

Initial Application Form
Yuki Asia Umbrella Fund (the "Fund")

Please complete this form in blue or black ink using BLOCK CAPITALS, and return together with applicable documentation required in connection with Anti-Money Laundering procedures detailed in Section 4 to:

Yuki Asia Umbrella Fund
BNY Mellon Fund Services (Ireland) Designated Activity Company
Transfer Agency Department
Wexford Business Park
Rochestown, Drinagh, Wexford,
Ireland Y35 VY03
Facsimile: +44 (0) 20 7964 2831
Telephone: (00) 353 1 900 4590
E-mail: Yuki@bnymellon.com

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

Instructions for completion of Application Form

Please refer to the application form Notes when completing this form. Applicants should complete **all relevant sections** in full and ensure that the application is signed by the applicant(s) and/or appropriate authorised signatories on page 14. **N.B. It is mandatory to also complete and sign the applicable Form following after Page 14 (either Entity Self-Certification for FATCA and CRS, or Individual (Controlling Person's) Self-Certification for FATCA and CRS.**

1. Investment Details

I/We hereby apply to invest in the Fund, as indicated in the table below:

Minimum Initial investment, minimum holding and minimum subsequent investments per unitholder in the sub-Fund is shown in the appropriate box in the table below:

Sub-Fund Name	Cash Amount	Number of Units	Payment* Currency
Yuki Japan Rebounding Growth Fund – JPY Class ISIN Number IE00B3VGSP84			JPY
Yuki Japan Rebounding Growth Fund – USD Hedged class ISIN Number IE00BVRZ9185			USD
Yuki Japan Rebounding Growth Fund – Euro Hedged class ISIN Number IE00BDRTDF67			EURO

*Subscription monies for the Units of each Sub-Fund, should be remitted in the designated currency of the relevant Sub-Fund or Class, unless otherwise agreed with the Manager.

Dividend Option	Cash <input type="checkbox"/>	Reinvest <input type="checkbox"/>
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Failure to complete this section will result in automatic re-investment of dividends.

2. Details of Applicant(s)

First Applicant

a) Complete your full name and address below

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname:	
Forename(s) in full:	
Nationality:	
Registered name (If not an individual e.g. company):	
Registered address**:	
House number/name:	
Street:	
City/Town:	
Post Code:	
Country:	
Email Address:	
Tel No:	
Fax No:	
Account Designation	
Source of Wealth	

** 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 share 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.

3. Bank Details

Subscription monies – for Settlement of Purchase of Units

All payments must be made by bank transfer to the relevant account(s) detailed below for settlement within five Business Days from and including the relevant Dealing Day or such other shorter period as may be specified by the Manager. Settlement must be made in the designated currency of the underlying Fund in which you are investing.

For Securities in Japanese Yen	
Correspondent Bank:	The Bank of Tokyo-Mitsubishi UFJ Ltd, Tokyo
SWIFT Code:	BOTKJPJT
Corres. A/c No.:	653-0431-656
Beneficiary Bank -	The Bank of New York Mellon SA/NV, Brussels
Swift Code:	IRVTBEBB
Beneficiary Account Details - IBAN	BE38515682019072
Account Number:	6820193920
Account Name:	YUKI ASIA UMBRELLA FUND SUBS REDS

For Securities in USD	
Correspondent Bank:	The Bank of New York Mellon, New York
SWIFT Code:	IRVTUS3N
Corres. A/c No.:	8900285451
Beneficiary Bank -	The Bank of New York Mellon SA/NV, Brussels
Swift Code:	IRVTBEBB
Beneficiary Account Details - IBAN	BE38515682019072
Account Number:	6820198400
Account Name:	YUKI ASIA UMBRELLA FUND SUBS REDS

For Securities in Euro	
Correspondent Bank:	The Bank of New York Mellon SA/NV, Brussels
SWIFT Code:	IRVTBEBB
Corres. A/c No.:	

Beneficiary Bank -	
Swift Code:	
Beneficiary Account Details - IBAN	BE38515682019072
Account Number:	6820199780
Account Name:	YUKI ASIA UMBRELLA FUND SUBS REDS

Bank Account Details for Redemption and Distribution Payments

Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. [Redemptions will not be processed on non cleared/verified accounts.](#)

Both IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.

Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.

The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.

Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ ABA/Fedwire	
Beneficiary Account Name	
Beneficiary Account Number[^]	
Payment Type (please select)*	MT202 <input type="checkbox"/> / MT103 <input type="checkbox"/>
Reference (e.g., include Branch Name)	

[^]Include branch code before the account number, e.g. xxx-0123456

*Investors that don't use a custody account should place a tick in the box next to MT103

Investors that use a custody account should determine which box to tick.

4.

ANTI-MONEY LAUNDERING – KNOW YOUR CUSTOMER REQUIREMENTS

Under Irish legislation and supplemental Guidance covering anti-money laundering and the taxation of savings the Manager / Administrator are required to obtain the following documentation to verify the identity of all new applicants. This documentation should be provided with the application form. The documentation listed below may not cover all applications and the Manager / Administrator reserve the right to request additional documentation if required.

Should documents be provided in a language other than English, an English translation (might or might not be certified) might be required.

Please note that the application may not be accepted until the Administrator is in receipt of all required anti-money laundering documentation (original or originally certified), the original Application Form and the original banking details for the settlement of the redemption proceeds. In any event, redemption and dividend payments will not be processed until full anti-money laundering documentation has been received on the account and the Manager / Administrator reserve the right to take further action where full anti-money laundering documentation has not been received.

Documentation which may be required for all Retail Applicants

1. Personal Verification¹ - ONE official photographic document (Certified²)
2. Address Verification³ - TWO different address verification documents (Original or Certified)

Documentation which may be required for Designated Bodies in certain Countries⁴

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body
3. Original Authorised Signatory List
4. Original Letter of Assurance (where investing as an intermediary)

Documentation which may be required for Non Designated Bodies

1. Confirmation of name, office address, principal business address and registered number
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association
5. Latest audited Financial Statements (Certified)
6. Nature and purpose of the entity
7. List of Directors to include full name, dates of birth, occupation, residential and business addresses
8. Authorised Mandate or Board Resolution to establish the business relationship
9. Original Authorised Signatory List
10. ONE personal verification and TWO address verification documents for at least TWO directors **OR** ONE director and ONE authorised signatory (original or certified)
11. Names and addresses of shareholders holding 25% or more of the issued share capital, and in the case of individual shareholders, names, residential addresses, occupations and dates of birth. Where a body corporate holds 25% or more of the issued share capital, names, residential addresses, occupations and dates of birth of the ultimate beneficial owners of that body corporate should be obtained.

¹ Acceptable Personal Verification documents are a certified copy of a Passport or a Driver's License or National Identity Card. The certified documents must be in date, show a picture of the person, full name, date of birth and signature of the person. Personal verification documents and personal verification should be in English.

² Verification documents must be *certified* by a suitable person/entity, such as; the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, any Designated Body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

³ Acceptable Address Verification documents are any TWO of the following: electricity bill, gas bill, water bill, telephone bill, cable television bill, bank statement or credit card statement, social insurance documents, household/motor insurance certificates. Documents must originate from a different source, show the full name and residential address of the applicant and must be dated within 6 months of submission. Address verification requires an English translation and then should be certified in English.

⁴ *Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).*

Documentation which may be required for Pension Fund Accounts in certain Countries

Documentation for UK/Irish Pension Schemes (Additional documentation will be required for non Irish/UK schemes)

- a. Confirmation of name and address
- b. Constitutional / Formation Document (eg: Trust Deed)

AML checks on parent/investment manager of pension fund (who will be entered onto the register)

- c. Copy of Revenue Approval
- d. CTC Evidence that the person representing the Pension Scheme is empowered to act
- e. Original Authorised signatory list

Documentation which may required for a Nominee Company

1. Confirmation of Name and Address of Nominee Company
2. Original Authorised Signatory List for the Nominee Account
3. Confirmation of Name and Address of Parent of Nominee
4. Confirmation of Regulatory Body of Parent of Nominee
5. Original Authorised Signatory List of Parent
6. Proof of regulation (nominee / parent)
7. Original Letter of Assurance from Parent

Documentation which may required for a Trust/Foundation/Charity

1. Confirmation of name, registered & principal business address
2. Constitutional / Formation document (eg: Trust Deed or equivalent)
3. Nature and purpose
4. ONE Personal Verification and TWO Address Verification documents for at least TWO trustees/directors/governors/board members or ONE trustee/director/governor/board member and ONE authorised signatory (original / certified)
5. ONE Personal Verification and TWO Address Verification documents for any settler (where appropriate)
6. ONE Personal Verification and TWO Address Verification documents for all beneficiaries who own at least 25% of the capital
7. Original Authorised Signatory List

Please note that the Administrator can only accept Application Forms from an entity that has legal capacity to enter into contracts on its own right and may require the constitutive document to legitimate legal status.

