

Application Form Diadema Funds (the “Fund”)

Please complete this form in blue or black ink using BLOCK CAPITALS, and return it together with the applicable documentation detailed in Section 4 to the Administrator:

Diadema International Funds

**C/o CACEIS Ireland Limited
4th Floor, One George's Quay Plaza,
George's Quay | Dublin 2 | Ireland**

**Telefax: 353 1 613 04 01
Telephone: 353 1 440 65 55
E-mail: Dublin_TA_Customer_Support@caceis.com**

Or to the relevant Correspondent Bank

Instructions for completion of the Application Form

Please note that the original fully signed Application Form must be returned to the Administrator (or to the Correspondent Bank for forwarding to the Administrator) appointed by the Manager at the above address if this is your first investment in Units of the Fund. No redemption or conversion or transfer requests will be processed prior to receipt of this original form and supporting documentation.

Please refer to the Application Form Notes when completing this Form. Applicants should complete **all** sections in full and ensure that the application is signed by the applicant(s) and/or appropriate authorized signatories on page 15.

Existing investors should complete Section 1, the first part of Section 2 and again sign on page 17.

The Fund is valued at the close of business on days that are business days in Ireland, the UK and Luxembourg (a “Valuation Day”). An application form received in Ireland by 12:00 Irish time will be valued on that Valuation Day; applications received after that time will be carried forward to the next Valuation Day

SECTION 1 - Investment Details

I/We the undersigned having received and read a copy of the Key Information Document (“KID”) for the relevant Unit Class in which investment is being made hereby apply to subscribe for a number of Units or a cash amount as set out below and undertake to settle therefore in full by telegraphic transfer for:

Sub-Fund & Unit Class	ISIN	Fund Code	Ccy	Unit Amount	Cash Amount
DIADEMA CAPITAL PLUS FUND - CLASS P	IE00B4VGXC73	595	EUR		
DIADEMA CAPITAL PLUS FUND - CLASS I	IE00B4W3NK51	594	EUR		
DIADEMA CAPITAL PLUS FUND - CLASS R	IE00B4XZMZ82	596	EUR		
DIADEMA CAPITAL PLUS FUND - CLASS R PREMIUM	IE00BKDT1J99	DG9	EUR		
DIADEMA INTERNATIONAL EQUITY SELECTION FUND - CLASS I	IE00BN577Z04	Z47	EUR		
DIADEMA INTERNATIONAL EQUITY SELECTION FUND - CLASS R PREMIUM	IE00BYM5D122		EUR		
DIADEMA INTERNATIONAL EQUITY SELECTION FUND - CLASS R	IE00BN578132	Z49	EUR		
DIADEMA INTERNATIONAL EQUITY SELECTION FUND – CLASS P PREMIUM	IE00BQXKVP02	Y01	EUR		
DIADEMA SELECT OPPORTUNITIES – CLASS R PREMIUM	IE00BMG8TV51		EUR		
DIADEMA SELECT OPPORTUNITIES – CLASS R	IE00BMG8TT30		EUR		
DIADEMA SELECT OPPORTUNITIES – CLASS P	IE00BMFZXS22		EUR		
DIADEMA SELECT OPPORTUNITIES – CLASS I	IE00BMFZXR15		EUR		

SECTION 2 - Details of Applicant(s)

Existing Investor If you are an existing investor in the Fund ("Existing Investor") please provide your account details below.	
Name of Account	
Fund Name	
Existing Account Number	

First Applicant	
Individuals: Complete your full name and address below	
Title	Mr Mrs Miss Ms Other (please specify)
Surname	
Forename(s) in full	
Nationality	Date of birth
Registered Address¹	
Address	
City/Town	
Post Code	Country
Email Address	
Tel No	Fax No
Correspondence Address² Please complete the section if correspondence is to be sent to a different address to that set out above	
Address	
City/Town	
Post Code	Country

Occupation

<p>Business Area</p> <p><input type="checkbox"/> Bar/Night-clubs/Restaurants/Hotels</p> <p><input type="checkbox"/> Brokers</p> <p><input type="checkbox"/> Car parks</p> <p><input type="checkbox"/> Casinos/Gambling</p> <p><input type="checkbox"/> Casinos/Games/Entertainment parks</p> <p><input type="checkbox"/> Check cashers</p> <p><input type="checkbox"/> Commerce of alcohol and cigarettes</p> <p><input type="checkbox"/> Commerce of arms/Weapons and munitions</p> <p><input type="checkbox"/> Commerce of art works</p> <p><input type="checkbox"/> Commerce of boats and planes</p> <p><input type="checkbox"/> Commerce of luxury cars</p> <p><input type="checkbox"/> Commerce of luxury goods (jewellery/horses/...)</p>	<p><input type="checkbox"/> Commerce of minerals</p> <p><input type="checkbox"/> Convenience store</p> <p><input type="checkbox"/> Hotels/Restaurants/Cafes</p> <p><input type="checkbox"/> Import-Export</p> <p><input type="checkbox"/> Money transmitters and currency change</p> <p><input type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> On-line business</p> <p><input type="checkbox"/> Precious metals/Gold/Jewellery</p> <p><input type="checkbox"/> Real estate</p> <p><input type="checkbox"/> Sale by distance</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Travel agencies</p> <p><input type="checkbox"/> Travel/Tourism</p> <p><input type="checkbox"/> Other: please specify</p>
Employer/ business name if self employed:	

Nationality please provide details of any dual citizenship held or previously held	
Passport Number:	
Issuing Country	
Expiry Date:	

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

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

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

OR

- (b) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes

Declaration and Undertakings:

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

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

Authorised Signature: _____

Date (dd/mm/yyyy): _____

Corporate Applicants:			
Company Name (required ONLY for corporate applicants)			
Nature of Business (required ONLY for corporate applicants)			
Country of Incorporation			
Registered Address¹			
Address			
City/Town			
Post Code		Country	
Email Address			
Tel No		Fax No	
Correspondence Address²			
Please complete the section if correspondence is to be sent to a different address to that set out above			
Address			
City/Town			
Post Code		Country	

Specified U.S Person.:

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

- (a) The entity confirm that **is** a Specified U.S. Person and the Entity's U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____

OR

- (b) The Entity **is not** a Specified U.S. Person (please also complete the 'Declaration of Tax residency' and 'FATCA Classification' sections below)

Declaration of Tax residency

(Note: Declaration of Tax residency is requested in the context of the OECD Common Reporting Standard ("CRS"), an initiative to implement automatic exchange of financial account information on a global basis.)

Please indicate the Entity's place of tax residence (if resident in more than one country please detail all countries of tax residence and associated Tax ID numbers).	
Country of Tax Residency	Tax ID Number

Joint Applicants
Details of up to 3 additional holders may be added to the application. Please complete details in block capitals below.

