties specified in the said Memorandum.
- I/We acknowledge and understand that this subscription may be accepted or rejected in whole or in part in the sole and absolute discretion of the Company.
- I/We understand that subscriptions or redemptions paid in currencies other than the designated currency of the Sub-Fund will be exchanged for the designated currency and I/we agree that any exchange losses or costs will be for my/our account.
- I/We hereby undertake to comply with the minimum age requirements, as stipulated in the section 'Undertakings and Warranties' in the Offering Memorandum.
- I/We hereby apply to purchase the Investor Shares in registered form and I/we do not require a certificate for the same Investor Shares.
- I/We understand that if the Subscriber is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Subscription Agreement, the authorised officer(s) hereby confirm and warrant that the corporation is so empowered to invest in the Company and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.
- I/We understand and agree that, if I/we do not supply all of the due diligence documentation as required, the Company reserves the right to reject such subscription.
- If this form, or any other communication, is sent to the Company and/or the Administrator by fax, e-mail or verbally will not be deemed to have been received by the Company or Administrator unless receipt is acknowledged in writing by the Administrator. Exceptions are made where the delivery of the communication has been acknowledged by a signed receipt.
- By executing this Subscription Application, I/we waive any provision under applicable laws and regulations that would prevent or inhibit the Company's compliance with applicable law as described in this paragraph, including but not limited to by preventing either:
 - Me/Us from providing any requested information or documentation, or
 - The disclosure by the Company and its Administrator of the provided information or documentation to applicable regulatory authorities. In particular, but without limitation, I/we agree to provide any documentation or other information regarding myself, my beneficial owners and controlling persons requested by the Company or Administrator in connection with FATCA & CRS and any guidance, relating thereto and published from time to time, as well as any legislation, rules or practices adopted pursuant to any applicable intergovernmental agreement entered into in connection with the implementation of FATCA & CRS. Finally, should any similar legislation and regulations be issued by any other jurisdictions at any time in the future, I/we agree to the same provisions as outlined above.

1. I/We agree to complete and return, with this application form, the appropriate form(s), as will be provided by the Company, included but not limited to the below list, along with all related documentation to the Fund at the offices of the Administrator:
 - Individual/Entity Self-Certification Form (as applicable);
 - PEP & Source of Wealth Declaration Form; and
 - Risk Profile Questionnaire.

2. I/We hereby indemnify and hold harmless the Company and the Administrator and each of their respective directors, officers and employees from any losses or damages suffered due to incorrect statement or information provided by us in respect of these matters.

3. I/We acknowledge that my/our personal information will be processed by the Company and/or its delegates and/or its service providers and/or duly authorised agents and/or any of their respective related, associated or affiliated companies (including, without limitation, the Administrator and/or the Investment Manager) (each a "Fund Party" and, collectively the "Fund Parties") in accordance with their respective legal obligations, including obligations under the General Data Protection Regulation 2016/679 (the "Data Protection Legislation"). Kindly refer to Offering Memorandum/ Prospectus of the Company for further details in this respect. For the avoidance of doubt, the Company shall be considered to be a data controller in accordance with the Data Protection Legislation and each of the Fund Parties may act on behalf of and to the instruction of the Company as data processors.

4. I/We acknowledge that my/our personal data will be processed for the purposes of:
 - Managing and administering my/our participation in the Sub-Fund (including, without limitation, administering an application for Investor Shares in the Sub-Fund, administering a request for conversion or redemption of Investor Shares in the Sub-Fund; transfer agency; administering the payment of distributions (if any) declared by the Company in respect of the Sub-Fund; maintaining the register of Investor Shareholders; circulating periodic reports, notices of meetings and other circulars relating to the Company/ Sub-Fund);
 - Updating and maintaining records and providing NAV and other calculations;
 - Carrying out statistical analysis, research and disclosure to the Company, its delegates and/or agents;
 - Managing and maintaining our relationship with you and for ongoing customer services;
 - Complying with legal, tax and regulatory obligations;
 - Any legitimate business interests of the Company; and
 - Any other specific purpose to which I/We give specific consent.

5. 16. I/We acknowledge that the processing of my/our personal data may include the disclosure of my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, agents and/or delegates of the Company or Fund Parties and other third parties identified in the Offering Memorandum/ Prospectus of the Company or the Offering Supplement of the Sub-Fund, who process the data for anti-money laundering purposes or for compliance with other regulatory requirements.

