

PART A: SUBSCRIPTION AGREEMENT

To: The Directors,
SOLUTIONS CAPITAL MANAGEMENT SICAV p.l.c – Stable Return Fund
c/o Calamatta Cuschieri Fund Services Limited
Ewropa Business Centre
Dun Karm Street
Birkirkara BKR 9034
Malta

Email: ccfs@cc.com.mt

Tel: +356 256 88 688

A. Name of First Subscriber: _____

Trading Name (if applicable) _____

Address of Subscriber: _____

Passport / Company Number: _____

Date of Birth / Date of Incorporation: _____

Contact Name: _____

Telephone No: _____

Email: _____

Facsimile number: _____

B. Name of Second Subscriber: _____

Trading Name (if applicable) _____

Address of Subscriber: _____

Passport / Company Number: _____

Date of Birth / Date of Incorporation: _____

Contact Name: _____

Telephone No: _____

Email: _____

Facsimile number: _____

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

Address: _____

Contact Name: _____

Telephone No: _____

Email: _____

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

Stable Return Fund Class A EUR Shares (MT7000020970)

Stable Return Fund Class B EUR Shares (MT7000020988)

Stable Return Fund Class C EUR Shares (MT7000020996)

Stable Return Fund Class D EUR Shares (MT7000021002)

Currently available for an investment of:

_____ (_____)
(Units in figures) (Units in words)

Or

Stable Return Fund Class A EUR Shares (MT7000020970)

Stable Return Fund Class B EUR Shares (MT7000020988)

Stable Return Fund Class C EUR Shares (MT7000020996)

Stable Return Fund Class D EUR Shares (MT7000021002)

Currently available for an investment of:

_____ (_____)
(Amount in figures) (Amount 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.

2. I/We will pay the full Offer Price in cleared funds for subscriptions:
 - In Investors Shares by not later than 17.00pm CET Three (3) Business Days following the relevant Subscription Day.
 - In Monetary Terms by not later than 17.00pm CET One (1) Business Day prior the relevant Subscription Day.
3. 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.
4. 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.
5. 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.
6. I/We hereby undertake to comply with the minimum age requirements, as stipulated in the section 'Undertakings and Warranties' in the Offering Memorandum.
7. I/We hereby agree to dispose of any Investor shares in the Company, if as a result of an offer, sale or delivery of shares in the fund, either the transferor or the transferee holds less than the minimum holding amount set out in the Offering Memorandum.
8. I/We hereby acknowledge that the Company may compulsorily redeem my / our Investor Shares in the circumstances set out in the Offering Memorandum.
7. 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.
8. 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.
9. I/We understand and agree that, if I/we do not supply all of the information required under the "Client Verification Requirements" shown herein below, then the Company may accept and invest my subscription, at my/our risk on the next Dealing Day. Settlement in relation to subscriptions in investor shares are to be received three (3) business days following the relevant subscription day. Settlement in relation to subscriptions in monetary terms are to be received by one (1) Business Day prior to the relevant Subscription day. Furthermore, if I/we subsequently decide to redeem my/our holding, prior to receipt, by the Company, of the information, that redemption instruction will be executed, but the redemption proceeds will be retained in the Company bank account, pending receipt of said information.

10. 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.
11. Is any investor / director/ shareholder a Politically Exposed Person (PEP)¹
- Yes No
12. 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 (i) me/us from providing any requested information or documentation, or (ii) 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 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. 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.
13. I/we agree to complete and return, with this application form, the appropriate form(s), as included in the section 'FATCA Forms' along with all related documentation, to the Fund at the offices of the Administrator.
14. 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.

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: _____

¹ Politically Exposed Person is defined as a natural person who is or has been entrusted with prominent public functions (e.g. Head of State or of Government, Members of Parliament, Member of the Judiciary, Ambassadors etc.) and including his/her immediate family members (spouse, partners, children or parents) or persons known to be close associates of such persons (e.g. business associates). A PEP is considered as such for up to a period of 12 months after termination of office.

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 Subscriber, 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.