First additional applicant details						
Title	Mr	Mrs	Miss	Ms	Other (please specify)	
Surname						
Forename(s) in full						
Residential Address						
Mailing Address, if different						
Nationality						Date of birth

Occupation

<p>Business Area</p> <input type="checkbox"/> Bar/Night-clubs/Restaurants/Hotels <input type="checkbox"/> Brokers <input type="checkbox"/> Car parks <input type="checkbox"/> Casinos/Gambling <input type="checkbox"/> Casinos/Games/Entertainment parks <input type="checkbox"/> Check cashers <input type="checkbox"/> Commerce of alcohol and cigarettes <input type="checkbox"/> Commerce of arms/Weapons and munitions <input type="checkbox"/> Commerce of art works <input type="checkbox"/> Commerce of boats and planes <input type="checkbox"/> Commerce of luxury cars <input type="checkbox"/> Commerce of luxury goods (jewellery/horses/...)	<input type="checkbox"/> Commerce of minerals <input type="checkbox"/> Convenience store <input type="checkbox"/> Hotels/Restaurants/Cafes <input type="checkbox"/> Import-Export <input type="checkbox"/> Money transmitters and currency change <input type="checkbox"/> Nuclear <input type="checkbox"/> On-line business <input type="checkbox"/> Precious metals/Gold/Jewellery <input type="checkbox"/> Real estate <input type="checkbox"/> Sale by distance <input type="checkbox"/> Taxi <input type="checkbox"/> Travel agencies <input type="checkbox"/> Travel/Tourism <input type="checkbox"/> Other: please specify
Employer/ business name if self employed:	

Passport Number:	
Issuing Country	
Expiry Date:	

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

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

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

OR

(b) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes

Declaration and Undertakings:

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

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

Authorised Signature: _____

Date (dd/mm/yyyy): _____

Second additional applicant details						
Title	Mr	Mrs	Miss	Ms	Other (please specify)	
Surname						
Forename(s) in full						
Residential Address						
Mailing Address, if different						
Nationality					Date of birth	

Occupation

<p>Business Area</p> <ul style="list-style-type: none"><input type="checkbox"/> Bar/Night-clubs/Restaurants/Hotels<input type="checkbox"/> Brokers<input type="checkbox"/> Car parks<input type="checkbox"/> Casinos/Gambling<input type="checkbox"/> Casinos/Games/Entertainment parks<input type="checkbox"/> Check cashers<input type="checkbox"/> Commerce of alcohol and cigarettes<input type="checkbox"/> Commerce of arms/Weapons and munitions<input type="checkbox"/> Commerce of art works<input type="checkbox"/> Commerce of boats and planes<input type="checkbox"/> Commerce of luxury cars<input type="checkbox"/> Commerce of luxury goods (jewellery/horses/...)	<ul style="list-style-type: none"><input type="checkbox"/> Commerce of minerals<input type="checkbox"/> Convenience store<input type="checkbox"/> Hotels/Restaurants/Cafes<input type="checkbox"/> Import-Export<input type="checkbox"/> Money transmitters and currency change<input type="checkbox"/> Nuclear<input type="checkbox"/> On-line business<input type="checkbox"/> Precious metals/Gold/Jewellery<input type="checkbox"/> Real estate<input type="checkbox"/> Sale by distance<input type="checkbox"/> Taxi<input type="checkbox"/> Travel agencies<input type="checkbox"/> Travel/Tourism<input type="checkbox"/> Other: please specify
Employer/ business name if self employed:	

Passport Number:	
Issuing Country	
Expiry Date:	

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

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

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

OR

(b) I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes

Declaration and Undertakings:

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

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

Authorised Signature: _____

Date (dd/mm/yyyy): _____

Third additional applicant details						
Title	Mr	Mrs	Miss	Ms	Other (please specify)	
Surname						
Forename(s) in full						
Residential Address						
Mailing Address, if different						
Nationality					Date of Birth	

Occupation

<p>Business Area</p> <p><input type="checkbox"/> Bar/Night-clubs/Restaurants/Hotels</p> <p><input type="checkbox"/> Brokers</p> <p><input type="checkbox"/> Car parks</p> <p><input type="checkbox"/> Casinos/Gambling</p> <p><input type="checkbox"/> Casinos/Games/Entertainment parks</p> <p><input type="checkbox"/> Check cashers</p> <p><input type="checkbox"/> Commerce of alcohol and cigarettes</p> <p><input type="checkbox"/> Commerce of arms/Weapons and munitions</p> <p><input type="checkbox"/> Commerce of art works</p> <p><input type="checkbox"/> Commerce of boats and planes</p> <p><input type="checkbox"/> Commerce of luxury cars</p> <p><input type="checkbox"/> Commerce of luxury goods (jewellery/horses/...)</p>	<p><input type="checkbox"/> Commerce of minerals</p> <p><input type="checkbox"/> Convenience store</p> <p><input type="checkbox"/> Hotels/Restaurants/Cafes</p> <p><input type="checkbox"/> Import-Export</p> <p><input type="checkbox"/> Money transmitters and currency change</p> <p><input type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> On-line business</p> <p><input type="checkbox"/> Precious metals/Gold/Jewellery</p> <p><input type="checkbox"/> Real estate</p> <p><input type="checkbox"/> Sale by distance</p> <p><input type="checkbox"/> Taxi</p> <p><input type="checkbox"/> Travel agencies</p> <p><input type="checkbox"/> Travel/Tourism</p> <p><input type="checkbox"/> Other: please specify</p>
Employer/ business name if self employed:	

Passport Number:	
Issuing Country	
Expiry Date:	

Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

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

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

OR

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

Declaration and Undertakings:

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

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

Authorised Signature: _____

Date (dd/mm/yyyy): _____

¹ This address should be the address of the registered holder e.g. the nominee's address if Units are held by a nominee. In the case of individual applicants in their own name this address will appear on the register and should therefore be a residential address. The applicant will be required to provide proof of this address in Section 4. PO Boxes or 'care of' addresses should not be provided.

² If a separate mailing address is being provided by a company, this must be in addition to the provision of details of the company's registered address.

Please note that by completing this Application Form you are providing personal data to the Manager for the purposes of applying for Units in the Fund. This data will be processed in accordance with the Irish Data Protection Acts 1988 to 2003 as may be amended from time to time and in accordance with the General Data Protection Regulation (697/2016/EU) (the "GDPR") (collectively the "Data Protection Legislation") and the Data Privacy Statement as set out at Appendix 7 hereto.

Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes, in addition to tax information as required in Section 5.

Correspondence will be sent to the first named applicant of joint holders.

SECTION 3 - Bank Details

Subscription monies – for Settlement of Purchase of Units

All subscription payments must be made by electronic funds transfer to the relevant account detailed below for settlement no later than 14.30 GMT for EUR and GBP subscriptions and 17.00 GMT for USD subscriptions three Business Days following the relevant Valuation Day (“Settlement Day”).

Settlement must be made in the designated currency of the Sub-Fund or Class in which you are investing.

EUR subscriptions banking details

Beneficiary Bank: CACEIS BANK Ireland Branch
SWIFT: ISAEIE2D
Final Beneficiary: DIADEMA FUNDS Subscription Account
IBAN number: IE32ISAE99032500018497
Reference: Investor name and trade confirmation number

Subscription payments

These are mandatory and are related to the bank and accounts from which the subscription amounts will be paid. The account must be in the name(s) of the Account Holder(s) or the account holder must be identified.