6. I/We acknowledge that my personal information may be disclosed by the Company or any Fund Party as follows:
 - a. To their affiliates and third party service providers engaged in connection with the oversight, safekeeping, administration, distribution or operation of the Company and Sub-Fund, in order to process the data for the above mentioned purposes;
 - b. To competent authorities (including tax authorities), courts and bodies as required by applicable law or requested by such entities or to affiliates for internal investigations and reporting.

7. I/We hereby acknowledge that the Company and/or a Fund Party may process my/our information, which may include:
 - a. The recording of telephone calls with the Fund Parties for the purpose of confirming data;
 - b. The disclosure of my/our information as outlined above to third parties;
 - c. The disclosure of my/our information where necessary for the Company's legitimate interests, to the parties identified above; or
 - d. The disclosure of my/our information to agents of a Fund Party, including entities situated in countries outside of the European Economic Area (the "EEA") which may not have the same data protection laws as in Malta. In the event of any such data transfers to locations outside of the EEA, the Fund Parties will take reasonable steps so that my/our data is treated securely and in accordance with the Data Protection Legislation.

1. I/We acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We also acknowledge my/our rights to be forgotten (right of erasure of personal data) and restrict processing.
2. I/We acknowledge that the Company and Fund Parties will retain my/our personal information for the duration of my/our investment. In determining appropriate retention periods, the Company shall have regard to the purpose(s) for which it was collected, the prescriptive periods under Maltese law (statutes of limitation) and any statutory obligations to retain information, including anti-money laundering, revenue and tax legislation.
3. I/We acknowledge that where the Company or a Fund Party requires my/our personal information to comply with AML or other legal requirements, failure to provide this information means the Company may not be able to accept me/us as an investor in the Sub-Fund and/or may be unable to process or release my/our investment in the Sub-Fund. This may result in the Company terminating its relationship with me/us.

The Undersigned has executed this Subscription Agreement as of the date set forth below.

Signature:

Name:

Position (if any):

Date and Place of Execution:

Signature:

Name:

Position (if any):

Date and Place of Execution:

Signing Instructions: All joint applicants must sign.

If the applicant is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Subscription Agreement and Application Form, the authorised officer(s) thereby confirm and warrant that the corporation is so empowered to invest in the Company and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.

If an agent or attorney signs on behalf of the person named as the Investor, a copy of the relevant power of attorney or other document appointing the agent or power of attorney must be attached and the agent/attorney hereby accepts full responsibility for the obligations undertaken by his principal in subscribing for Investor Shares on such principal's behalf. Due diligence documents with respect to an agent or attorney will be requested by the Company, which documents may vary on a case-by-case basis.



| | |
|---------------------|--|
| Beneficiary: | AQA UCITS Funds SICAV plc Sure Fund Cash |
| SWIFT: | SWQBCHZZXXX |
| IBAN: | CH1208781000228839700 |

| | |
|----------------------|--|
| Bank: | Swissquote Bank SA |
| Bank Address: | Ch. de la Crétaux 33 Case Postale 319 CH-1196 Gland, Switzerland |
| Phone: | +41 22 999 94 11 |
| Fax: | +41 22 999 94 12 |

GENERAL INFORMATION

The purpose of this pack is to gain a better understanding on the intent of the investment being made and the type of client subscribing within any of the Funds under the administration of CC Fund Services (Malta) Limited.

| | |
|---|--|
| Investor Name | |
| Contact Email Address | |
| Fund Name <i>(This form will be considered valid for all funds within the mentioned SICAV, inclusive of future subscriptions)</i> | |
| Bank SWIFT Code <i>(confirming the bank details from/to which the subscription/redemption monies will be wired)</i> | |
| Bank IBAN/Account Number <i>(confirming the bank details from/to which the subscription/redemption monies will be wired)</i> | |

Please tick the one of the below:

- I am investing in the Fund as an Agent acting on behalf of someone else
- I am investing in the Fund as a Principal

Due Diligence Documentation:

Kindly provide the Fund Administrator with ALL the due diligence documents listed below:

(NB. Upon review of this application the Fund Administrator reserves the right to request further documents as may be required.)

- (1) Valid government issued document which shows a photograph, full name, date and place of birth, identification number and nationality of the investor;
- (2) Residential and permanent address document dated within the last 6 months
- (3) Bank statement confirming the bank details from which the subscription monies will be wired and to which redemption funds should be sent dated within the last 6 months
- (4) Where applicable a power of attorney for the agent to act on behalf of the investor.

