

Velox Fund (the **Sub-Fund**)
a sub-fund of DMS UCITS Platform (the **Fund**)

Subscription Form

Once completed, this application form should be sent to:

The Bank of New York Mellon SA/NV, Luxembourg branch
2-4 rue Eugène Ruppert
L-2453 Luxembourg
GRAND DUCHY OF Luxembourg

Fax Instructions:

Dealing Fax: 00 352 24 52 4255

Servicing Fax: 00 352 24 52 4256 (To be used for Account opening/ Application Form and AML documents)

Before you sign this form you must read an up-to-date version of the Key Investor Information Document(s)/Key Fact Statement(s) for each Sub-Fund

This application should be read in conjunction with the latest relevant prospectus (the "Prospectus") of **DMS UCITS Platform (the "Fund") and Sub-Fund Supplement for Velox Fund (the "Sub-Fund")**

All terms not defined in this form shall have the meaning given to them in the Prospectus.

1 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Please note that the Application Form together with any additional documents (depending on the investor type) requested should be delivered in original format (by post) In case of Application form sent by fax, the original must follow.

Legal Name of Institutional investor	
Registered Address	Postcode & Country
Correspondence Address (if applicable)	Postcode & Country
Tel no.	Fax no.
Contact Person	Email Address

2 FINANCIAL ADVISER DETAILS (THEREFORE PLEASE COMPLETE IF SUBMITTING THIS APPLICATION THROUGH A FINANCIAL ADVISER)

Name of adviser	
Adviser Code	
Name of company	
Address	Postcode
Tel no.	Fax no.

[Y] We are a financial institution not introduced by a financial adviser and accept to have an agent set up in our own name

3 FINANCIAL ADVISER STAMP

Details of licence or other designation assigned by regulatory body (please provide copy if not already provided)

Applicable domestic Anti-Money Laundering laws (if acting as agent)

4 SHARE CLASS SELECTION & PROPOSED INVESTMENT AMOUNT:

Share class Name	ISIN	Currency of Denomination

There are minimum investment and minimum holding amounts for each class of shares of the Sub-Fund. Please refer to the Prospectus for the minimum investment amounts, the minimum holding amounts and any possible restrictions and fees.

If you already invested in the Sub-Fund, please indicate your personal account number: _____.

Share Class and/ISIN if applicable: _____

Proposed investment amount: _____

Currency: _____

Expected frequency of trading & duration of the business relationship: _____

5 SOURCE OF WEALTH & PURPOSE OF THE BUSINESS RELATIONSHIP:

Source of Wealth describes how account holders/beneficial owners have obtained their overall wealth. Please indicate your source of wealth below, selecting all that are applicable below. We reserve the right to request additional information to evidence amounts invested.

- Revenue from business activities
- Company sale
- Sale of assets/property
- Inheritance
- Savings income (salary and/or bonus, please specify your occupation held and Company): _____
- Pension, Retirement Income (please specify your previous profession and Company): _____
- Government earnings
- Other (please provide details): _____

Please also indicate intended nature and purpose of the business relationship below and source of funds if different from source of wealth:

Please indicate the expected amount to be invested (including currency):

Please indicate expected frequency of trading & duration of the business relationship:

For institutional investors; Please indicate the nature of your products, services and delivery channels:

6 PAYMENT OF THE INVESTMENT BY TELEGRAPHIC TRANSFER

You must pay for your shares in the reference currency of the relevant class of shares indicated in the "Share Class Selection". Please pay from an account in your own name and by telegraphic transfer, without charge for the beneficiary.