Bank:	Bank SWIFT / BIC / Sort Code:
Account holder / Name of the account:	IBAN Number

In case payments are made through a correspondent bank, please provide the following information:

Bank:	Bank SWIFT / BIC / Sort Code:
Account holder / Name of the account:	IBAN Number

Please note that in order to prevent third party payments, we require subscription payments to come from a bank account in the name of the registered account holder.

Note for Financial Institutions and Intermediaries :

In order to comply with EU Regulation 2015/847, and FATF SR VII, we require the following information to be included for all subscription wires made to the Fund.

For MT 103 , Field 50a is to be used for Ordering Customer’s information (either option below, as appropriate)

TAG	Field Name	Information to include
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50a (option K) Ordering Customer The Payer's account number, name and address

50a (option A) Ordering Customer The Payer's account number and the BIC

For MT 202 (Field 52)

TAG	Field Name	Information to include
52A	Ordering Institution	The Ordering Institution's identifier code (BIC)

Redemption monies – for Payment of Redemption Proceeds

The bank details for receipt of redemption proceeds are as outlined below. I/We undertake to inform the Administrator in writing of changes to those details immediately.

Name of Bank:	
Address of Bank:	
Country:	
Bank SWIFT/Sort code:	
Name of Account Holder:	
Account Number:	
Applicant's signature:	

Redemption proceeds will be returned to an account held in the name of the registered Unitholder(s).

SECTION 4 - ANTI MONEY LAUNDERING REQUIREMENTS

1. Corporate Investor Information (including Financial institutions)

- Bank
- Nominee
- Corporate
- Pension Fund
- Investment/Mutual Fund
- Other Financial Institution
- Foundation/Association
- Government entity
- Trust
- Partnership
- Insurance Company
- Other (please specify):

Business activity:

2. TYPE OF INVESTMENT

I/we confirm that the investment into the Fund:

- Is made on my/our own behalf and is not in favour of a third party

Please proceed to section 5

- Is made on behalf of third party and that the account will reflect:
- a Pooled Account (reflecting a pool of underlying clients typically with a generic designation such as "Clients account" or with a designation that makes reference to a region, product or multiple specific customers)
 - a Segregated Account (a specific account for a single underlying third party)

In such case, please select either one option below:

- the designation of the account will refer to the underlying client name
- the designation of the account is coded (the designation contains an internal reference, numbers or combination of letters which do not allow an external party to identify the underlying client)

Please indicate whether the account is used to transact "*advised*" or "*execution-only*" business. Per account only one type is possible. If both types of transactions are used, please be advised that two different accounts need to be created.

Advised business

Execution-only business

3. EXPECTED VOLUMES & FREQUENCY (BANKS/ NOMINEES DO NOT NEED TO COMPLETE)

Please complete the below section with your expectations in terms of investment in the fund.

The expected volumes and frequency provided will not form any kind of commitment from the account holder, the beneficial owners or the intermediary.

3.1. Expected frequency of trading

Please tick the anticipated frequency.

<input type="checkbox"/> Single transaction	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Ad-hoc
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3.2.Expected investment amount *

<input type="checkbox"/> Individuals		EUR		
	Expected Total Investment			
<input type="checkbox"/> Insurance Companies, Pension Funds, Investment Funds, Listed Companies		EUR		
	Expected Total Investment:			
<input type="checkbox"/> Other types of investors		EUR		
	Expected Total Investment:			

4. THE MONIES INVESTED

4.1. Where investing in own name and on own behalf:

The Account Holder declares that the origin of the funds used for subscription is coming from: (please tick the right choice)

- Inheritance (please provide some details) Details:
- Sale of real estate (please provide some details)
- Redemption from other investments (please provide some details)
- Savings on salary
- Treasury investment (Corporate)
- Other (please describe)

Main country of origin of the funds invested:

Signature of the account holder

Signature of the account holder 2

4.2. Where investing in own name but on behalf of third party:

The Account Holder declares that the origin of the funds used for subscription is coming from: (please tick the right choice)

- Retail Customers Please tick if High Net Details:
Worth Customers
- Institutional Customers
- Other (please describe)

Main country of origin of Client base:

Signature of the account holder

Signature of the account holder 2

SECTION 5 Customer Due Diligence Requirements

Please provide the following documents in addition to the completed application form. CACEIS Ireland Limited as service provider to the Fund will advise what additional documents is required (if any). If your entity type is not listed below please contact us and we will advise what documentation is required

Entity Type	Documentation requirements
Individual/ Joint Account	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy of photo ID for each account holder • Copy of Proof of address for each account holder- Should include bank statement showing account where subscription monies will be sent from
Credit and Financial Institution/ Bank (Proprietary Money)	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy authorised signatory list • Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors
Credit and Financial Institution/ Bank (underlying client Monies)	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy authorised signatory list • AML Comfort letter (see RBC template) (If regulated in a EEA country. If not regulated in EEA country requirements will be provided upon review of the application) • Copy of Wolfsberg AML questionnaire • Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors
Nominee (subsidiary) of regulated financial Institutions/ Bank	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy authorised signatory list • Nominee AML Comfort letter (see RBC template) (If regulated in a EEA country. If not regulated in EEA country requirements will be provided upon review of the application) • Copy of Wolfsberg AML questionnaire • Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors
Trust	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy of Trust deed & List of trustees (if not contained in Trust deed) • Copy of authorised signatory list • Copy of ID and 1 x proof of address for all trustees • Copy of ID and 1 x proof of address for all settlors • Copy of ID and 1 x proof of address for all Protectors • Copy of ID and proof of address for any trust beneficiary (current or potential) not included in the above list • Copy of bank statement in name of Trust where subscription monies are being sent from
Pension scheme- Employer contributions	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Copy of authorised signatory list • Copy of constitutive document • Copy of controllers register • Copy of ID and 1 x proof of address for 2 x controllers • Copy of most recent audited financial report • Copy of bank statement in name of Pension scheme where subscription monies are being sent from
Pension scheme- private	<ul style="list-style-type: none"> • Copy application form with AML appendix completed- original to follow • Copy of authorised signatory list • Copy of constitutive document • Copy of controllers register • Copy of ID and 1 x proof of address for 2 x controllers • Copy of most recent audited financial report • Copy of ID and proof of address for Beneficiary • SOF & SOW for Beneficiary - see template in application form
Collective Investment Scheme/ Fund	<ul style="list-style-type: none"> • Copy application form with all required information- original to follow • Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors • Copy of fund prospectus (obtained independently) • Copy of constitutive documents • Copy of most recent audited financial report • Copy of authorised signatory list • Copy of Directors register • Copy of ID and 1 x proof of address for 2 x Directors • Copy of ID and 1 x proof of address for any UBO owning more than 25% of the funds shareholding • Copy of declaration of type of investors and geographic location of Investor base • Copy of bank statement in name of Collective investment scheme where subscription monies are being sent from