NB. Any certifications should be completed as per the instructions mentioned in General Notes.

PEP DECLARATION

In compliance with regulatory requirements and as per Maltese Law (Prevention of Money Laundering and Funding of Terrorism Regulations, SL 373.01), CC Fund Services (Malta) Limited, as a subject person is required to obtain information from our investors confirming whether they fall under the category of a PEP or not.

This Section is to be completed by ALL types of investors – Reference Definition of Politically Exposed Person/s for reference:

I declare that I am NOT a PEP

I declare that I am a PEP

Please fill in the following details, should any of the underlying investor/s be a PEP:

| | |
|---|--|
| Type of PEP <i>(e.g. Head of State, Ambassador, etc.,)</i> | |
| Nationality of PEP | |
| Jurisdiction where the investor is a PEP | |

SOURCE OF WEALTH & SOURCE OF FUNDS DECLARATION

In compliance with regulatory requirements and as per Maltese Law (Prevention of Money Laundering and Funding of Terrorism Regulations), CC Fund Services (Malta) Limited, as a subject person is required to obtain information from our investors outlining their source of wealth and source of funds once initiating a business relationship with yourselves.

The FIAU Implementing Procedures Part I dated 18th October 2021, makes the following definitions “**Source of wealth**” is defined as being the economic activity or activities that generate the customer’s wealth. “**Source of funds**” refers to the activity, event, business, occupation or employment generating the funds used in a transaction.

In this regard, kindly tick the relevant boxes and provide us with the necessary supporting documentation as outlined in Source of Funds & Source of Wealth – Documentary Evidence:

| Source of Wealth & Source of Funds | Source of Wealth | Source of Funds |
|--|--------------------------|--------------------------|
| Sale of securities or other investment | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of property | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturing investments or policy claim | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual owns policy/company pays premium | <input type="checkbox"/> | <input type="checkbox"/> |
| Dividends or profits from private company | <input type="checkbox"/> | <input type="checkbox"/> |
| Company sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Inheritance | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity or redemption of shareholder’s loan | <input type="checkbox"/> | <input type="checkbox"/> |
| Gift | <input type="checkbox"/> | <input type="checkbox"/> |
| Lottery/betting/casino win | <input type="checkbox"/> | <input type="checkbox"/> |
| Compensation payment (<i>this could be a decision or award by a court, tribunal or arbiter or else an out-of-court settlement</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings and investment | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance claims | <input type="checkbox"/> | <input type="checkbox"/> |
| Divorce or separation settlement | <input type="checkbox"/> | <input type="checkbox"/> |
| Income from employment (<i>including bonus</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement income | <input type="checkbox"/> | <input type="checkbox"/> |
| Other monies (<i>please clarify in the space below</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

RISK PROFILE QUESTIONNAIRE

About the Registered Shareholder

Employment Status:

| | | | | | | |
|------------|--------------------------|-----------|--------------------------|---------------|--------------------------|--|
| Full Time | <input type="checkbox"/> | Part Time | <input type="checkbox"/> | Self-Employed | <input type="checkbox"/> | Others (please provide details): |
| Unemployed | <input type="checkbox"/> | Student | <input type="checkbox"/> | Retired | <input type="checkbox"/> | <input style="width: 200px; height: 20px;" type="text"/> |

Current Occupation/Position Held:

Please provide an estimate of your yearly salary/income:

| | |
|----------------------------------|--------------------------|
| Between EUR 0 – EUR 20,000 | <input type="checkbox"/> |
| Between EUR 21,000 – EUR 50,000 | <input type="checkbox"/> |
| Between EUR 51,000 – EUR 100,000 | <input type="checkbox"/> |
| More than EUR 100,000 | <input type="checkbox"/> |

Please describe your educational background.

| | | | |
|----------|--------------------------|-----------|--------------------------|
| Primary | <input type="checkbox"/> | Secondary | <input type="checkbox"/> |
| Tertiary | <input type="checkbox"/> | Graduate | <input type="checkbox"/> |

Please provide a brief description of your professional background/experience.