5.

AML CONFIRMATION FOR NOMINEES / INTERMEDIARIES

This confirmation can only be completed by designated bodies regulated for anti money-laundering purposes by the appropriate regulator in one of the following countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Iceland, Ireland, Italy, Jersey, Luxembourg, Isle of Man, Netherlands, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom, United States (please note this list is subject to change).

DESCRIPTION OF INVESTOR	DESIGNATED BODY INVESTING AS AN INTERMEDIARY <input type="checkbox"/> NOMINEE COMPANY <input type="checkbox"/>
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RELATIONSHIP OF CONFIRMATION PROVIDER (REGULATED ENTITY) TO INVESTOR	INVESTOR <input type="checkbox"/> PARENT OF INVESTOR <input type="checkbox"/>
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Name of Regulated Entity _____
Name of Regulator _____
Address of Regulated Entity _____

We confirm that we are a designated body regulated for anti money-laundering purposes by the below regulator and hereby confirm the following in connection to the investor

1. We / the investor* has performed the anti-money laundering and counter-terrorist financing identification for any parties on whose behalf the investor is purchasing shares (“underlying investors”).
2. The evidence we / the investor* has obtained to verify the identity of the underlying investors, and where appropriate, their beneficial shareholders, meets the requirements of our national anti-money laundering and counter-terrorist financing legislation and regulations.
3. We confirm that all documents and information, which we / the investor* may have on our / the investor’s* files relating to the identity of each underlying investor will be sent to a competent authority as soon as practicable upon the competent authority’s request.
4. We confirm that all documents and information, which we / the investor* may have on our / the investor’s* files relating to the identity of each underlying investor will be sent to the Administrator of the Fund as soon as practicable upon its request, subject to applicable rules and regulations.
5. We / the investor* will retain these documents and information for a period of at least 5 years after the relationship with an underlying investor has ended.
6. We / the investor* will take measures to ensure that the underlying investors are neither individuals nor institutions against whom sanctions have been imposed by the EU or United Nations or persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury’s Department’s Office of Foreign Asset Control (“OFAC”).

Yours faithfully

Name: _____

Title: _____
Authorised Signatory of Regulated Entity.

This should be signed by an authorised member of the Compliance Department or Legal Department (please state position).

* delete as applicable

**6. BENEFICIARY OWNERS –
TO BE COMPLETED WHERE THE INVESTOR(S) IS/ARE NOT A NATURAL PERSON**

We have noted below any beneficiary owner* of the registered investor.

- * A beneficial owner is considered by the Fund to be an individual or corporate entity:
(a) which ultimately controls whether through direct or indirect ownership or control (including through bearer shareholdings) more than 25% of the shares or voting rights in the investor, or
(b) otherwise exercises controls over the management of the investor.

Beneficiary Owner 1 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth (if individual)	

Beneficiary Owner 2 (where applicable)	
Registered Name	
Address	
Entity Type ¹	
Date of Birth	

7.

Politically Exposed Persons
<p>Please complete EITHER Section A or B below, with reference to the definitions below</p> <p>A Politically-Exposed Person" ("PEP") is an individual who has at any time been entrusted with a prominent public function. This includes the following individuals (but excluding any middle ranking or more junior official):</p> <ol style="list-style-type: none"> a "specified official"; a member of the administrative, management or supervisory body of a state-owned enterprise; <p>A "specified official" is (including any such officials in an institution of the European Communities or an international body):</p> <ol style="list-style-type: none"> a head of state, head of government, government minister or deputy or assistant government minister; a member of a parliament; 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; a member of a court of auditors or of the board of a central bank; an ambassador, chargé d'affairs or high-ranking officer in the armed forces

An immediate family member of a PEP includes any of the following persons:

- a. any spouse of the PEP;
- b. any person who is considered to be equivalent to a spouse of the PEP under the national or other law of the place where the person or PEP resides;
- c. any child of the PEP;
- d. any spouse of a child of the PEP;
- e. any person considered to be equivalent to a spouse of a child of the PEP under the national or other law of the place where the person or child resides;
- f. any parent of the PEP;
- g. any other family member of the PEP who is of a class prescribed by the Minister for Justice under section 37(11) of the Act.