Entity Type	Documentation requirements
<p>Corporate (private)</p>	<ul style="list-style-type: none"> ● Copy application form with all required information- original to follow ● Copy of authorised signatory list Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors ● Copy of certificate of Incorporation/ proof of business formation / registration or equivalent ● Copy of Memorandum and articles of association ● Copy of Directors/ Board members register ● Copy of share register ● Copy of ID and 1 x proof of address for 2 x Directors or 1 Director and 1 authorised signatory ● Copy of ID and 1 x proof of address for shareholders ● Copy of bank statement in name of Corporation where subscription monies are being sent from
<p>Corporate (commercial)</p>	<ul style="list-style-type: none"> ● Copy application form with all required information- original to follow ● Copy of authorised signatory list Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors ● Copy of constitutive document ● Copy of most recent audited financial report ● Copy of shareholder register or confirmation of listed status (if listed on stock exchange) ● Copy of Directors/ Board members register ● Copy of ID and 1 x proof of address for 2 x Directors or 1 Director and 1 authorised signatory ● Copy of ID and 1 x proof of address for shareholders ● Copy of bank statement in name of Corporation where subscription monies are being sent from
<p>Foundation/ Association</p>	<ul style="list-style-type: none"> ● Copy application form with all required information- original to follow ● Copy of authorised signatory list Recent and up-to-date extract from the companies register (or equivalent supporting document)(copy or extract from accepted website); the following information shall be gathered from this document : <ul style="list-style-type: none"> exact and complete company name/denomination legal form address directors ● Copy of constitutive document ● Copy of most recent audited financial report ● Copy of controllers register ● Certified True Copy of ID and 1 x proof of address for all controllers ● Confirmation of Not for Profit Status (usually contained in constitutive doc) ● Copy of bank statement in name of Foundation/ association where subscription monies are being sent from

SECTION 6 - Declarations and Signatures

By signing below:

1. Receipt and Consideration of Fund Documentation

I/We hereby acknowledge that I/we have received or accessed by electronic means and considered the KID relating to the relevant Class(es) in which investment is proposed to be made and this Application and any future investment in any Sub-Fund of the Fund is made on the terms thereof and subject to the provisions of the relevant KID, the Prospectus of the Fund and the Trust Deed constituting the Fund as amended from time to time, all of which are subject to Irish law and the jurisdiction of the Irish courts.

2. I/We confirm that I am/we are 18 years of age or over and I/we have the authority to make the investment pursuant to this Application Form whether this investment is my/our own name or is made on behalf of another person or institution.
3. I/We have made arrangements for payment to be made to the relevant bank account(s) specified above for subscriptions and acknowledge that the Manager reserves the right to reject any application in whole or part without assigning any reason therefor.
4. Politically Exposed Person – Tick either A) or B)

A)

I/We hereby represent and warrant that, to the best of our knowledge, none of:

- (1) the investor;
- (2) any person controlling or controlled by the investor;
- (3) if the investor is a privately held entity, any person having a beneficial interest in the investor; or
- (4) any person for whom the investor is acting as agent or nominee in connection with this investment is a politically exposed person,* or any immediate family member** or close associate of a politically exposed person as such terms are defined in the footnotes below

or

B)

I/We confirm that I/We meet the definition of a politically exposed person,* or any immediate family member** or close associate of a politically exposed person as such terms are defined in the footnotes below and will provide the necessary disclosures regarding source of wealth and where relevant the source of wealth of any beneficial owners.

* "politically exposed person" means an individual who is, or has at any time in the preceding year been, entrusted with a prominent public function, including either of the following individuals (but not including any middle ranking or more junior official): (a) a specified official; (b) a member of the administrative, management or supervisory body of a state-owned enterprise; "specified official" means any of the following officials (including any such officials in an institution of the European Communities or an international body): (a) a head of state, head of government, government minister or deputy or assistant government minister; (b) a member of a parliament; (c) a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal; (d) a member of a court of auditors or of the board of a central bank; (e) an ambassador, charge d'affaires or high-ranking officer in the armed forces.

**The definition also expands to a "close associate", "immediate family member" of a politically exposed person and includes any of the following persons: a) any individual who has joint beneficial ownership of a legal entity or arrangement or any other close business relations with a politically exposed person b) any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of a politically exposed person c) any spouse of a PEP c) any person who is the equivalent of a spouse under the national law of the place where the PEP resides e) any cohabitant, f) any child or parent of the politically exposed person or spouse of the child of the PEP g) any other family member who is of a prescribed class.

5. I/We agree to provide to the Manager or its appointed Administrator or Distributor with any additional documentation that it or they may require to verify my/our identity in accordance with current anti-money laundering/terrorist financing and/or taxation of savings legislation. I/We acknowledge that any delay by me/us in providing such documentation may result in delayed processing of my/our application and/or delayed payment of any future redemption payments to me/us or processing of unit transfer requests on my/our behalf. I/We hereby hold the Manager and the Administrator and the Distributor harmless and indemnify them against any loss arising as a result of a failure to process the application if such information has been required and has not been provided by me/us. I/We also warrant and declare that the monies being invested pursuant to this application do not represent directly or indirectly the proceeds of any criminal activity and the investment is not designed to conceal such proceeds so as to avoid prosecution for an offence or otherwise.
6. I/We declare that I/we am/are not a US Person and certify that the Units applied for are not being acquired for the benefit of, directly or indirectly, any US Person nor in violation of any applicable law or regulation, and I/we will not, subject to the conditions set forth in the Prospectus, sell or offer to sell or transfer Units to a US Person or any person in violation of any applicable law or regulation.
7. The Manager, the Distributor, and the Administrator of the Fund are hereby authorised to accept and execute any instructions in respect of the Units to which this application relates or which may in future be acquired by me/us which are given by me/us in written form or by facsimile or such other means as may from time to time be permitted by the Manager or its delegate including electronic means and in the case of joint account holders which are given by such means by the first named applicant ("Instructions"). I/We hereby agree to indemnify each of the Manager, the Distributors and the Administrator and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon Instructions. The Manager, the Distributor, and the Administrator may each rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions believed in good faith to be genuine and to be signed or given by properly authorised persons.
8. I/We hereby agree to indemnify and hold harmless each of the Manager, the Administrator and the Distributors and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to any of them and shall notify the Manager immediately if any of the representations herein made are no longer accurate and complete in all respects.
9. I/We agree to provide to the Manager, the Administrator and/or the Distributor at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require in connection with this investment. Should any information furnished to any of them become inaccurate or

incomplete in any way, I/We hereby agree to notify the Manager or the Administrator immediately of any such change and further agree to request the redemption of Units in respect which such confirmations have become incomplete or inaccurate if requested to do so by the Manager. I/we agree to notify the Manager of any change to my/our tax residency status.

10. I/We understand that the confirmations, representations, declarations, indemnities and warranties made or given herein are continuous and apply to all subsequent purchases of Units by me/us in the Fund.
11. (In respect of joint applicants only) we direct that on the death of one of us the Units for which we hereby apply to be held in the name of and to the order of the survivor or survivors of us or the executor or administrator of the last survivor.
12. I/We hereby acknowledge that any notice or document may be served by the Manager on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the Manager or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the Manager or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the Manager in writing at the above address provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the Manager of written notice of such revocation.
13. /We have such knowledge and experience in business and financial matters that I/we am/are capable of evaluating the merits and risks of an investment by me/us in the Units.
14. We confirm that the persons listed below on the attached authorised signatories list and whose specimen signatures appear under the heading "Authorised Persons" on that list are duly authorised to give Instructions with respect to Units held by us in the Fund. (For corporate applicants only.)