Please provide an estimate of your total net worth (i.e. your wealth after deducting your financial commitments):

| | | | |
|--|--------------------------|---|--------------------------|
| Under EUR100,000 <i>(or equivalent)</i> | <input type="checkbox"/> | Between EUR 500,001 and EUR 1,000,000 <i>(or equivalent)</i> | <input type="checkbox"/> |
| Between EUR100,001 and EUR250,000 <i>(or equivalent)</i> | <input type="checkbox"/> | Between EUR 1,000,001 and EUR 5,000,000 <i>(or equivalent)</i> | <input type="checkbox"/> |
| Between EUR250,001 and EUR 500,000 <i>(or equivalent)</i> | <input type="checkbox"/> | More than EUR 10,000,001 <i>(or equivalent)</i> | <input type="checkbox"/> |

Please advise the total expected amount to be invested in the FUND:

| | | |
|---|--------------------------|--|
| Between EUR 0 and EUR 100,000 <i>(or equivalent)</i> | <input type="checkbox"/> | More than EUR 500,000 <i>(or equivalent)</i> |
| Between EUR 100,001 and EUR 250,000 <i>(or equivalent)</i> | <input type="checkbox"/> | Please specify Amount: |
| Between EUR 250,001 and EUR 500,000 <i>(or equivalent)</i> | <input type="checkbox"/> | <input style="width: 400px; height: 30px;" type="text"/> |



Please advise the frequency of transactions/how often you intend to invest.

- Once
- Every 6 months
- Every 12 months

Other
Please specify below:

Please advise the expected duration of the investment in the Fund:

- Short Duration (up to 1 year)
- Medium Duration (1 -3 years)
- Long Duration (3+ years)

DECLARATION

I/We the undersigned hereby declare that the information provided herewith is correct to the best of my/our knowledge.

I/We undertake to notify the Administrator of any changes in the information as set out in this Risk Profile Questionnaire.

I/We undertake to immediately inform the subject person (CC Fund Services (Malta)) about any changes in the information provided at the inception of the business relationship, in accordance with FIAU IPs Page 168 Chapter 4.

I/We acknowledge the fact the CC Fund Services (Malta) limited reserves the right to request any further information, documentation or data, from time to time, as it may deem fit.

The Undersigned has executed this declaration as of the date set forth below

Signature:

Name:

Position (if any):

Date and Place of Execution:

Signature:

Name:

Position (if any):

Date and Place of Execution:

Signing Instructions: All joint applicants must sign.

If the applicant is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Declaration, the authorised officer(s) thereby confirm and warrant that the corporation is so empowered to invest in the Sub-Fund as mentioned previously and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.

If an agent or attorney signs on behalf of the person named as the Investor, a copy of the relevant power of attorney or other document appointing the agent or power of attorney must be attached and the agent/attorney hereby accepts full responsibility for the obligations undertaken by his principal in subscribing for Investor Shares on such principal's behalf. Due diligence documents with respect to an agent or attorney will be requested by the Company, which documents may vary on a case-by-case basis.

ANNEX

Definition of Politically Exposed Person/s

Politically exposed persons (“PEPs”) are natural persons who are or have been entrusted with prominent public functions in any jurisdiction and include their family members or persons known to be close associates of such persons, not including middle ranking or more junior officials.

1. The term ‘natural persons who are or have been entrusted with prominent public functions in any jurisdiction’ includes the following (including, where applicable, positions held at the European Union or international level):

- Heads of State, Heads of Government, Ministers, Deputy or Assistant Ministers and Parliamentary Secretaries;
- Members of Parliament or similar legislative bodies;
- Members of the governing bodies of political parties;
- Members of the superior, supreme and constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
- Members of courts of auditors, audit committees or of the boards of central banks;
- Ambassadors, charges d’affaires and other high-ranking officers in the armed forces; and
- Members of the administrative, management or supervisory boards of state-owned corporations.
- Anyone exercising a function equivalent to those set out in paragraphs (a) to (f) within an institution of the European Union or any other international body
- Anyone entrusted with a prominent public function listed in an order issued by the Minister in the Government Gazette in terms of article 12 (5) of the Prevention of Money Laundering Act of Malta or is included in any other equivalent list issued by any other jurisdiction or international organization.

The above list of “prominent public functions” is a non-exhaustive list and each case will be taken on a case by case basis.

(2) The term ‘family members’ includes the following (in relation to a person identified in Section 1 above): their spouse, or any partner recognised by national law as equivalent to the spouse;

- their children and their spouses or partners; and
- their parents;

(3) The term ‘persons known to be close associates’ shall include the following:

- A natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement, or any other close business relations with a person identified in Section 1 above;
- A natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of a person identified in Section 1 above.