PART B: CLIENT VERIFICATION REQUIREMENTS^{*2}

	<u>Enclosed</u>	<u>To Be Forwarded</u>
1. <u>Individual Person</u>		
1.1 Notarised (<i>or certified by your bank, attorney or accountant</i>) copy of Passport/ Drivers Licence or other form of identity with photograph included;	_____	_____
1.2 2 recent confirmations of address in your name (<i>original, notarised or certified as above</i>) – at least 1 must be a utility bill, which must be dated within the last 6 months;	_____	_____
1.3 All account details as per the Bank Transfer Instruction, plus a contact name and a written confirmation giving the Administrator authority to request a reference, if required.	_____	_____
1.4 Written confirmation of employment status, certified by your employer, or written details of current employment, if self employed.	_____	_____
1.5 In respect of E.U. Residents only, a Notarised (or certified by your bank, attorney or accountant) copy of your Tax Identification Number (“TIN”) or equivalent.	_____	_____
<u>Note that, in all instances where bank details are required, if the bank is from a country that is not a full member of the FATF group or the EU, information may be required concerning the bank, or the subscription may be rejected.</u>		
1.6 In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form duly completed and signed.	_____	_____
1.7 In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form	_____	_____
1.8 Please indicate the original source of your wealth at opening of the investment account stage. For subsequent transactions only the source of funds will be required.	_____	_____
2. <u>Corporate Entity (excluding Entities in Sections 3, 6, & 7 below)</u>		
2.1 Notarised (<i>or certified by the relevant company registrar</i>) copy of, or original Certificate of Incorporation and any Change of Name Certificate;	_____	_____
2.2 Notarised (<i>or certified by the relevant company registrar</i>) copy of, or original Memorandum and Articles of Association;	_____	_____
2.3 A list, giving all directors, beneficial owners of 10%+ of share capital, all authorised signatories and copies of signatures;	_____	_____
2.4 Personal information on at least 2 directors and anyone authorised as a signatory for this application (as per 1.1 and 1.2), plus copies of signatures;	_____	_____

² to be returned with Subscription Agreement

- | | | | |
|------|---|-------|-------|
| 2.5 | Personal information on any beneficial owners holding 10% or more of the share capital (as per 1.1 and 1.2); | _____ | _____ |
| 2.6 | Details and confirmation as per 1.3; | _____ | _____ |
| 2.7 | Minutes, resolutions or declaration confirming the power to invest; | _____ | _____ |
| 2.8 | Certificate of Good Standing from relevant company registrar, or equivalent document, may be required; | _____ | _____ |
| 2.9 | If other corporate entities own more than 25% each of the entity which is the investor, the information as per 2.1 to 2.5 must be given for these entities; | _____ | _____ |
| 2.10 | Most recent audited accounts, or written details on the nature of business conducted, signed by at least 2 directors. | _____ | _____ |
| 2.11 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed. | _____ | _____ |
| 2.12 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form | _____ | _____ |

3. Corporate Entities Listed on A Recognised Exchange

- | | | | |
|-----|--|-------|-------|
| 3.1 | The original or notarised copy of the Certificate of Incorporation or the Certificate to Trade (<i>copies may alternatively be certified by the relevant company registrar</i>); | _____ | _____ |
| 3.2 | A list of Directors names, occupations, residential and business addresses and dates of birth; | _____ | _____ |
| 3.3 | A properly authorised mandate of the Directors to open/operate an account or establish the business relationship; and | _____ | _____ |
| 3.4 | A list of authorised signatories. | _____ | _____ |
| 3.5 | Details and confirmation as per 1.3 | _____ | _____ |
| 3.6 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed. | _____ | _____ |
| 3.7 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. | _____ | _____ |

4. Partnerships or Other Unincorporated Businesses

- | | | | |
|-----|--|-------|-------|
| 4.1 | A list, giving all directors, or partners, beneficial owners of 10%+ of the business and all authorised signatories plus copies of the signatures; | _____ | _____ |
| 4.2 | Personal information on at least 2 directors, or partners, and anyone authorised as a signatory for this transaction (as per 1.1 and 1.2); | _____ | _____ |

- 4.3 Personal information on the beneficial owners as per 4.1 (as per 1.1, 1.2 and 1.4); _____
- 4.4 Copy of partnership agreement (if any), or other agreement establishing the unincorporated business; _____
- 4.5 All information required for a Corporate Entity, as per 2.6 to 2.10 above. _____
- 4.6 In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed. _____
- 4.7 In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. _____

5. Trusts

- 5.1 Notarised (or certified as in 1.1) copy of, or original Trust Deeds; _____
- 5.2 Notarised (or certified as in 1.1) copy of or original Letter of Wishes; _____
- 5.3 List of trustees, beneficiaries and authorised signatories, plus copies of the signatures; _____
- 5.4 Personal information on the Trustees, or anyone authorised to sign for this application (as per 1.1 and 1.2); _____
- 5.5 Personal information on the beneficial owners (as per 1.1, 1.2 and 1.4); _____
- 5.6 Details of settlor of the Trust; _____
- 5.7 A mandate to invest as per 2.7 _____
- 5.8 Details and confirmation as per 1.3 _____
- 5.9 In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed. _____
- 5.10 In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. _____

6. Designated Body (“DB”) acting as principal

A “Designated Body” means, in the context of this Subscription Application, a financial institution that is regulated by an appropriate regulator in an acceptable jurisdiction and meets certain regulatory standards regarding Anti Money Laundering procedures, in accordance with Irish, EU or FATF laws and regulations.