15. Data Protection/Information about other investment services

In accordance with the provisions of the Data Protection Legislation, I/we acknowledge and are informed that personal data given in this Application Form (or otherwise provided in connection with an application to subscribe for Units in the Funds, on application or at any other time, including without limitation my/our name, age, contact details, bank account details, transactions and the invested amount, and any information regarding the dealing in Units (subscription, conversion, redemption and transfer) (the "Personal Data"), will be collected, recorded, stored, adapted, transferred and processed, by electronic means or otherwise, by the Manager as a "data controller" under the Data Protection Legislation, and as further described in the Manager's Data Privacy Statement, which is set out at Appendix 7 below and is otherwise available upon request.

I/We confirm that I/We have read the section at Appendix 5, entitled, Customer Information Notice, Common Reporting Standards.

16. EU Savings Directive Declaration

Council Directive 2003/48/EC of 3 June 2003 (the "EU Savings Directive"), which deals with the taxation of savings income in the form of interest payments, seeks to ensure that individuals that are resident and "residual entities" that are established in an EU Member State or a "dependent or associated territory" who receives savings income from a paying agent in an EU Member State or dependent or associated territory are taxed in the EU Member State or dependent or associated territory in which he/she is resident for tax purposes. "Dependent or associated territory" includes Aruba, Netherlands Antilles, Jersey, Guernsey, Isle of Man, Anguilla, British Virgin Islands, Cayman Islands, Montserrat, Turks and Caicos Islands and may be updated from time to time. The Manager is obliged to establish the identity and residence of such individuals and "residual entities" as described above.

17. Declaration of residence outside the Republic of Ireland

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

Please tick a) or b)

Either:

a) Declaration on own behalf

I/we* declare that I am/we are* applying for the units on my own/our own behalf/on behalf of a company* and that I am/we are/the company is* entitled to the units in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland and
- Should I/we/the company* become resident in Ireland, I/we* will so inform you, in writing, accordingly.

or

b) Declaration as Intermediary

I am/we are* applying units on behalf of persons:

- who will be beneficially entitled to the units, and
- who to the best of my/our* knowledge and belief are neither resident nor ordinarily resident in Ireland.

I/We* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for units made by me/us* from the date of this application will be made on behalf of such persons; and
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds units, becomes resident in Ireland.

** Please delete as appropriate*

If you are resident or ordinarily resident in Ireland and are a qualifying investor within the meaning of Section 739D(6) of the Taxes Consolidation Act, 1997 please delete the declarations on own behalf and as Intermediary and contact the Administrator for a separate declaration form suitable for you.

18. FATCA and the Common Reporting Standard (“CRS”)

I/We acknowledge that the Manager intends to take such steps as may be required to satisfy any obligations imposed by (i) the Foreign Account Tax Compliance Act (“FATCA”) or (ii) any provisions imposed under Irish law arising from the inter-governmental agreement between the Government of the United States of America and the Government of Ireland (“IGA”) so as to ensure compliance or deemed compliance (as the case may be) with FATCA or the IGA from 1 July 2014.

Furthermore, I/We hereby acknowledge that the Manager intends to also take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters (“the Standard”) and, specifically, the Common Reporting Standard (“CRS”) therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

In order for the Fund to comply with the above FATCA and CRS obligations, I/We agree to provide to the Manager / Administrator the necessary declarations, confirmations and/or classifications at such times as each of them may request and furthermore provide any supporting certificates or documents as each of them may reasonably require in connection with this investment by reason of FATCA or CRS, as described above, or otherwise. Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Manager / Administrator immediately of any such change and further agree to immediately take such action as the Manager / Administrator may direct, including where appropriate, redemption of our Units in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Manager / Administrator. If relevant, I/we agree to notify the Manager / Administrator of any change to my/our tax residency status. I/we hereby also agree to indemnify and keep indemnified the Fund, Manager and Administrator against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly as a result of a failure to meet our obligations pursuant to this section or failure to provide such information which has been requested by the Manager / Administrator and has not been provided by me/us, and from any misrepresentation or breach of any warranty, condition, covenant or agreement set

forth herein or in any document delivered by me/us to the Manager / Administrator. I/We further acknowledge that a failure to comply with the foregoing obligations or failure to provide the necessary information required may result in the compulsory redemption of our entire holding in the Fund, and that the Fund / Manager / Trustee are authorized to hold back from redemption proceeds or other distributions to me/us such amount as is sufficient after the deduction of any redemption charges to discharge any such liability and I/we shall indemnify and keep indemnified the Fund / Manager / Trustee against any loss suffered by them or other Unitholders in the Fund in connection with any obligation or liability to so deduct, withhold or account.

I/We confirm that we have accurately and correctly completed the relevant self-certification form included at Appendices 3 and 4. I/We further confirm that if any information included in the self-certification forms subsequently becomes inaccurate or incorrect we will notify the Manager immediately of any such change and agree to immediately take such action as the Manager / Administrator may direct, including where appropriate, redemption of our Units.

SECTION 7 - Signatures

Signatures and Date of Application									
First Applicant (Authorised Signatory): <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Capacity of Authorised Signatory, if applicable <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> First Additional Applicant or second Authorised Signatory (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Capacity of Authorised Signatory, if applicable <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Application Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> </tr> </table>									Second Additional Applicant or third Authorised Signatory (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Capacity of Authorised Signatory, if applicable <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Third Additional Applicant or fourth Authorised Signatory (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Capacity of Authorised Signatory, if applicable <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> Company Seal, if applicable <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>

Notes to assist in completion

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration. The application form including the non-resident declaration may also therefore be disclosed to the Irish Revenue Commissioners.
2. To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
3. If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a certified copy of the power of attorney must be furnished in support of the signature.
4. "Intermediary" means a person who:
 - (a) carries on a business which consists of, or includes, the receipt of payments from an investment undertaking resident in Ireland on behalf of other persons, or
 - (b) hold units in an investment undertaking on behalf of other persons.
5. The Fund is regulated in Ireland by the Central Bank of Ireland.
6. Investors should not complete this Application Form until they have received the KID relating to the Class in which investment is being made. See Section 5(1).
7. Copies of the most recently published annual and semi-annual reports of the Fund are available free of charge from the registered office of Manager and the Correspondent Bank. Copies of the Prospectus are available free of charge from the registered office of the Administrator.
8. A corporation should affix its common seal and have it countersigned by persons authorised to countersign the seal or otherwise should execute under the hand of a duly authorised official or officials who should state his/their representative capacity. A certified copy (certified by a director or secretary of the company) of the resolution or other authority authorising one or more signatories should be provided with the application form.
9. If any of the details provided by the applicant(s) in this application form change during the lifetime of this investment, please advise the Administrator immediately, in order to avoid any possible settlement delays at some future date.

Appendix 1

Ultimate Economic Beneficiary - Applies to all investor types excluding individual/ retail investors

1. Ultimate Economic Beneficiary information

An ultimate economic beneficiary is the final beneficiary of the investment and who owns – directly or indirectly – more than 25% of the value of the shares subscribed. Please note for Trusts it includes all Trustees, beneficiaries, settlor and protector where applicable.