Source of Funds & Source of Wealth – Documentary Evidence

| Source of Wealth & Source of Funds | Examples of documentary evidence to be collected |
|---|---|
| Sale of securities or other investment | Investment/savings certificates, contract notes or statements; Written confirmation from the relevant investment company on the letter headed paper; Bank statement showing receipt of funds from investment company name; or Signed letter detailing funds from a warranted accountant on letter headed paper |
| Sale of property | Signed letter from a lawyer or a notary on letter headed paper notifying proceeds of claim; or Contract of sale |
| Maturing investments or policy claim | Letter from previous investment company on letter headed paper notifying proceeds of claim; Chargeable Event Certificate; or Closing statement |
| Individual owns policy/company pays premium | A copy of trading details or an annual report from the company's website (if applicable); Hard copy of the latest annual report; or Copy of the company's certificate of incorporation (or equivalent); AND Policy statement; or Bank statement showing credit |
| Dividends or profits from private company | Dividend contract note; Letter showing dividend details signed by a warranted accountant on letter headed paper; Set of company accounts showing the dividends details; or Bank statement clearly showing receipt of funds and the name of the company paying dividend; AND A document providing proof of shareholding such as a copy of the M&A of the company, a certificate of incumbency a dated print-out of a company registry search |
| Company sale | Signed letter from a lawyer or a notary on letter headed paper; Signed letter from a warranted accountant on letter headed paper; Copy of contract of sale and bank statement showing credit to account consequent to the sale; or Copies of media coverage (where applicable) as supporting evidence |
| Inheritance | A copy of the will that must include the value of the estate; or A lawyer or notary's letter on letter headed paper or a letter from the trustees of an estate that includes the type of asset and respective value |
| Maturity or redemption of shareholder's loan | Loan agreement; or Recent loan statements |
| Gift | Document (e.g. letter from the donor) showing who gave the gift, when, the relationship between the donor and donee and (if possible and applicable) why the donation was made, together with the verification of identity of the donor, and information and the source of the donor's wealth |
| Lottery/betting/casino win | Letter from relevant organization (Lottery headquarters/betting shop/casino); A certificate of winnings issued by the relevant company or casino; In the case of lottery winnings, a bank statement showing funds deposited by company name; or Copies of media coverage (where applicable) as supporting evidence |
| Compensation payment <i>(this could be a decision or award by a court, tribunal or arbiter or else an out-of-court settlement)</i> | A letter/court order from a compensating body clearly showing the amount of compensation; or Lawyer's letter on letter headed paper clearly establishing the amount |
| Savings and investment | Bank statement(s) demonstrating deposited/gifted monies; or Documentation evidencing an inward transfer from portfolio |
| Insurance claims | A letter from the insurance provider on letter headed paper |
| Divorce or separation settlement | A copy of the court order or judicial separation agreement and verification the funds have originated from the account of the former spouse |
| Income from employment <i>(including bonus)</i> | An original or certified copy of a recent pay slip; Written confirmation of annual salary/bonus amounts signed by employer; or Bank statement clearly showing receipt of most recent regular salary payments from named employer |
| Retirement income | Pension statement; Signed letter from a warranted accountant on letter headed paper; Letter from annuity provided; or Bank statement showing receipt of latest pension income and name of provider |
| Other monies | Appropriate supporting documentation; or Signed letter detailing funds from warranted accountant/lawyer/entity licensed to provide investment services on letter headed paper |

GENERAL NOTES

In line with the latest FIAU Implementing Procedures, the following information has been compiled to assist the client in providing the respective documentation as required under Maltese regulations.

The below list outlines the proof of identity documentation accepted by the Administrator:

- A valid unexpired passport;
- A valid unexpired national or other government-issued identity card;
- A valid unexpired residence card; or
- A valid unexpired driving license.

The below list outlines the proof of address documentation accepted by the Administrator:

- Correspondence from a central or local government authority, department or agency;
- An official conduct certificate;
- Any other government-issued document not mentioned above;
- A recent statement or reference letter issued by a recognised credit institution or entity carrying out relevant financial business in Malta, or equivalent activities in a Member State of the EU or in a reputable jurisdiction;
- A recent utility bill; and
- A lease contract or agreement.

Any documentation that is to be certified as a true copy of the original should be certified as per the below guidelines: Certification of the documentation used for **verification of identity** should be evidenced by a written statement stating that:

- The document is a true copy of the original document;
- the document has been seen and verified by the certifier; and
- The photo is a true likeness of the document holder.