For Euro - EUR	Pay to:	IRVTBEBB (BNYM SA/NV Brussels)
	In favor of:	IRVTLULX
	For Credit to:	9382959780 DMS VELOX FUND SR (or IBAN LU143400229382959780)

For British Sterling - GBP	Pay to:	IRVTGB2X (Sort Code 70-02-25)
	In favor of:	IRVTBEBB
	For Credit to:	9382958260 DMS VELOX FUND SR

For Swiss Franc - CHF	Pay to:	CRESCHZZ80A
	In favor of:	IRVTBEBB a/c 0835-0596251-93-002
	For credit to:	9382957560 DMS VELOX FUND SR

For US Dollar	Pay to:	IRVTUS3N
	In favor of:	IRVTBEBB a/c 8900285451
	For Credit to:	9382958400 DMS VELOX FUND SR

Debiting the account of
Name: _____
A/C Number: _____
Total Sum of Amount: _____ Currency: _____
Pay to name: _____

Note: Telegraphic transfers must be drawn on your own account. We cannot accept third party payments, nor we can we pay any proceeds to a third party on your behalf.

Please give details of your own bank account. Proceeds of any sale will be sent to this account by telegraphic transfer at your cost.	
Name of bank : _____	SWIFT code _____
Address: _____	Post code _____
Correspondent Bank: _____	SWIFT code _____
Address: _____	Post code _____

Proceeds of any sale of shares will be sent to the above account by telegraphic transfer at your cost.

7 DIVIDEND POLICY

We agree that any declared dividends are to be paid in cash.

Please use distributions to purchase additional shares in the *****

Unless instructed otherwise, the dividends will be automatically re-invested into the relevant Class of Shares of the Sub-Fund at the prevailing issue price.

8 ELECTRONIC REPORTING

If in addition to the correspondence details you wish to receive contract notes, statements and other reports by secured or encrypted electronic transmission or facsimile please state the name, email address, telephone and facsimile number of all individuals or groups to whom electronic reporting should be made available. Information not able to be sent electronically will be issued by post only to the correspondence address.

Full Name	
Email address 1	Fax Number 1
Email address 2	Fax Number 2
Email address 3	Fax Number 3

I/We acknowledge that the Company, the Management Company, the Administrator and/or the Distributor may deliver reports, and hereby consent to such delivery of reports, to me/us by facsimile or email where I/we have provided a facsimile number and/or email address. Such reports may include, but are not limited to, contract notes, confirmations, valuation statements and other reports which may be issued from time to time (the "Reports").

I/We acknowledge that the Reports sent by facsimile or electronic form are an unsafe method of communication and facsimile and electronic messages may be lost, subject to delays, interference by third parties, viruses and their confidentiality, security and integrity cannot be guaranteed. I/We acknowledge that Reports sent in electronic form cannot be guaranteed to be free of error. I/We hereby confirm that I/we will not hold the Company, the Management Company, the Administrator or the Distributor or any of their directors, officers, employees or agents liable now or at any time for any loss, damage, financial or otherwise which I/we may suffer as a result of any act or omission of the Company, the Management Company, the Administrator or the Distributor and their directors, officers, employees and agents in connection with the electronic delivery of Reports, or any interception or breach of confidentiality or integrity or as a result of any delays, inaccuracy, imperfection, lack of quality, ineffective transmission, viruses, alteration or distortion howsoever arising affecting any facsimile or electronic communication.

9 BANK INFORMATION

The investor understands that by executing this application form, it herein authorises its bank to honour all entries to its bank account initiated through The Bank of New York Mellon SA/NV, Luxembourg Branch or any successor custodian, on behalf of the applicable Sub-Fund. The investor acknowledges and understands that neither the Registrar and Transfer Agent nor the Fund will be liable for acting upon instructions believed genuine and in accordance with the procedures described in the Prospectus. The investor further agrees that any such authorisation, unless previously terminated by its bank in writing, is to remain in effect until the Registrar and Transfer Agent receives, and has a reasonable amount of time to act upon, a subsequent notice.

10 INVESTOR TYPE:

Please confirm if the registered details above are the ultimate beneficiary of the funds and any subsequent income derived from investments from which this application is applicable.