Important: In case of indirect ownership, please provide details of the beneficiary layers and we will advise what additional information is required

Please provide the information if any of the account holder or the ultimate economic beneficiary(ies) is/are either:

<input type="checkbox"/> a person holding a legislative, administrative or judicial office, whether appointed or elected:	If applicable, please describe:
<input type="checkbox"/> a person exercising a public function, including for a public agency or public enterprise:	
<input type="checkbox"/> an official or agent of a public international organisation	
<input type="checkbox"/> a person or company manifestly close to or connected with the above persons	

2. Ultimate Economic Beneficiary details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms (please tick the right choice)			
Surname(s)		First Name	
Date of birth (DD/MM/YYYY) / /	Place & Country of birth	Occupation and area of activity:	Nationality
Passport / ID Number: (circle the right choice)	Issuing Country:	Expiration Date (DD/MM/YYYY) / /	Double Nationality: <input type="checkbox"/> Never <input type="checkbox"/> Renounced <input type="checkbox"/> Yes, which:
Registered Address* Street Number:	Registered Address Town/Village:	Registered Address Post Code:	Registered Address Country:
Mailing Address if different from above Street Number	Mailing Address Town/Village:	Mailing Address Post Code:	Mailing Address Country:
Telephone:	Fax:	E-Mail: @	Mobile-Phone:

* P.O. Box and "in care of" addresses are not valid registered address. These are acceptable for mailing purposes.

Signature of the ultimate economic beneficiary

Date and place of signature

Appendix 2

ELIGIBLE INTRODUCER CONFIRMATION

To be completed by a distributor/nominee or other entity (the "Introducer") investing on behalf of a third party (the "Investor") introduced to CACEIS Ireland Limited ("CACEIS") in CACEIS capacity as administrator of Diadema Funds (the "Fund")

I/we (insert name and address of distributor/nominee) _____
_____ (the "Introducer") confirms the following in connection with all Investors, where such investors appear directly on the unitholder register(s) of the Fund or are held through nominee accounts in the name of the Introducer, for units in the Fund for which CACEIS acts as administrator:

1. The Introducer is regulated in (insert jurisdiction) _____ by (insert regulator name) _____ and it is obliged pursuant to (insert relevant legislation) _____ to have appropriate anti-money laundering and counter terrorist financing procedures in place which are in line with the requirements specified by FAFT/GAFI.
2. All Investors are known and have been identified to the Introducer and the Introducer will retain sufficient information on file to verify the identity of all such Investors including where relevant the beneficial owners of such Investors.
3. The Introducer will independently verify the address of the Investors, as stated on the application forms to be the correct permanent address of the Investors.
4. The Introducer understands that those parties to whom it is introducing Investors are relying on the customer due diligence checks performed by it so as to meet with their own anti- money laundering and anti-terrorist financing obligations.
5. The Introducer confirms that it has adopted procedures to identify those customers who meet the definition of a Politically Exposed Person (PEP).
6. The Introducer confirms it has trained all of its employees on the prevention of money laundering and the financing of terrorism.
7. The Introducer undertakes to retain such Investor identification documentation and information for a period of not less than five years after the date on which it ceases to provide any service to the Investor or the date the relationship with the Investor ends, whichever is the later.
8. The Introducer will provide CACEIS with copies, upon request, of all necessary documents and information related to Investors, which we have on our files. The Introducer will provide any such assistance as CACEIS may request where a suspicion of money laundering by an Investor exists.

The Introducer hereby undertakes to notify CACEIS immediately of any concerns that we may have in connection with Investors in the context of any applicable anti-money laundering legislation/regulations for the time being in force in Ireland or any other relevant jurisdiction, or in the event of any suspicious circumstances relating to any Investors introduced by the Introducer to CACEIS .

In addition, the Introducer confirms that in carrying out our functions as distributor/nominee to the Fund we will observe and comply with the:

- i. provisions of any applicable regulations of the Central Bank of Ireland, the Trust Deed of the Fund and the Prospectus of the Fund (as amended from time to time);
- ii. any other such documents relating to the Fund;
- iii. any applicable laws regulations, rules and practices of any relevant jurisdiction from time and time.

The person signing below confirms that he/she is duly authorised to sign this declaration on behalf of the Introducer.

Capacity of signatory (Director/Manager etc) _____

Signature: _____

(Please print name in block capitals)

Date: _____

Appendix 3

Entity Self-Certification for FATCA and CRS

Instructions for completion

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

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

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

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

(Mandatory fields are marked with an *)

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

Section 1: Investor Identification

Investor Name*: _____
(the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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

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

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

U.S. TIN: _____

Or

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

Or

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

Section 3: Entity’s FATCA Classification*

(the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

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

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

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

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

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

3.4 Non-Financial Institutions under FATCA:

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

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

Section 4: CRS Declaration of Tax Residency

(please note that you may choose more than one country)*

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

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

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

Country of Tax Residency	Tax ID Number

Section 5: Entity's CRS Classification*

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

For more information please see the CRS Standard and associated commentary. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

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

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

5.2 Non Financial Institutions under CRS:

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

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

****Controlling Person's:**

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Section 6: Declarations and Undertakings

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

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

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

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

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

Appendix 4

Individual (Controlling Person's) Self-Certification for FATCA and CRS

Instructions for completion

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

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

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

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

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

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

Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314> (Mandatory fields are marked with an *)

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place Of Birth*

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

Date of Birth*: _____

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

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

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

OR

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

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

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

Country of Tax Residency	Tax ID Number

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

Section 4 – Type of Controlling Person

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

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

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

Section 5: Declaration and Undertakings:

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

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may

be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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

Authorised Signature*: _____

Print Name*: _____

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

Capacity*: _____

Appendix 5

Customer Information Notice – Common Reporting Standard

The Manager intends to take such steps as may be required to satisfy any obligations imposed by (i) the Standard for Automatic Exchange of Financial Account Information in Tax Matters (“the Standard”) and, specifically, the Common Reporting Standard (“CRS”) therein or (ii) any provisions imposed under Irish law arising from the Standard or any international law implementing the Standard (to include the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information or the EU Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU)) so as to ensure compliance or deemed compliance (as the case may be) with the Standard and the CRS therein from 1 January 2016.

The Manager is obliged under Section 891F of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to that section to collect certain information about each Applicant’s tax arrangements.

Please note that in certain circumstances the Manager may be legally obliged to share this information and other financial information with respect to an Applicant’s interests in the Fund with the Irish Revenue Commissioners. In turn, and to the extent the account has been identified as a Reportable Account, the Irish Revenue Commissioners will exchange this information with the country of residence of the Reportable Person(s) in respect of that Reportable Account.

In particular, the following information will be reported by the Manager to the Irish Revenue Commissioners in respect of each Reportable Account maintained by the Manager.

- The name, address, jurisdiction of residence, tax identification number and date and place of birth, in the case of an individual, of each Reportable Person that is an Account Holder of the account and, in the case of any Entity that is an Account Holder and that, after application of the due diligence procedures consistent with CRS is identified as having one or more Controlling Persons that is a Reportable Person, the name, address, jurisdiction of residence and tax identification number of the Entity and the name, address, jurisdiction of residence, TIN and date and place of birth of each such Reportable Person.
- The account number (or functional equivalent in the absence of an account number);
- The account balance or value as of the end of the relevant calendar year or other appropriate reporting period or, if the account was closed during such year or period, the closure of the account;
- The total gross amount paid or credited to the Account Holder with respect to the account during the calendar year or other appropriate reporting period with respect to which the Reporting Financial Institution is the obligor or debtor, including the aggregate amount of any redemption payments made to the Account Holder during the calendar year or other appropriate reporting period.

Please note that in certain limited circumstances it may not be necessary to report the tax identification number and date of birth of a Reportable Person.

In addition to the above, the Irish Revenue Commissioners and Irish Data Protection Commissioner have confirmed that Irish Financial Institutions such as the Fund may adopt the “wider approach” for CRS. This allows the Manager to collect data relating to the country of residence and the tax identification number from all non-Irish resident Applicants.

The Manager can send this data to the Irish Revenue Commissioners who will determine whether the country of origin is a Participating Jurisdiction for CRS purposes and, if so, exchange data with them. Revenue will delete any data for non-Participating Jurisdictions.

The Irish Revenue Commissioners and the Irish Data Protection Commissioner have confirmed that this wider approach can be undertaken for a set 2-3 year period pending the resolution of the final CRS list of Participating Jurisdictions.

Applicants can obtain more information on the Fund’s tax reporting obligations on the website of the Irish Revenue Commissioners (which is available at <http://www.revenue.ie/en/business/aeoi/index.html>) or the following link in the case of CRS only: <http://www.oecd.org/tax/automatic-exchange/>

All capitalised terms above, unless otherwise defined above, shall have the same meaning as they have in the Standard.

Appendix 6

Customer Information Notice – Fund Asset Model

I/we acknowledge that CACEIS BANK Ireland Branch (the “Trustee”) on behalf of the Trust has established, pursuant to an instruction from the Manager, a number of cash accounts in different currencies at umbrella level in the name of the Trustee for and on behalf of the Trust into which (i) subscription monies received from investors who have subscribed for Units are deposited and held until Units are issued as of the relevant Dealing Day; and (ii) redemption monies due to investors who have redeemed Units are deposited and held until paid to the relevant investors; and (iii) dividend payments owing to Unitholders are deposited and held until paid to such Unitholders (hereinafter referred to as “Umbrella Cash Account(s)”). We acknowledge that all subscriptions, redemptions and dividends payable to or from a Sub-Fund are channelled and managed through the Umbrella Cash Accounts.

I/we acknowledge that my / our subscription monies/ redemption monies / dividend monies will be paid into the Umbrella Cash Account, that such monies will be treated as an asset of the relevant Sub-Fund and I/we will not benefit from the application of any investor money protection rules and that I/we will be an unsecured creditor of the relevant Sub-Fund (i) with respect to the amount subscribed for Units and held in the Umbrella Cash Account until such Units are issued to me/us as of the relevant Dealing Day or (ii) with respect to the redemption/dividend amount to be paid and held in the Umbrella Cash Account until such amount is paid to me/us (whichever is applicable).

I/we acknowledge that in accordance with applicable anti money-laundering and terrorist financing requirements (the “AML Requirements”), redemption monies or dividend payments shall not be paid on un-verified accounts. In the event that I/we fail to submit the necessary documentation requested by the Manager or its delegate as required under the AML Requirements, redemption monies or dividend monies will be held in an Umbrella Cash Account and shall remain an asset of the relevant Sub-Fund and I/we will not benefit from the application of any investor money protection rules. In such circumstances, I/we acknowledge that I/we will be unsecured creditor of the relevant Sub-Fund in respect of such redemption monies or dividend payments until such time as the relevant documentation required by the Manager or its delegate has been received to its satisfaction and the redemption monies/dividend payments have been paid to me/us.

I/we acknowledge that in the event that the Trust or the relevant Sub-Fund has insufficient assets to discharge its liabilities while my/our monies are held in an Umbrella Cash Account, there is no guarantee that the Trust or the relevant Sub-Fund will have sufficient funds to pay unsecured creditors in full. I/we acknowledge that we have been advised by the Manager to ensure that all relevant documentation requested by the Manager or its delegate in order to comply with AML Requirements is submitted to the Manager or its delegate promptly on subscribing for Units in the Trust.

I/we acknowledge that the following risks arise in relation to the operation of the Umbrella Cash Account:-

- (i) in the event that subscription monies received and held in an Umbrella Cash Account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to the issue of Units to the relevant investor as of the relevant dealing day, the relevant Sub-Fund may be obliged to make good any losses suffered by the investor (in its capacity as a general creditor of the Sub-Fund), in which case such loss will need to be discharged out of the assets of the relevant Sub-Fund and therefore will represent a diminution in the net asset value per Unit for existing Unitholders of the relevant Sub-Fund; and

- (ii) in the event that redemption or dividend monies held in a Sub-Fund cash account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to payment to the relevant investor/ Unitholder, the relevant Sub-Fund may be obliged to make good any losses suffered by the investor/ Unitholder (in its capacity as a general creditor of the Sub-Fund), in which case such loss will need to be discharged out of the assets of the relevant Sub-Fund and therefore will represent a diminution in the net asset value per Unit for existing Unitholders of the relevant Sub-Fund; and

- (iii) in the event that the Trust or the relevant Sub-Fund has insufficient assets to discharge its liabilities, there is no guarantee that the Sub-Fund or the Trust will have sufficient funds to pay unsecured creditors in full. Investors who have forwarded subscription monies in advance of a dealing day and which are held in the Umbrella Cash Account and investors / Unitholders due redemption / dividend monies which are held in the Umbrella Cash Account will rank equally with all other unsecured creditors of the relevant Sub-Fund and will be entitled to a pro-rata share of monies which are made available to all unsecured creditors. Therefore, in such circumstances, the investor subscribing for Units may not recover all monies originally paid into the Umbrella Cash Account in relation to the application for Units and the redeeming investor entitled to redemption monies and the Unitholder entitled to a dividend payment may not recover all monies originally paid into the Umbrella Cash Account for onward transmission to that investor/Unitholder;

- (iv) in addition, investors should note that in the event that the Trust or the relevant Sub-Fund has insufficient assets to discharge its liabilities, recovery of any amounts to which a relevant Sub-Fund is entitled, but which may have been used by such other insolvent Sub-Fund as a result of the operation of the Umbrella Cash Account(s) will be subject to the principles of Irish trust law and the terms of the operational procedures for the Umbrella Cash Accounts. There may be delays in effecting and/or disputes as to the recovery of such amounts, and the insolvent Sub-Fund may have insufficient funds to repay the amounts due to the relevant Sub-Fund.

Appendix 7

DATA PRIVACY STATEMENT

In accordance with the General Data Protection Regulation (697/2016/EU) (the “**GDPR**”) and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003) (collectively, “**Data Protection Legislation**”) European and Global Investments Limited in its capacity as manager of Diadema International Funds (the “**Fund**”) (the “**Manager**”) being a data controller, must provide you with information on how the personal data that you provide as part of your subscription to units in the Fund will be processed by the Manager on behalf of the Fund, its service providers and delegates and their duly authorised agents and any of their respective related, associated or affiliated companies.