Certification of the documentation used for **verification of permanent and residential address** should be evidenced by a written statement stating that:

- The document is a true copy of the original document; and
- The document has been seen and verified by the certifier.

The certifier must sign and date the copy document (indicating his name and surname clearly beneath the signature) and clearly indicate his profession, designation or capacity on it and provide his contact details (including the address).

The certification must be carried out within the previous six months by a legal professional, accountancy professional, or a notary. The Administrator must be able to verify the existence and professional capacity of the certifier through public registry (e.g. Accountancy Board, Bar Association, etc.). The certification should be done in English.

The lists of documents required mentioned above are not exhaustive lists and more documentation may be requested on a case by case basis.



INDIVIDUAL SELF-CERTIFICATION FORM

This self-certification form (the 'Form') must be completed by individual shareholders and other parties as noted on the entity self-certification form.

The information on this Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, to the US Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) for the automatic exchange of financial account information.

Please note that in certain circumstances the Company and the Administrator may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA's, applicable regulations and guidance notes.

If any of the information below regarding your tax residency changes in the future, you are obliged to notify the Company at the offices of the Administrator of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor. In situations where there are 'joint shareholders' each shareholder is required to complete a separate Form, along with any power of attorney (if appointed), on behalf of the shareholder(s).

SECTION 1: ACCOUNT HOLDER IDENTIFICATION

| | |
|--|--|
| Account Holder Name | |
| Date of Birth | |
| Country of Birth | |
| Country of Citizenship | |
| Permanent Residential Address <i>(Street, apt or suite no, or rural route no)</i> Do not use a P.O. box or care-of address. | |
| City or town, state or province <i>(include postal code where appropriate)</i> | |
| Country | |
| Mailing Address (if different) <i>(Street, apt or suite no, or rural route no).</i> Do not use a P.O. box or care-of address. | |
| City or town, state or province <i>(include postal code where appropriate)</i> | |
| Country | |



SECTION 2: DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) or (c) and complete as appropriate:

- (a) I confirm that I am a U.S. citizen and / or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identification number (U.S. TIN) is as follows:

- (b) I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- (c) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes.

Complete section 3 if you have non U.S. tax residences.

SECTION 3

It is imperative that the Tax Identification Number/s (TIN) or equivalent is written in the correct format as determined by the respective tax authority. For guidance in relation to TIN structures, kindly refer to:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>.

NOTE: If a TIN is unavailable, please provide the appropriate reason A or B where applicable.

Reason A The country/jurisdiction where the Entity is tax resident does not issue TINs to its residents.

Reason B The Entity is otherwise unable to obtain a TIN or equivalent number, or no TIN is required (Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

I hereby confirm that I am, for tax purposes, resident in the following country/ies (indicate the tax identification number applicable in each country).

| Country/Countries of Tax Residence | TIN or Equivalent | Reason no TIN was provided (A or B) | Explanation for not providing a TIN for the respective tax residency |
|------------------------------------|-------------------|-------------------------------------|--|
| | | | |
| | | | |

SECTION 7: DECLARATION AND UNDERTAKING

I declare the information provided in this form is, to the best of my knowledge, accurate and complete. I undertake to notify the Administrator immediately and provide an updated self-certification form within 30 days should there be a change of circumstance which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

The Undersigned has executed this declaration as of the date set forth below

Signature:

Name:

Date &

Place of Execution:

When completed, kindly sign this form (in paper or via DocuSign) and email to: transferagency@ccfundservices.com

(for any queries call +356 2568 8688)

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

| | | | |
|---|--|--|---------|
| 1 Name of individual who is the beneficial owner | | 2 Country of citizenship | |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. | | | |
| City or town, state or province. Include postal code where appropriate. | | | Country |
| 4 Mailing address (if different from above) | | | |
| City or town, state or province. Include postal code where appropriate. | | | Country |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | | 6 Foreign tax identifying number (see instructions) | |
| 7 Reference number(s) (see instructions) | | 8 Date of birth (MM-DD-YYYY) (see instructions) | |

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ►

| | |
|---|--|
| _____ | _____ |
| Signature of beneficial owner (or individual authorized to sign for beneficial owner) | Date (MM-DD-YYYY) |
| _____ | _____ |
| Print name of signer | Capacity in which acting (if form is not signed by beneficial owner) |