[Y] I/we confirm that the investment(s) are made on my/our own behalf and I/we am/are therefore the ultimate beneficiary of the investments and any subsequent income generated

[Y] I/we confirm that I/we am/are investing on behalf of a third party who is/are the ultimate beneficiary of the investments and any subsequent income generated. I/we also confirm that I/we have been given Power of Attorney by the ultimate beneficiary and are allowed to place transactions including via fax and instruct static data amendments on the account.

In case of investing on behalf of underlying third parties, please provide the following:

Full legal Name of the underlying investor(s):

Country of residence of the underlying investor(s):

If the applicant is acting on behalf of underlying clients, enhanced due diligence on the correspondent relationship will be required.

11 CONTROL & OWNERSHIP:

Natural persons owning or controlling, directly or indirectly, 25% or more of the shares or voting rights:

Surname(s) and first name(s):

.....

Place of birth and date of birth (DD-MM-YYYY)

.....

Nationality/ies:

.....

Full Residential Address

.....

Official national identification number (as per identification document)

.....

The percentage of shares owned or voting rights' or describe means of control

.....

There is no natural person owning or controlling, directly or indirectly, 25% or more of the shares / voting rights

In case that such natural person(s) do(es) not exist, the person(s) exercising control of the legal entity through other means (a) should be identified. If no such natural person under (a) can be identified, please provide the identity of the relevant natural person who holds the position of senior managing official (b). Please complete the below section with the information or either (a) or (b).

Surname(s) and first name(s):

.....

Place of birth and date of birth (DD-MM-YYYY)

.....

Official national identification number (as per identification document)

.....

Nationality/ies:

.....

Full Residential Address (*Professional address is acceptable for Senior Managing officials)

.....

Please describe how the person's exercises control over the entity, if (a); If (b), please state the position/function in the company of the Senior Managing officials

.....

12	FATCA
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To enable the Fund to satisfy its due diligence requirements as a "registered deemed-compliant foreign financial institution" pursuant to an intergovernmental agreement (IGA) between the United States of America and Luxembourg to improve international tax compliance and to implement the US Foreign Account Tax Compliance Act (FATCA), the following certifications are required.

Institutional investor country of residence for tax purposes: _____

If the country of tax residency is the United States of America, please provide IRS Form W-9, including any FATCA exemption codes if the entity is not a specified US person (available at www.irs.gov).

If the country of tax residency is **not** the United States of America, please complete one of the below categories. Refer to the FATCA regulations or governing Intergovernmental Agreement (IGA) for definitions of the categories below.

Note: If your organisation does not meet one of the designations below, you must provide your FATCA status using the appropriate version of IRS form W-8 (available at www.irs.gov).

A. Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's *GIIN* at 3.1.2

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

Please provide the Entity's *Global Intermediary Identification number (GIIN)* _____

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

I.	<i>Partner Jurisdiction Financial Institution and has not yet obtained a GIIN</i>	
II.	<i>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
III.	<i>Exempt Beneficial Owner</i>	
IV.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
V.	<i>Non-Participating Foreign Financial Institution</i>	
VI.	<i>Excepted Foreign Financial Institution</i>	
VII.	<i>U.S. Person but not a Specified U.S. Person</i>	

B. Non-Financial Institutions under FATCA:

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

a.	<i>Active Non-Financial Foreign Entity</i>	
b.	<i>Passive Non-Financial Foreign Entity</i> <i>(If this box is ticked, please include Controlling Person Self-certification forms for each of your Controlling Persons that is a Specified U.S. Person)</i>	
c.	<i>Excepted Non-Financial Foreign Entity</i>	
d.	<i>The Entity is a U.S. Person but not a Specified U.S. Person</i>	

I/we certify that I/we have no Controlling Persons¹ who are individual citizens or residents of the United States of America.

I/we certify that I/we have Controlling Persons¹ who are individual citizens or residents of the United States of America. If you tick this box, you must have the appropriate Controlling Person fill and duly sign a "Controlling Person Self-Certification Form (available at BNYM)

¹ The term "Controlling Persons", as defined in the IGA and used herein, means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.

CRS Declaration of Tax Residency (please note you may choose more than one country)

Please indicate the Entity's place of Tax residence for CRS purposes (if resident in more than one country, please detail all countries of Tax residence and associated Tax Identification Numbers).

NOTE: Provision of a TIN is required unless you are a tax resident in a Jurisdiction that does not issue a TIN or the Entity is otherwise unable to obtain a TIN or equivalent number (Please explain why such TIN is unavailable or cannot be provided).

Country of Tax Residency	Tax ID Number

Entity's CRS Classification (The information provided in this section is for CRS. Please note that an Entity's CRS classification may be different from its FATCA classification in Part 10:

For more information please refer to the CRS Standard and its commentary <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

Financial Institutions under CRS:

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

a.	<i>Custodial Institution, Depository Institution, Specified Insurance Company or Investment Entity other than an Investment Entity under A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction</i>	
b.	<i>An Investment Entity under A(6) (b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction (If this box is ticked, please include Controlling Person Self-Certification Forms for each of your Controlling Persons)</i>	
c.	<i>Active Non-Financial Entity –</i> (i) a corporation, the stock of which is regularly traded on an established securities market on which the corporation is regularly traded:	
	(ii) a corporation which is a related entity of such a corporation If you fall under this definition, please provide the name of the regularly traded corporation that the entity identified in section I of this form is a related Entity of: _____	
d.	<i>Active Non-Financial Entity – a Government Entity or Central Bank</i>	
e.	<i>Active Non-Financial Entity – an International Organisation</i>	
f.	<i>Active Non-Financial Entity – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)</i>	
g.	<i>Passive Non-Financial Entity (If this box is ticked, please include Controlling Person Self-Certification Forms for each of your Controlling Persons)</i>	

For further information on Identification requirements under CRS for Controlling Persons, please see the Commentary to Section VIII of the CRS Standard.

14 PROTECTION AGAINST MONEY LAUNDERING

Pursuant to the Luxembourg anti-money laundering laws, prior to entering into a business relationship with potential investors, we are required to evaluate the risk of money laundering and financing of terrorism and identify each investor and its ultimate economic beneficiaries.

Should such required information and documents not be provided or should they not allow the Registrar and Transfer Agent to complete its AML/KYC checks, your subscription in the Sub-Fund might be delayed or rejected.

In addition, the undersigned hereby undertakes to inform the Registrar and Transfer Agent immediately of any future change which may take place regarding the identity of a shareholder or a/the final beneficiary of the aforementioned legal entity/investor.

15 FACSIMILE INDEMNITY

I want to give instructions to you by facsimile. (If not, please tick this box)

Once the account is fully compliant with all AML/KYC requirements, the investor wants to give subsequent instructions to the Registrar and Transfer Agent by facsimile

This indemnity relates to holdings of shares of the Fund in accounts in its name or in respect to which the investor is authorised to give instructions.

The investor wants to have the flexibility to give instructions to the Registrar and Transfer Agent by facsimile. The investor acknowledges that facsimile transmission is not a secure form of communication and gives rise to higher risks of manipulation or attempted fraud. Facsimiles may also be of poor quality and thus unclear.

Therefore, in consideration of the Registrar and Transfer Agent's agreement, at the investor's request, to act upon receipt of facsimile instructions with respect to such accounts:

- a. until the Registrar and Transfer Agent receives written notice to the contrary, the investor authorises the Registrar and Transfer Agent to act upon such instructions without any reference to or further authority from the investor and without enquiry whatsoever, provided that such instructions are or are seen to be given by the investor or by persons who have been notified to the Registrar and Transfer Agent for the purpose in the manner agreed between the investor and the Registrar and Transfer Agent; and
- b. the investor agrees to keep the Registrar and Transfer Agent and the Fund indemnified from and against all liabilities, losses, costs, actions, proceedings, claims and demands which may be incurred by or brought or made against the Registrar and Transfer Agent or the Fund arising directly or indirectly from you having acted upon such instructions in the circumstances referred to in (a) above. If this indemnity is given by more than one holder, it will be joint and several.