A close associate of a PEP includes any of the following persons

- a. any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the PEP;
- b. any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the PEP.

As an example, a “beneficial owner” of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS
 the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP
 OR
 the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
 OR
 the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
 OR
 it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

Name of PEP		Address of PEP	
Office of PEP		Relationship of Applicant or Applicant's Beneficial Owner to PEP	

Source of Wealth of the PEP (e.g. Income from employment, Income from company business, inheritance, etc)

SECTION B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:

I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP
 AND
 it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

8.

US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

SECTION A: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

I/We confirm that I am/we are a US Person (as defined in the Prospectus) and am/are acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, OR I/we intend to transfer any Shares which I/we may purchase to any US Person.

PLEASE SUPPLY A COPY OF THE US INTERNAL REVENUE SERVICE FORM W-9 OR AN ORIGINAL W-8 BEN IF THE BENEFICIAL OWNER IS A NON-US PERSON.

SECTION B: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT

I/We confirm that I am/we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, nor do I/we intend to transfer any Shares which I/we may purchase to any US Person

9. Declarations and Signatures**By signing below:**

1. I/We hereby acknowledge that I/we have received and considered a Prospectus and Supplement relating to the Fund and/or Sub Fund in which investment is proposed to be made and this Application is made on the terms thereof and subject to the provisions of the Trust Deed of the Fund as amended from time to time.
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 in 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/ Administrator reserves the right to reject any application in whole or part without assigning any reason therefor.
4. I/We agree to provide to the Manager/ Administrator with any additional documentation that it or they may require to verify my/our identity in accordance with current anti-money laundering 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 share transfer requests on my/our behalf.
I/We hereby agree to indemnify and hold each of the Manager/ Administrator 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.
5. 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.

6. The Manager/ Administrator 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 by telephone or such other means as may from time to time be specified by the Manager / Administrator ("Instructions"). If the instructions are given by me/us by facsimile, I/we undertake to confirm them in writing. I/We hereby agree to indemnify each of the Fund, the the Manager / 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 facsimile instructions. The Fund, the Manager / Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any Instructions or any other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
 7. I/We hereby agree to indemnify and hold harmless each of the Manager/ Administrator and the Fund 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 the Manager / Administrator and shall notify the Manager / Administrator immediately if any of the representations herein made are no longer accurate and complete in all respects.
 8. I/We agree to provide to the Manager and the Administrator, at such times as each of them may request and to provide on 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 / Administrator immediately of any such change and further agree to request the redemption of Units in respect of which such confirmations have become incomplete or inaccurate.
 9. I/We understand that the confirmations, representations, declarations and warranties made herein are continuous and apply to all subsequent purchases of Units by me/us in the Fund.
 10. I/We hereby agree that any notice or document may be served by the Manager / Administrator on me/us either personally or by sending it through the post in a prepaid letter addressed to me/us at my/our address as appearing in the register or by sending it electronically to the address previously identified to the Manager / Administrator or its delegate or by posting or by sending such notice electronically to an address previously identified to the Manager / Administrator or by such other method as may be agreed between the Manager / Administrator and me/us from time to time.
 11. I/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.
 12. 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.)
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10.**Data Protection**

I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the Fund) in accordance with the Irish Data Protection Acts 1988 to 2003, as amended from time to time. I/We also acknowledge that this information will be processed by the Administrator for the purposes of carrying out the services of administrator, registrar and transfer agent of the Fund and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or Fund will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, the Irish Revenue Authorities pursuant to the EU Savings Directive and the Irish Financial Regulator or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the Manager, the Investment Manager or the Placing Agent (3) the disclosure of my/our information where necessary, or in the Fund's or the Administrator's legitimate interests, to the MLRO and/or any company in the Administrator's and/or the Placing Agent and/or the Investment Manager's and/or the Placing Agent's group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland. I/we acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. For the avoidance of doubt the Fund shall be considered a data controller in accordance with the Irish Data Protection Acts and the Administrator shall be considered a Data Processor.

11. Revenue Declarations**EU Savings Directive**

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 an individual who is resident in a member state of the European Union (an "EU Member State") and who receives savings income from another EU Member State⁷, is taxed in the EU Member State in which he/she is resident for tax purposes. In this regard the Fund is obliged to establish the identity and residence of such individuals.

For completion by Applicants who are tax resident outside the EU Member States

The Applicant confirms by ticking the box to the left that the Applicant is not resident in an EU Member State and has not verified its identity for the purposes of the Fund money laundering verification requirements by use of an EU passport/official identity;

Applicants who are tax resident in the EU Member States should complete either Section (1) or Section (2) below:

Section 1: This Section 1 is to be completed by an Applicant resident in an EU Member State who is not a natural person (i.e., not an individual, unincorporated body, unincorporated partnership, or any of the foregoing acting as trustee of a trust):

- A. Is Applicant a legal person, e.g., an incorporated entity? YES or NO (strike out as applicable)
- B. Are Applicant's profits taxed under general arrangements for business taxation? YES or NO (strike out as applicable)
- C. (i) Is Applicant a UCITS or (ii) has Applicant been issued a certificate by Applicant's EU Member State allowing Applicant to be treated as a UCITS for the purposes of the EU Savings Directive? YES or NO (strike out as applicable)

Section 2: This Section 2 is to be completed by natural person Applicants (i.e., an individual, an unincorporated body, an unincorporated partnership, or any of the foregoing acting as a trustee of a trust) residing in an EU Member State or who, in completing the Trust's money laundering verification requirements, have verified his/her identity by

use of an EU Member State passport/official identity:

- A. Specify the EU Member State in which Applicant is tax resident:

Please insert the Tax Identification Number ("TIN") issued to Applicant by that EU Member State:

- B. Is Applicant's EU passport or official identity issued by the same EU Member State that appears in Applicant's address in section 1. YES or NO (strike out as applicable)

- C. Applicant's date, place, and country of birth:

If Applicant answered Yes to Section 1(c)(ii) above, Applicant must provide a certified copy of the certificate. If Applicant answered NO to Section 2(b) above, then Applicant must provide a "certificate of residence for tax" issued by Applicant's local taxation authority, otherwise Applicant's EU residency will be decided and reported upon the basis of information contained in Applicant's passport/official identity card and/or other documentation provided for the purposes of satisfying the Company's money laundering verification requirements.

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 shares/units.

Terms used in this declaration are defined in the Prospectus. **Please select either A or B**

A - Declaration on Own Behalf

- i. 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 an Irish Resident or Irish Ordinary Resident, and should I/we/the company* become an Irish Resident, I/we will so inform you, in writing, accordingly.

[*Delete as appropriate](#)

B - Declaration as Intermediary

- i. I/ We* declare that I am/we are* applying for 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 an Irish Resident or Irish Ordinary Resident, and
- ii. 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* hold Units, becomes an Irish Resident.

[*Delete as appropriate](#)

Non resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.

To be valid, this application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant and in the case of joint applicants, each must sign. In the case of a corporation, the application must be signed by authorised signatories as agreed in the corporate signing mandate.

If the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.

Applicants who are resident or ordinarily resident in the Republic of Ireland or are an Exempt Irish resident as defined in the Prospectus, please contact the Transfer agent immediately.

12. "Key Investor Information Document (the "KIID")"

The Applicant hereby represents that it has regular access to the internet. The Applicant acknowledges that it has been offered the choice of receiving the prospectus and KIID on paper and in electronic form by means of e-mail or a website and hereby specifically consents to receiving the KIID through the website (www.yukifunds.com).

The Applicant hereby acknowledges that they have received the latest version of the KIID through the website. The Applicant also consents to receiving any updated version of the KIID through the website before making any subsequent and/or future subscriptions for Shares in any share class and/or sub-fund.

The Applicant's email address is _____

13. AUTHORISATION

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

Signature and Date of Application

1. _____
First Applicant (or Authorised Signatory, if applicable):

Capacity of Authorised Signatory, if applicable

Date: _____

2. _____
Second Applicant (or Authorised Signatory, if applicable):

Capacity of Authorised Signatory, if applicable

Date: _____

Notes to assist in completion

1. Copies of the Prospectus and Supplements and the most recently published annual and semi-annual reports of the Fund will be freely available from BNY.
2. The Fund is regulated in Ireland by the Central Bank of Ireland.
3. "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.
4. If any of the details provided by the applicant(s) in this application form change during the lifetime of this investment, please advise the Manager or the Administrator immediately, in order to avoid any possible settlement delays at some future date. It is our experience that notifications sent by DHL have been successful.
 - (a). Change of bank account should be notified by original letter. For individuals, the letter addressed to BNY Mellon Fund Services should be signed by an authorized person (the signer to the ASL for the account, or signer of this initial application form). The original letter with wet ink signature should be sent by to BNY at the address on the top of the application, together with proof of address such as a recent utility bill

copy, updated passport copy, etc. For corporations, the board resolution or confirmation showing the bank account details should be sent to BNY Mellon.

Following notification of changes to BNY Mellon, BNY Mellon will confirm changes through a call-back procedure. For accounts that have a single signer, the call back will be to the signer. For accounts with multiple signers, the call back will be to the first signer..

- (b). All other changes should be notified to BNY Mellon by sending an original letter with wet ink signature to the address at the top of this application form.

AEOI FATCA and CRS Entity Self-Certification

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

Instructions for completion and Data Protection notice.

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 account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018). Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or the OECD websites at:

<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

If any of the information below about the account holder'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 *)

***Section 1. Entity Account holder Details**

***Account holder Name:** _____ (the "Entity")

***Country of Incorporation or Organisation:** _____

***Current (Resident or 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**

Please tick **either** (I) **or** (II) **or** (III) below **and** provide U.S TIN or exemption code as appropriate, and complete the appropriate sections below based on your FATCA classification.

(I) Specified U.S Person -(also complete Sections 4 and 5 below)

U.S Federal Taxpayer Identification
Number (TIN) _____

(II) U.S Person but not a Specified U.S Person -(also complete Sections 4 and 5 below)

W9 Exemption Code: _____

(III) Not a Specified U.S Person-(also complete Sections 3, 4 and 5 below)

***Section 3: Entity’s FATCA Classification** (the information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5.

Complete either Section 3.1 and 3.2 OR Section 3.3 OR Section 3.4

3.1 Financial Institutions (FIs) under FATCA:

If the Entity is a Financial Institution, **tick one of the below categories** I, II, III and provide a GIIN at 3.2; if not, complete section 3.3 to explain type of Entity you are and why a GIIN cannot be provided.

I.	<i>Irish Financial Institution (FI) or other Partner Jurisdiction Financial Institution (FI)</i>	<input type="checkbox"/>
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	<input type="checkbox"/>
III.	<i>Participating Foreign Financial Institution</i>	<input type="checkbox"/>

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

. . .

3.3 If the Entity is a *Financial Institution* but unable to provide a GIIN, please explain by choosing one of the below reasons

I.	<p>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Provide the sponsor’s name and sponsor’s GIIN:</p> <p>Sponsor’s Name:</p> <p>_____</p> <p>Sponsor’s GIIN:</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> </p> <p>Note: <i>This option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S reportable accounts are not required to register and obtain a GIIN with the IRS unless and until reportable accounts are identified</i></p>	<input type="checkbox"/>
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***Section 4: Common Reporting Standard (“CRS”) Declaration of Tax Residency**

(Note that Entities may have more than one country of Tax Residence)

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 **all** associated tax identification numbers (“TIN”).

Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN’s.

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

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.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a TIN
- Or
- b) You are tax resident only in a non-reportable Jurisdiction for CRS (i.e. Ireland or the USA)

Please list **ALL** Tax ID Numbers below

Country of Tax Residency	Tax ID Number (or TIN equivalent)	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please confirm the reason why below by ticking A, B, or C below.

Reason A	<input type="checkbox"/>	The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents.
Reason B	<input type="checkbox"/>	The Account Holder is otherwise unable to obtain a TIN <i>(Please explain why you are unable to obtain a TIN)</i> _____
Reason C	<input type="checkbox"/>	No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

Please tick this box to confirm you have specified **all jurisdictions** in which the Entity is resident for tax purposes.

***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 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information on CRS to assist with classification, please see the OECD CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

5.1 Financial Institutions (FI's) under CRS:

If the Entity is a *Financial Institution*, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies **and** specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<https://www.revenue.ie/en/companies-and-charities/documents/aeoi/participating-jurisdictions.pdf>

CRS Financial Institution Type:

I.	A reporting Financial Institution resident in a <u>participating CRS Jurisdiction</u> <i>(including an Investment Entity, Depository FI, Custodial Institution, Specified Insurance company)</i>			
II.	A Financial Institution resident in a <u>Non-Participating CRS Jurisdiction</u> Please <u>also tick</u> the type of FI that applies			
	FI- Investment Entity resident in a Non-Participating Jurisdiction and <u>is managed by another Financial Institution</u> <i>(If this box is ticked, also complete section 6 below and provide separate individual self-certification forms from each of the Controlling Persons)</i>			<input type="checkbox"/>
	FI- Investment Entity resident in a Non-Participating Jurisdiction but is <u>not managed by another Financial Institution/ Other Financial Institution</u> <i>(including a Depository Financial Institution, Custodial Institution or Specified Insurance Company <u>resident in a non-participating jurisdiction</u>).</i>			<input type="checkbox"/>
III	Non-Reporting Financial Institution under CRS. (Specify the type of <u>non-reporting FI</u> below);			
	Government Entity	<input type="checkbox"/>	International Organisation	<input type="checkbox"/>
	Central Bank	<input type="checkbox"/>	Broad Participating Retirement Fund	<input type="checkbox"/>
	Narrow Participation Retirement Fund	<input type="checkbox"/>	Pension Fund of a Government Entity/ International Organisation or Central Bank	<input type="checkbox"/>
	Exempt Collective Investment Vehicle	<input type="checkbox"/>	Trust <i>(Who's trustee reports all required information with respect to all CRS reportable accounts)</i>	<input type="checkbox"/>
	Qualified Credit Card Issuer	<input type="checkbox"/>	Qualified Non-Profit Entity	<input type="checkbox"/>
	Other Entity <i>(Defined under the domestic law as low risk of being used to evade tax).</i> Specify the type provided in domestic law: _____			<input type="checkbox"/>

5.2 Non-Financial Entity ("NFE") under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then please tick one of the below categories confirming if you are an Active NFE or Passive NFE.

Active Non-Financial Entity (NFE)		(Choose the box that applies)
I.	Active (NFE)-a corporation the stock of which is regularly traded on an established securities market Please provide details of the established securities market on which the corporation is regularly traded _____	<input type="checkbox"/>
II.	Active (NFE) -if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation of which the Entity is a Related Entity _____ And provide details of the securities market on which the corporation is regularly traded: _____	<input type="checkbox"/>
III.	Active NFE-a Government Entity or Central Bank	<input type="checkbox"/>
IV.	Active NFE-an International Organisation	<input type="checkbox"/>
V.	Active NFE-Other than those listed in I,II,III, or IV above <i>For example a start-up or certain types of non-profit NFE's.</i>	<input type="checkbox"/>

Or

Passive Non-Financial Entity (NFE)

VI.	Passive (NFE) If this box is ticked please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and provide separate AEOI "Individual (including Controlling Persons) Self-Certification for CRS and FATCA form" as indicated in section 6.2 for each Controlling Person(s).	<input type="checkbox"/>
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Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form.

If there are no natural person(s) who exercise control of the Entity, then the Controlling Person for CRS purposes 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/>

6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in **either the FATCA or CRS Classification sections above or An Investment Entity** resident in a *Non-Participating Jurisdiction* and managed by another *Financial Institution* in the CRS section, then you must also complete this section for each of the Controlling Person(s) of the account holder and provide a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form for each Controlling person as per 6.2 below:

Indicate the name of all Controlling Person(s) of the Account Holder below:

I.	
II.	
III.	
IV.	

Note: In case of a trust,

Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust.

With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person for CRS purposes will be the natural person who holds the position of senior managing official of the Entity.

6.2 Arrange for each of the Controlling Persons listed in Section 6.1 to complete a separate “Individual (including Controlling Persons) Self-Certification for FATCA and CRS” form for each Controlling Person listed in Section 6.1.

Section 7: 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/We confirm (where applicable) that an **“Individual (including Controlling Persons) Self-Certification for FATCA and CRS”** form has been completed, signed and provided for **each Controlling person**, as defined under the CRS and FATCA regulations.

I/We acknowledge and consent to the fact 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 on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) 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 of signature: (dd/mm/yyyy):**

AEOI FATCA and CRS Individual (including Controlling Persons)

Self-Certification

Instructions for completion and Data Protection Notice

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 account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or OECD website at:

<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

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

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

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

(Mandatory fields are marked with an *)

***Section 1. Account holder /Controlling Person Identification**

***Account Holder / Controlling Person/ 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 and Date 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.

OR

(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:

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

***Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies including Citizenship and Residency by Investment disclosure.**

Please indicate your country of tax residence (if resident in more than one country please detail All countries of tax residence and All associated tax identification numbers ("TINs")).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a TIN, Or,
- b) You are tax resident only in a non-reportable Jurisdiction for CRS (i.e. Ireland or the USA)

Please list All Tax ID Numbers below

Country of Tax Residency	Tax ID Number (or TIN equivalent)	If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please confirm the reason why below by ticking A, B, or C below.

Reason A	<input type="checkbox"/>	The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents.
Reason B	<input type="checkbox"/>	The Account Holder is otherwise unable to obtain a TIN <i>(Please explain why you are unable to obtain a TIN)</i> _____
Reason C	<input type="checkbox"/>	No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

Please tick this box to confirm you have specified all jurisdictions in which you are resident for tax purposes.

3.1 Citizenship/Residency by Investment (CBI/RBI)

Citizenship by Investment (CBI) and Residency by Investment (RBI) schemes are offered by a number of jurisdictions and allow foreign individuals to obtain citizenship or temporary/permanent residency rights based on local investments or against a flat fee. In this regard, the OECD have identified specific jurisdictions that operate CBI/RBI schemes which could potentially pose a high-risk to the integrity of CRS.

If, in this Section 3, you have confirmed that you are resident **only** in one or more of these specific jurisdictions (and not in any other jurisdiction), we are required to determine whether your citizenship/residency rights were obtained through a CBI/RBI scheme. If so, we must collect additional information.

For further details, including the list of jurisdictions and relevant CBI/RBI schemes, please refer to the OECD website: <https://www.oecd.org/en/topics/sub-issues/international-standards-on-tax-transparency/residence-citizenship-by-investment.html>

Please select **one** of the following options:

Option 1:

I confirm that I am either **not resident** or **not solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity.

(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)

Option 2:

I confirm that I am **solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity but **I did not** receive my residence rights under a CBI/RBI scheme. *(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)*

Option 3:

I confirm that I am **solely resident** in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity **and I solely obtained my residence rights** in these jurisdictions under one or more CBI/RBI schemes.

(If you select this box, please complete Section 3.2)

3.2 CBI/RBI additional queries where an Account holder or Controlling person has obtained citizenship or residency in an OECD CBI/RBI high risk jurisdiction.

(Additional questions to be completed ONLY where option 3 above has been ticked).

Do you hold residence rights in any other jurisdiction(s)?

No

Yes *(If yes, list the jurisdiction(s))* _____

Have you spent more than 90 days in any other jurisdiction(s) during the previous year?

No

Yes *(If yes, list the jurisdiction(s))* _____

In which jurisdiction(s) have you filed your personal income tax returns during the previous year?

(list the jurisdiction(s) below)

Section 4 – Type of Controlling Person**

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

For Joint or multiple Controlling Person(s) please complete a separate *“Individual (Including Controlling Persons) Self-Certification for FATCA and CRS form for each Controlling Person.*

Controlling Person of a Legal Person	Please Tick all that apply	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 (Please select all that apply)	Please Tick all that apply	Entity Name
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) Please select all that apply	Please Tick all that apply	Entity Name
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 and consent to the fact 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 within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Data Protection - Customer Information Notice :

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEOI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders (and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/>
And on the Irish Revenue website - <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

*** Authorised Signature:** _____

*** Print Name:** _____

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

*** Capacity (if Controlling Person):** _____
