

To: European Fund Administration S.A. (EFA)
 Att: Register Administration Department - Shareholder Services
 Fax: (00352) 48 65 61 8002

Fund name :	
Account number (for existing investors) :	
Account reference up to 20 characters (optional) :	

APPLICATION FORM FOR PRIVATE INVESTOR

*Complete this Form using black ink BLOCK CAPITALS and sign it.
 Please note that all underlined fields are mandatory.
 Don't hesitate to contact register.shareholders@efa.eu for any further question.*

DETAILS OF MAIN ACCOUNT HOLDER

Title :	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
<u>Last Name</u> :			
<u>First name</u> :			
<u>Date of birth</u> :			
<u>Place of birth (town or city)</u> :			
<u>Country of birth</u> :			
<u>Nationality/ies / citizenship(s) (please list all)</u> :			
<u>Number(s) of identity card or passport</u> :			
<u>Issued by (authority/country)</u> :			
<u>Date of issue</u> :			
<u>Date of expiration (if applicable)</u> :			

Contact details	
Telephone number:	
Fax number (if available):	
E-mail address:	

Residential address (PO Box and c/o address are only accepted as mailing address)	
<u>Name of street and number</u> :	
<u>Postal code</u> :	
<u>Town or City</u> :	
<u>Country</u> :	

Mailing address (if different from residential address)	
Addressee (if applicable) :	
<u>Name of street and number</u> :	
<u>Postal code</u> :	
<u>Town or City</u> :	
<u>Country</u> :	

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

WELL INFORMED INVESTOR (for investments into SIF/SICAR only)

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

1. I qualify as professional investor.	<input type="checkbox"/> Yes
2. I intervene in the management of a SIF/SICAR (e.g. act as director of a SIF/SICAR).	<input type="checkbox"/> Yes
3. I hereby declare to adhere to the status of well informed investor.	<input type="checkbox"/> Yes
And I invest a minimum of EUR 125,000.-* OR I am subject of an assessment** made by :	<input type="checkbox"/> *The minimum investment capital is a condition applicable to each holder <input type="checkbox"/> **Certifying the holder's expertise, experience and knowledge in adequately appraising an investment in the fund.
i. a credit institution within the meaning of Directive 2006/48/EC ii. an investment firm within the meaning of Directive 2004/39/EC iii. a management company within the meaning of Directive 2001/107/EC	

DETAILS OF JOINT ACCOUNT HOLDER

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

WELL INFORMED INVESTOR (for investments into SIF/SICAR only)

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

1. I qualify as professional investor.	<input type="checkbox"/> Yes
2. I intervene in the management of a SIF/SICAR (e.g. act as director of a SIF/SICAR).	<input type="checkbox"/> Yes
3. I hereby declare to adhere to the status of well informed investor.	<input type="checkbox"/> Yes
<p><i>And</i></p> <p>I invest a minimum of EUR 125,000.-*</p> <p><i>OR</i></p> <p>I am are subject of an assessment** made by :</p> <ul style="list-style-type: none"> i. a credit institution within the meaning of Directive 2006/48/EC ii. an investment firm within the meaning of Directive 2004/39/EC iii. a management company within the meaning of Directive 2001/107/EC 	<p><input type="checkbox"/> *The minimum investment capital is a condition applicable to each holder</p> <p><input type="checkbox"/> **Certifying the holder's expertise, experience and knowledge in adequately appraising an investment in the fund.</p>

ECONOMICAL BACKGROUND MAIN HOLDER

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

ECONOMICAL BACKGROUND - JOINT HOLDER

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

IF APPLICABLE - DETAILS OF THE POWER OF ATTORNEY / LEGAL REPRESENTATIVE

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

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

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

INVESTMENT DETAILS

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

DIVIDEND INFORMATION (if applicable)

Dividend should be :	<input type="checkbox"/> Reinvested	<input type="checkbox"/> Paid by transfer to the holder's bank account
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BANK ACCOUNT DETAILS**(from which subscriptions are paid and to which redemption proceeds and/or dividends will be paid)**

According to the standard procedure EFA will only transfer redemption proceeds and dividends to the persons appearing as holders of the units/shares in the register of unit/shareholders.

The following details should be provided in order to ensure timely processing of payments made to you.

Name of the bank :	
Name of street and number :	
Postal code:	
Town or City:	
Country :	
BIC code of the bank :	
National code of the bank (e.g. BLZ, BC, Sort Code) :	
Account number and currency :	
IBAN format of the account number and currency :	
Full name of account holder :	
BIC code of the account holder (if available) :	

Please be advised that EFA will have the right to verify that information. As part of such verification process EFA might therefore ask you to provide documentary evidence of the information provided especially in case of change of your bank details.