As a consequence of your investment, the Manager acting as a data controller may itself (or through third parties including but not limited to CACEIS Ireland Limited as administrator of the Fund (the “**Administrator**”), CACEIS BANK Ireland Branch as trustee of the Fund (the “**Trustee**”), together with any distributor or sub-distributors that may be appointed from time to time (collectively the “**Distributor**”), local paying agents, correspondent banks and mailing firms appointed by any of the foregoing (together the “**Service Providers**”)) process your personal information or, to the extent that you are a non-natural person, that of your directors, officers, employees, intermediaries and/or beneficial owners. Save where otherwise expressly provided, any reference in this Data Privacy Statement to “you” or “your” in the context of processing personal data of data subjects shall, in the case that you are a non-natural person, be understood to mean and relate to the personal data of your directors, officers, employees, intermediaries and/or beneficial owners as the context may require.

In this regard, please note the following:

Purposes of Processing and Legal Basis for Processing

The personal data collected from you or provided by you or on your behalf in connection with your holdings in the Fund will be collected, stored, disclosed, used and otherwise processed by the Service Providers on behalf of the Fund for the purposes outlined in the table below.

Processing Activity by or on behalf of the Fund	Legal Basis for Processing
Where you are a natural person, managing and administering your holdings in the Fund and any related account on an ongoing basis.	Performance of the contract between the Fund and you.
Where you are a natural person, disclosures to third parties such as auditors, regulatory authorities, tax authorities and technology providers in the context of the day to day operations of the Fund.	Performance of the contract between the Fund and you.
Where you as an investor are a non-natural person, disclosures to third parties such as auditors, regulatory bodies, tax authorities and technology providers in the context of the day to day operations of the Fund.	Pursuing the legitimate interests of the Fund in managing and administering the holdings of the non-natural person in the Fund and any related account on an ongoing basis.
Complying with any applicable legal, tax or regulatory obligations imposed on the Fund including legal obligations under Fund law, the	Compliance with a legal obligation to which the Fund is subject.

Processing Activity by or on behalf of the Fund	Legal Basis for Processing
UCITS Regulations, CBI UCITS Regulations, under tax law and under anti-money laundering / counter terrorist financing legislation.	
(i) Carrying out statistical analysis; (ii) Recording, maintaining, storing and using recordings of telephone calls and electronic communications that you make to and receive from the Fund, the Service Providers and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for any matters related to investment in the Fund, dispute resolution, record keeping, security and/or training purposes.	Compliance with a legal obligation to which the Fund is subject. Pursuing the legitimate interests of the Fund. Further information relating to any balancing test undertaken by a Service Provider as applicable to rely on legitimate interests as grounds in respect of such processing is available upon request.

Please note that where personal data is processed for purposes of legitimate interests, you have a right to object to such processing and the Fund and its appointed Service Providers will no longer process the personal data unless it can be demonstrated that there are compelling legitimate grounds for the processing which override your interests, rights and freedoms or for the establishment, exercise or defence of legal claims.

Profiling and Screening

The Manager and its appointed Service Providers may engage in PEP screening and financial sanctions screening programs defined by the European Union (“EU”), the United Nations (“UN”), Her Majesty’s Treasury (“HMT”) and the Office of Foreign Assets Control (“OFAC”) for the purposes of complying with anti-money laundering and counter terrorist financing legislation and with UN, EU and other applicable sanctions regimes. The implementation of such PEP screening and financial sanctions screening programmes may result in the Manager or its Service Providers refusing an application for Units in the Fund or delaying or refusing to make any redemption payment or distribution payment to you if you, your directors or any beneficial owner of your Units appear on such screening programmes. In the event that you are identified as a PEP as a result of the screening process, you may be required to provide additional information and/or documentation to the Manager or its Service Providers.

Undertaking in connection with other parties

By providing personal data to the Manager, you undertake to be authorised to disclose to the Manager relevant information applicable to the beneficial owner of the investment, to your directors and authorised signatories and to persons that own, directly or indirectly, an interest in the Fund. In this respect you confirm that you have provided these persons with all the information required under applicable data protection law, notably regarding their data protection rights, and received from these persons their authorisation for the processing and transfer of their personal data to us.

Disclosures to Service Providers and / or Third Parties

Personal data relating to you which is collected from you or provided by you or on your behalf may be handled by Service Providers appointed by the Manager and its or their duly appointed agents and any of their related, associated or affiliated companies for the purposes specified above.

These Service Providers will be obliged to adhere to the data protection laws of the countries in which they operate.

The Manager, the Administrator and the Trustee may disclose your personal data to other third parties where required by law or for legitimate business interests. This may include disclosure to third parties such as auditors and the Central Bank of Ireland, regulatory bodies, taxation authorities and technology providers.

Transfers Abroad

Personal data collected from you or provided by you or on your behalf may be transferred outside of Ireland including to companies situated in countries outside of the European Economic Area (“**EEA**”) which may not have the same data protection laws as in Ireland. These countries include Malaysia and Canada (and the UK, in a post Brexit scenario).

Where data transfers outside of the EEA take place, the Manager and/or the relevant Service Provider have taken the necessary steps to ensure that appropriate safeguards have been put in place to protect the privacy and integrity of such personal data in particular the implementation of binding corporate rules between companies within the CACEIS Group and/or ensuring the implementation of model contracts by the Service Providers and their affiliates.

Data Retention Period

The Manager and its appointed Service Providers will retain all information and documentation provided by you in relation to your investment in the Fund for such period of time as may be required by Irish legal and regulatory requirements, being at least six years after the period of your investment has ended or the date on which you had your last transaction with us.

Your data protection rights

Please note that you have the following rights under the GDPR. In each case, the exercise of these rights is subject to the provisions of the GDPR:

- (i) You have a right of access to and the right to amend and rectify your personal data.
- (ii) You have the right to have any incomplete personal data completed.
- (iii) You have a right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the Fund infringes the GDPR.
- (iv) You have a right to be forgotten (right of erasure of personal data).

- (v) You have a right to restrict processing.
- (vi) You have a right to data portability.
- (vii) You also have the right to object to processing where personal data is being processed for direct marketing purposes and also where the Fund or a Service Provider is processing personal data for legitimate interests.

Where you wish to exercise any of your data protection rights against the Manager, please contact us via the details provided below under “Contact Us”.

The Manager or its Service Provider will respond to your request to exercise any of your rights under the GDPR in writing, as soon as practicable and in any event **within one month** of receipt of your request, subject to the provisions of the GDPR. The Manager or its Service Provider may request proof of identification to verify your request.

Failure to provide personal data

As outlined in the section titled “**Purposes of Processing and Legal Basis for Processing**”, the provision of personal data by you is required for us to manage and administer your holdings in the Fund and so that we can comply with the legal, regulatory and tax requirements referenced above. Where you fail to provide such personal data in order to comply with anti-money laundering/counter terrorist financing or other legal requirements, in certain circumstances, we may be prohibited from making redemption or any applicable dividend payments to you **and/or** may be required to discontinue our business relationship with you by compulsorily redeeming your unitholding in the Fund.

Contact us

If you have any queries in relation to this matter, please do not hesitate to contact the Manager on +353 1 237 4689 (weekdays 9.00am to 5.00pm) or at the following email address: info@egifunds.com.