- 6.1 Confirmation that the DB is a “Designated Body”, to include confirmation of membership or association with appropriate regulatory body; _____

- | | | | |
|-----------|--|-------|-------|
| 6.2 | Contact name and details at regulatory body, or web address to confirm regulatory status; | _____ | _____ |
| 6.3 | Confirmation that the DB is investing and is allowed to invest as principal for its own account; | _____ | _____ |
| 6.4 | Authorised signatories list, plus copies of signatures; | _____ | _____ |
| 6.5 | Details and confirmation as per 1.3. | _____ | _____ |
| 6.6 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form or W-8IMY form [or equivalent as applicable] duly completed and signed | _____ | _____ |
| 6.7 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. | _____ | _____ |
|
 | | | |
| 7. | <u>Designated Body acting as Nominee</u> | | |
| 7.1 | Same information as requested under 6.1 and 6.2 above; | _____ | _____ |
| 7.2 | Written confirmation that the DB complies with appropriate anti-money laundering regulations with regard to verifying identity and residence of investor(s); | _____ | _____ |
| 7.3 | Details of anti-money laundering regulations that DB complies with; | _____ | _____ |
| 7.4 | Undertaking that DB will provide its anti-money laundering due diligence files to the Administrator on demand; | _____ | _____ |
| 7.5 | Authorised signatories list, plus copies of signatures; | _____ | _____ |
| 7.6 | Details and confirmation as per 1.3 | _____ | _____ |
| 7.7 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form or W-8IMY form [or equivalent as applicable] duly completed and signed. | _____ | _____ |
| 7.8 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form | _____ | _____ |

NOTE: THE ADMINISTRATOR RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION ON ANY OF THE ABOVE, IF DEEMED NECESSARY.

PART C: REDEMPTION REQUEST FORM

To: **SOLUTIONS CAPITAL MANAGEMENT SICAV p.l.c – Stable Return Fund**
c/o Calamatta Cuschieri Fund Services Limited
Ewropa Business Centre
Dun Karm Street
Birkirkara BKR 9034
Malta

Email: ccfs@cc.com.mt
Tel: +356 256 88 688

I/We hereby would like to **redeem** the following:

_____ (_____)
(Units in figures) (Units in words)

in the:

- Stable Return Fund Class A EUR Shares (MT7000020970)**
- Stable Return Fund Class B EUR Shares (MT7000020988)**
- Stable Return Fund Class C EUR Shares (MT7000020996)**
- Stable Return Fund Class D EUR Shares (MT7000021002)**

Or

I/We hereby would like to **redeem** the following:

_____ (_____)
(Amounts in figures) (Amounts in words)

in the:

- Stable Return Fund Class A EUR Shares (MT7000020970)**
- Stable Return Fund Class B EUR Shares (MT7000020988)**
- Stable Return Fund Class C EUR Shares (MT7000020996)**
- Stable Return Fund Class D EUR Shares (MT7000021002)**

Name of Subscriber: _____

Investor ID: _____

Account ID: _____

I/We undertake to notify the Administrator of our order to redeem by not later than 17.00pm (CET) One (1) business day prior to the relevant Redemption Day. In case you redeem only part of your shares please note that the value of your remaining Investor Shares cannot be less than the minimum holding set out in the Offering Memorandum.

Kindly remit redemption proceeds as follows:

Bank Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

IBAN: _____

SWIFT CODE: _____

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 Subscriber, 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.

PART D: BANK WIRING DETAILS

Account Name: SOLUTIONS CAPITAL MANAGEMENT SICAV p.l.c – Stable Return
Fund EURO Sub/Red Account

Bank Name: Bank of Valletta

Bank Address: Republic Street, Valletta, MALTA

Account Number: 40025024089

IBAN: MT96VALL22013000000040025024089

SWIFT CODE: VALLMTMT

PART E – 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 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 (dd/mm/yyyy)	
Country of Birth	
Country of Citizenship	
Permanent Residential Address (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
City or town, state or province (include postal code where appropriate)	

Country	
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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: Declaration of Tax Residency (other than U.S.)**

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	Tax Identification number

Section 4: 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.

Signature

Date (MM/DD/YYYY)

Name:

PART F – ENTITY SELF-CERTIFICATION FORM

This self-certification form (the ‘Form’) is to be completed by all legal entities including, for this purpose, companies, partnerships, trusts and foundations.

The information on the Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, the Foreign Account Tax Compliance Act (FATCA) and the OECD common reporting standard 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.

Section 1: Entity Identification

Entity Name	
Country of Organisation or Incorporation	
Registered Address (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
City or town, state or province (include postal code where appropriate)	
Country	
Mailing Address (if different) (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
City or town, state or province (include postal code where appropriate)	
Country	

Section 2: US Entities

Please tick and complete as appropriate.