This indemnity is given for the benefit of the Fund and the Registrar and Transfer Agent. The indemnity is governed by and shall be interpreted in accordance with Luxembourg law. The courts of the Grand Duchy of Luxembourg will have exclusive jurisdiction of all disputes arising from this indemnity.

Please note with the exception of intermediaries facsimile instruction will only be accepted on a standard fax dealing form (available from the Registrar and Transfer Agent)

16 DECLARATION

The undersigned declares that it is aware that:

1. The Transfer Agent reserves the right not to process this application and investment:
 - In the case this Application Form is not delivered on the date and time specified for the fund in the relevant appendix of the Prospectus;
 - In case this Application form is not delivered in original format, and/or not accompanied by the requested and required documents, in line with the AML laws and regulations in Luxembourg.
2. The Fund and/or the Registrar and Transfer Agent may reject at its/their sole discretion and for any reason any application for subscription of shares in whole or in part.
3. This application form will be legally binding only when it is signed by the undersigned, and the subscription is accepted by the Fund and/or the Registrar and Transfer Agent.

4. Correspondence will be sent to the registered address unless a correspondence address has been specified.

The undersigned further declares that:

5. The execution of this application and acceptance of the investor's subscription do not and will not violate any law, regulation, ordinance, charter, by-law, article of association or rule applicable to the investor or any agreement by which the investor is bound or by which any of its assets are affected.
6. It has received and reviewed the Prospectus of the Fund (and, where relevant, financial reports and any other documents required under any applicable laws or regulations), which it accepts in full, and it understands and considers that it can bear the risks.
7. It has received and read an up-to-date version of the Key Investor Information Document(s) where applicable for each Sub-Fund relevant to its investment.
8. It has been given the opportunity to ask questions of, and receive answers from, the Fund and/or its duly appointed agents with respect to the activities and affairs to be conducted by the Fund, the terms and conditions of the offering of the Fund's shares and other matters pertaining to an investment in the Sub-Fund and to evaluate the merits and risks of an investment in the Fund and make an investment decision in relation thereto.
9. It has relied upon its own independent tax, investment and legal advice.
10. It acknowledge having received and read the data protection information contained in the Annex to the Application Form
11. We hereby authorise The Bank of New York Mellon SA/NV, Luxembourg Branch ("the administrator"), to leverage from the AML/KYC documentation that has been provided for previous/current account openings in our name and use this for other accounts we may be opening in other Funds where The Bank of New York Mellon SA/NV, Luxembourg Branch is the administrator.

Finally, the undersigned declares that:

12. It is not a US Person as such term is defined in Rule 902 of Regulation S promulgated under the US Securities Act of 1933, as amended (the "Securities Act").
13. It is dealing on its own behalf and will be the beneficial owner of the shares. To the extent that it is acting on behalf of any other party, the undersigned will provide the same documentation/warranties for the final beneficiaries.
14. The Personal Data or the information it provides in this application form or otherwise in connection with an application to subscribe for shares (and at any other time during the business relationship with the Fund) will be stored in digital form and will be processed by the Fund, the Management Company and the Data Processors in accordance with the provisions of the relevant data protection laws for all purposes mentioned under the section Personal Data, Processing and Disclosing of Data of the Prospectus.

In particular:

- the investor hereby expressly agrees that its Personal Data may be disclosed to the Registrar and Transfer Agent and any other member of the Bank of New York Mellon Group. Such disclosure of personal data to the Registrar and Transfer Agent and any other company within The Bank of New York Mellon Group will allow the investor's access, inter alia, to information regarding its shareholding in the Fund through a secure, web-enabled information system of The Bank of New York Mellon Group.
- the investor agrees to the disclosure of its data and the holding and processing of this data by the Data Processors in the context of Luxembourg statutory confidentiality and personal data protection obligations.
- the investor is informed and expressly acknowledges that the Fund, the Management Company and the Data Processors may be obliged under local laws and regulations to collect and report to the Luxembourg tax authorities and the relevant foreign tax authorities ("Authorities") certain information (such as but not limited to information to be provided to the Authorities as a result of the Luxembourg law dated 24 July 2015 approving the intergovernmental agreement executed between Luxembourg and the United States on 28 March 2014 ("FATCA") and the Luxembourg law dated 18 December 2015 concerning the automatic exchange of information on financial accounts and tax matters and implementing the EU Directive 2014/107/EU ("OECD Common Reporting Standards" or the "CRS"). The undersigned hereby expressly agrees that the Fund and its agents, in particular its registrar and transfer agent, transfers its data for the purposes listed above, to entities in their group or to other service providers located outside Luxembourg which may be in countries that do not offer an adequate level of protection, such as the United States of America and India

17 SIGNATURE

All joint applications must sign in the same order as above. For corporations, an authorised official must sign the form.

- I/We consent to The Bank of New York Mellon SA/NV, Luxembourg Branch and any relevant paying agent processing this application and any further requests from me/us for the purchase, sale or switching of shares.
- I/We authorize The Bank of New York Mellon SA/NV, Luxembourg Branch (the "Administrator") to use the AML/KYC documentation that has been already provided for previous/current account openings in their name for other accounts the Administrator may be opening in other funds where The Bank of New York Mellon SA/NV, Luxembourg branch is acting as administrator.
- I/We confirm that I/we am/are over 18 years of age and that I/we have fully read and understood this application.
- I/We confirm that the information I/we have provided is correct.

Signature /Date

Print name (and title, if applicable)

Signature /Date

Print name (and title, if applicable)

Signature /Date

Print name (and title, if applicable)

DMS UCITS Platform is registered in Luxembourg (no. B228021) at 2-4, rue Eugène Ruppert, L-2453 Luxembourg, Grand Duchy of Luxembourg.

- **Private/Retail investors**

*Appendices are requested depending on investor type:

Know your customer Document	Original Certified True Copy	Copy (as applicable to investor type)
1. Valid passport/National ID Card	✓	×
2. Proof of residential address, issued within the last 6 months	✓	✓

- **Corporate entity not regulated investors**

*Appendices that are requested depending on investor type:

Know your customer Document	Original Certified True Copy	Copy (as applicable to investor type)
1. Articles of Association	✓	✓
2. Evidence of registration - Certificate of registration / incorporation / incumbency / good standing or extract from Trade Register dated less than 6 months old	✓	×
3. Structure Chart duly signed and dated evidencing ownership (until the UBO) and down the chain (until the ultimate target)	✓	×
4. Register of Shareholders	✓	×
5. ID/Passport/Driving License of the authorized signatories who sign the application form and any instructions on the account and of the dealers placing orders via phone	✓	×
6. Most up-to-date authorized signatory list on company letterhead (including specimen signatures and powers of the persons authorized to sign)	✓	×
7. Copy of the latest annual (audited) report as applicable	✓	✓
8. For any Ultimate Beneficial owner owning or controlling 25% or 10% threshold (as applicable to investor type) or more of the Company (or the controlling natural persons if the UBOs cannot be defined)		
a. Valid passport/National ID Card	✓	×
b. Proof of residential address, issued within the last 6 months	✓	✓
c. Declaration of source of funds and fiscal conformity (within application form or with internal forms provided)	✓	×

MiFID professional investor categorisation – Please confirm you are a MiFID Professional Investor

• **Luxembourg “taxe d’abonnement”**

The CSSF has issued a definition of "institutional investor", based on articles 174, 175 and 176 of the Undertakings for Collective Investment (the "Law") of 17th December 2010 on undertakings for collective investment, as follows:

1. Institutional Investors stricto sensu, such as banks and other professionals of the financial sector, insurance and reinsurance companies, social security institutions and pension funds, charitable institutions, industrial, commercial and financial group companies, all subscribing on their own behalf, and the structures which such Institutional Investors put into place for the management of their own assets.
2. Credit institutions and other professionals of the financial sector investing in their own name but on behalf of Institutional Investors as defined under 1. above.
3. Credit institutions and other professionals of the financial sector established in Luxembourg or abroad which invest in their own name but on behalf of their non-institutional clients on the basis of a discretionary management mandate.
4. Collective investment undertakings established in Luxembourg or abroad.
5. Holding companies or similar entities, whether Luxembourg-based or not, whose shareholders are Institutional Investors as described in the foregoing paragraphs*
6. Holding companies or similar entities, whether Luxembourg-based or not, whose shareholder(s)/ beneficial owner(s) is/are individual person(s) which is/are extremely wealthy and may reasonably be regarded as sophisticated investor(s) and where the purpose of the holding company is to hold important financial interests/investments for an individual or a family.*
7. A holding company or similar entity, whether Luxembourg based or not, which as a result of its structure and activity has a true substance and holds important financial interests / investments.

Based on the above, please confirm your Tax Status accordingly:

• **Intermediary**

*Appendices that are requested depending on investor type:

Know your customer Document	Original Certified True Copy	Copy (as applicable to investor type)
1. AML undertaking reliance letter * <i>regulated company or parent company regulated in an equivalent country and for which an acceptable reliance letter has been received</i>	✓	✓
2. Most up-to-date authorized signatory list on company letterhead (including specimen signatures and powers of the persons authorized to sign)	✓	✓
3. ID/Passport/Driving License of the signatories who sign instructions on the account <i>Not applicable for an entity which is regulated or having a parent company regulated in an equivalent country and for which an acceptable reliance letter has been received.</i>	✓	✗
4. Certified true copy of the constitutive document (Articles of Incorporation, statutes of equivalent) <i>Not applicable for an entity which is regulated or having a parent company regulated in an equivalent country and for which an acceptable reliance letter has been received.</i>	✓	✗
5. Recent register of Directors. One of the following: • certificate of incumbency, if in use in the country • signed letter from the Head of Legal, Head of Compliance, Company Secretary or Head of Finance • extract from official website or annual report (copy sufficient) When the director is a company, the list of physical persons representing it should be obtained. <i>Not applicable for an entity which is regulated or having a parent company regulated in an equivalent country and for which an acceptable reliance letter has been received.</i>	✓	✗
6. Latest Audited Financial Report or equivalent to assess Source of Wealth. <i>Not applicable for an entity which is regulated or having a parent company regulated in an equivalent country and for which an acceptable reliance letter has been received.</i>	✓	✓
7. For intermediaries not regulated or regulated in nonequivalent jurisdiction: photo ID for any Ultimate Beneficial owner owning or controlling 25% or 10% threshold (as applicable to investor type) or more of the Company (or the controlling natural persons if the UBOs cannot be defined)		
a. Valid passport/National ID Card* <i>*Not needed for Senior Managing officials of an entity having a parent company regulated in an equivalent country and for which an acceptable reliance letter has been received.</i>	✓	✓
b. Proof of residential address, issued within the last 6 months <i>*Professional address acceptable for Senior Managing officials</i>	✓	✓

Certification Principles

Certification of documents, whenever requested, should be aligned to our certification principles outlined below. The certification can be performed by:

- An independent public notary, a qualified lawyer or a chartered accountant who are members of the National Legal Association and provided their membership/license can be verified on the appropriate professional register;
- Embassy or consulate;
- Authorised employees of a regulated financial institution located in an AML equivalent country.

Certified documents

The certified documentation must be:

- Valid;
- stamped (original stamp or seal of the relevant authority / company) or printed name;
- certified as true copy of the original document (needs to appear on the certified document);
- dated (no more than 12 months prior to date of receipt);
- signed in wet ink by the certifying body;
- The certifier must be independent.