REPORTING

1. EFA should provide a contract note of each transaction :	<input type="checkbox"/> To the holder	and/or	<input type="checkbox"/> To a third entity :
2. EFA should provide a holding statement to :	<input type="checkbox"/> To the holder	and/or	<input type="checkbox"/> To a third entity :
on the following basis:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly (default)
Name of the third entity :			
Relation with the holder :			
Name of street and number :			
Postal code:			
Town or City:			
Country :			
Contact person :			
Telephone number :		Fax number:	
E-mail address :			

GENERAL DECLARATIONS

1. Beneficial owner declaration I am/ we are the beneficial owner(s) of the shares subscribed and registered in my/ our name(s). I/ we have subscribed the shares on behalf of somebody else (children / tutelage measures) and I/ we will provide you with an additional declaration(s) providing the name(s) and identification details as well as the relevant documentation(s) of the beneficial owner(s) of the shares registered in my/ our name(s).	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
2. Use of fax EFA is authorised to accept and execute any future instructions received by fax. In this context, I/we will assume all risks, e.g. those arising from an error in communication or comprehension as well as those arising from fraud, resulting from the use of this communication mean considering it may prove difficult or impossible to detect forgery, and we relieve EFA from any and all responsibility in this respect.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fund prospectus I am/ we are aware of the terms and conditions of the prospectus of the fund we invest in, including but not limited to the fact that it is not registered under the United States Securities Act of 1933 nor under any other law or regulation governing the United States securities industry and the investment. In this context, I/ we confirm that the investment registered in my/ our name(s), is not made on behalf of US persons.	<input type="checkbox"/> Yes

US Foreign Account Tax Compliance Act ("FATCA")

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

<p><u>Self-Certification of the Main Account Holder</u></p>	<p><input type="checkbox"/> I hereby declare that I am resident or/and citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes, conform to the explanations provided in the IRS' W-9 Form and Instructions as available through the following internet addresses:</p> <p>IRS Form W-9: www.irs.gov/pub/irs-pdf/fw9.pdf and IRS Form W-9 Instructions: www.irs.gov/pub/irs-pdf/iw9.pdf</p> <p style="text-align: center;">My US Tax Identification Number* (TIN/SSN) is:</p> <p>A duly completed and signed IRS Form W-9 must be enclosed to this "Information Form For Private Investor": www.irs.gov/pub/irs-pdf/fw9.pdf</p>
	<p><input type="checkbox"/> I hereby declare that I am <u>NOT</u> resident nor citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes, conform to the explanations provided in the IRS' W-8BEN Form and Instructions as available through the following internet addresses:</p> <p>IRS Form W-8BEN: www.irs.gov/pub/irs-pdf/fw8ben.pdf and IRS Form W-8BEN Instructions: www.irs.gov/pub/irs-pdf/iw8ben.pdf</p> <p>A duly completed and signed IRS Form W-8BEN may be enclosed to this "Information Form For Private Investor" or can be requested by EFA at a later stage: www.irs.gov/pub/irs-pdf/fw8ben.pdf</p>
<p><u>Self-Certification of the Joint Account Holder (if applicable)</u></p>	<p><input type="checkbox"/> I hereby declare that I am resident or/and citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes, conform to the explanations provided in the IRS' W-9 Form and Instructions as available through the following internet addresses:</p> <p>IRS Form W-9: www.irs.gov/pub/irs-pdf/fw9.pdf and IRS Form W-9 Instructions: www.irs.gov/pub/irs-pdf/iw9.pdf</p> <p style="text-align: center;">My US Tax Identification Number* (TIN/SSN) is:</p> <p>A duly completed and signed IRS Form W-9 must be enclosed to this "Information Form For Private Investor": www.irs.gov/pub/irs-pdf/fw9.pdf</p>
	<p><input type="checkbox"/> I hereby declare that I am <u>NOT</u> resident nor citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes, conform to the explanations provided in the IRS' W-8BEN Form and Instructions as available through the following internet addresses:</p> <p>IRS Form W-8BEN: www.irs.gov/pub/irs-pdf/fw8ben.pdf and IRS Form W-8BEN Instructions: www.irs.gov/pub/irs-pdf/iw8ben.pdf</p> <p>A duly completed and signed IRS Form W-8BEN may be enclosed to this "Information Form For Private Investor" or can be requested by EFA at a later stage: www.irs.gov/pub/irs-pdf/fw8ben.pdf</p>

* or functional equivalent. Examples of that type of number include: a social security/insurance number, citizen/personal identification/service code/number, and resident registration number. For further information, please refer to: https://ec.europa.eu/taxation_customs/tin/tinByCountry.html

International Exchange of Fiscal Information - Directive on Administrative Cooperation ("DAC2") and Common Reporting Standard ("CRS")

Investor Self-Certification is required in order to determine the tax residence of the Account Holder and/or Joint-Holder for tax purposes.

<p><u>Self-Certification of the Main Account Holder</u></p>	<p>I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p> <p><input type="checkbox"/> I hereby declare that I have no tax residence in any country / jurisdiction other than the one declare here above.</p> <p><input type="checkbox"/> I am tax resident in the following other countries / jurisdictions and have the following tax identification numbers:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p>	Country / jurisdiction:	Tax Identification Number*:	Country / jurisdiction:	Tax Identification Number*:	Country / jurisdiction:	Tax Identification Number*:
Country / jurisdiction:	Tax Identification Number*:						
Country / jurisdiction:	Tax Identification Number*:						
Country / jurisdiction:	Tax Identification Number*:						
<p><u>Self-Certification of the Joint Account Holder (if applicable)</u></p>	<p>I am tax resident in the following country / jurisdiction and have the following tax identification number:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p> <p><input type="checkbox"/> I hereby declare that I have no tax residence in any country / jurisdiction other than the one declare here above.</p> <p><input type="checkbox"/> I am tax resident in the following other countries / jurisdictions and have the following tax identification numbers:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Country / jurisdiction:</td> <td style="width: 40%;">Tax Identification Number*:</td> </tr> </table> <p><input type="checkbox"/> This country / jurisdiction does not provide any Tax identification number</p>	Country / jurisdiction:	Tax Identification Number*:	Country / jurisdiction:	Tax Identification Number*:	Country / jurisdiction:	Tax Identification Number*:
Country / jurisdiction:	Tax Identification Number*:						
Country / jurisdiction:	Tax Identification Number*:						
Country / jurisdiction:	Tax Identification Number*:						

* or functional equivalent. Examples of that type of number include: a social security/insurance number, citizen/personal identification/service code/number, and resident registration number. For further information, please refer to: https://ec.europa.eu/taxation_customs/tin/tinByCountry.html

If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A".

Signatures

The undersigned declare(s):

- To have full legal capacity;
- That I/we have examined and understood the information on this form, filled out this form to the best of my/our knowledge and believe it is true, correct and complete;
- That I/we will examine the official documents of each investment fund before investing and accept and comply with any defined conditions related to such investments;
- That I/We hereby authorise the fund or his/her authorized representative (the "Fund"), and/or EFA in its role of transfer agent or as an authorized delegate ("EFA"), to the extent required under the applicable Luxembourg law on the Common Reporting Standard and the FATCA law of 24 July 2015, to report in the time and manner described by the applicable law to the tax authorities of the Grand Duchy of Luxembourg or his/her authorized representative, the following information (the "Information"):
 - my/our last name, first name, date and place of birth, tax identification number, country of tax residence(s) and residence address ;
 - interest, dividends, income from certain insurance contracts or products, and other income generated with respect to assets held in the account or payments made with respect to the account ;
 - account balance or value at end of calendar year or immediately before closure when applicable ;
 - proceeds from the sale or redemption of property paid or credited to the account ;
 - all other information required by applicable laws.
- I/we acknowledge that I/we have been informed that the tax authorities of the Grand Duchy of Luxembourg or his/her authorized representative will automatically pass the aforementioned information on to the Participating Jurisdiction Tax Authority and to the U.S. Secretary of the Treasury or his/her delegate according to the terms of the applicable law.
- That I/We hereby authorise the Fund and/or EFA to disclose the Information to the governing body of the Fund, to the Fund's management company/AIFM/Auditors/Fiscal representatives/Sponsoring entity and/or to the Fund's paying agent if so required for the good administration of my shareholding in the Fund;
- That the Fund, acting as data controller, and/or EFA, acting as data processor, shall process the Information in accordance with the provisions of the law of 2 August 2002 on the protection of individuals with regard to the processing of personal data (the "2002 Law") and that, according to the 2002 Law, I/We have/has a right of access and of rectification of the Information in cases where such data is inaccurate or incomplete.
- That I/we agree that I/we will submit a new valid form to EFA within 30 days, if any declaration/certification on this form has changed.
- That I/We hereby agree that the present information form is subject to Luxembourg law and to the exclusive jurisdiction of the courts of the judicial district of the City of Luxembourg, Grand-Duchy of Luxembourg.
- I/we acknowledge that I/we may refuse to communicate part of the Information to the Fund and/or to EFA, thereby precluding the Fund or EFA from establishing computer records and from using the Information. However, such refusal or preclusion shall be an obstacle to the entry into relationship between the Fund and the Account Holder and such Account Holder may be subject to liability for penalties imposed on the Fund and/or EFA and attributable to such Account Holder's failure to provide the Information or to disclosure of the Information by the Fund and/or EFA to the Luxembourg tax authorities under the terms of the applicable law.

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

Main Account Holder		Joint Account Holder (if applicable)	
Date :		Date :	
Signature :		Signature :	

Power of Attorney / Legal Representative (if applicable)	
Date :	
Signature :	