- (a) The entity is a **Specified US Person** and the US federal taxpayer identifying number (US TIN) is as follows:

- (b) The entity is a **US Person** that is not a Specified US Person. Please indicate exemption³:

Complete Section 3 if the entity is tax resident outside the US.

Section 3: Declaration of Tax Residence (other than US)

Country / Countries of Tax Residence	Tax Reference number

Section 4: Entity FATCA Classification

Please tick and complete as appropriate.

A) If you are a **Registered Financial Institution**, please tick **one** of the below categories, and provide your FATCA GIIN number:

- Reporting Model 1 Foreign Financial Institution.
- Reporting Model 2 Foreign Financial Institution.
- Participating Foreign Financial Institution (including a US Financial Institution that has registered and obtained a GIIN).
- Registered Deemed-Compliant Foreign Financial Institution (other than a Sponsored Foreign Financial Institution that has not obtained a GIIN).

Please provide your Global Intermediary Identification Number (GIIN):

³ Under the US IGA and in the U.S. Internal Revenue Code, Specified US Person does not include: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities; A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities; A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state; A real estate investment trust; A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940; A common trust fund as defined in section 584(a); A bank as defined in section 581; A broker; A trust exempt from tax under section 664 or described in section 4947; or A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

B) If you are a Financial Institution but unable to provide a GIIN, please tick one of the reasons below:

- The entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
- The entity is a Sponsored Financial Institution that has not obtained a GIIN. Please provide the Sponsoring Entity's name and GIIN:

Sponsoring Entity's Name:

Sponsoring Entity's GIIN:

- The entity is a Certified Deemed-Compliant Non-Registering Local Bank.
- The entity is a Certified Deemed-Compliant Foreign Financial Institution with only low value accounts.
- The entity is a Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle.
- The entity is a Certified Deemed-Compliant Limited Life Debt Investment Entity.
- The entity is a Certified Deemed-Compliant Investment Advisor or Investment Manager.
- The entity is a Non-Participating Foreign Financial Institution.
- The entity is an Owner-Documented Foreign Financial Institution.
- The entity is a Non-Reporting IGA Foreign Financial Institution.
- The entity is an Exempted Inter-Affiliate Foreign Financial Entity.
- The entity is a Territory Financial Institution.
- The entity is a US Financial Institution.

C) If you are not a Financial Institution, please confirm the Entity's FATCA status below.

- The entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name:

Trustee's GIIN:

- The entity is a Restricted Distributor.
- The entity is a Foreign Government, Government of a US possession, or Foreign Central Bank of issue.
- The entity is an International Organisation.
- The entity is a Non-Financial Group Entity.
- The entity is wholly owned by Exempt Beneficial Owners.
- The entity is a 501(c) Organisation.
- The entity is a Non-Profit Organisation.
- The entity is an Exempt Retirement Plan.
- The entity is an Exempted Non-Financial Start-Up Company.
- The entity is an Exempted Non-Financial Entity in Liquidation or Bankruptcy.
- The entity is an Excepted Territory Non-Financial Foreign Entity.
- The entity is a Publicly Traded Non-Financial Foreign Entity or Non Financial

- () Foreign Entity Affiliate of a Publically Traded Corporation.
- () The entity is a Direct Reporting Non-Financial Foreign Entity.
- () The entity is a Sponsored Direct Reporting Non-Financial Foreign Entity.
- () The entity is an Active Non-Financial Foreign Entity.
- () The entity is a Passive Non-Financial Foreign Entity (please complete table below providing details of any **Controlling Persons & Beneficial Owners**).

Complete Section 5 & 6 if you are a Passive Non Financial Foreign Entity.

Section 5: Details of the Controlling Persons⁴ of the Entity

Controlling Person*

Full Name: _____

Controlling Person*

Full Name: _____

Controlling Person*

Full Name: _____

Section 6: Details of the Beneficial Owners or Beneficiaries of 25% (or more) of the Entity

Beneficial Owner*

Full Name: _____

Details of beneficial owners' percentage: _____

Beneficial Owner*

Full Name: _____

Details of beneficial owners' percentage: _____

Beneficial Owner*

Full Name: _____

Details of beneficial owners' percentage: _____

* Each natural person that is a Controlling Persons or Beneficial Owner must also complete the Individual Self-Certification Form.

⁴ Means the natural persons who exercise control over the entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any) and any other natural person that exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, such term means the persons in equivalent positions such as directors (corporation) or general partner (limited partnership). If the controlling person is another legal vehicle, the natural persons that exercise control over that entity are deemed to be the controlling persons and must specify their details in Section 5 of the Form.

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 Company at the offices of 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.

Authorised Signature

Date (DD/MM/YYYY)

Name:

Authorised Signature Date (DD/MM/YYYY)

Name: