

Foord Asset Management is required to maintain up-to-date identification information of our investors under the Anti-Money Laundering/Combating the Financing of Terrorism (“AML/CFT”) legislation. Foord investors are required to update their particulars periodically.

**FORM INSTRUCTION:**

1. Complete all sections and annexure 1 and 2 (where applicable) using BLOCK LETTERS.
2. Certifier should complete section F.
3. Email the completed form and all investor identification documentation listed in Annexure 3 to [investments@foord.com](mailto:investments@foord.com).
4. Mail or courier the original documents to an agent office within 30 calendar days after the review of documents is completed. Redemption and transfer instruction will be delayed until the original documents are received. Any redemption monies awaiting payment will not bear any interest for the investor.
5. Foord Asset Management (Guernsey) Limited is the global distributor of the Foord global funds. Agent offices are maintained in Luxembourg, Singapore and South Africa. If you require assistance or further information, please contact the agents in any of these locations:

	LUXEMBOURG	SINGAPORE	SOUTH AFRICA
Agent	CACEIS Investor Services Bank S.A. (for the attention of Foord ongoing due-diligence team)	Foord Asset Management (Singapore) Pte. Limited	Foord Unit Trusts (RF) (Pty) Limited
Address	14, Porte de France, L-4360 Esch sur Alzette, Luxembourg	9 Raffles Place, Republic Plaza, #18-03 Singapore 048619	8 Forest Mews, Forest Drive, Pinelands 7405, South Africa
Telephone	+352 2605 2200	+65 6521 1100	+27 21 532 6969

**A. INVESTOR DETAILS**

MAIN INVESTOR

Investor Number \_\_\_\_\_

Title \_\_\_\_\_ Other (please state) \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Previous names (if any) \_\_\_\_\_

Place of birth (i.e. country) \_\_\_\_\_

Industry \_\_\_\_\_ Occupation and Employer \_\_\_\_\_

Permanent residence address \_\_\_\_\_  
 \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Correspondence address (if different from above) \_\_\_\_\_  
 \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Country(ies) of citizenship (LIST ALL COUNTRIES) \_\_\_\_\_

Passport or national identity number(s) \_\_\_\_\_ Passport expiry date \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you /did you hold any public office and/or perform a role with any political exposure?  
 Yes  No If yes, please provide details: \_\_\_\_\_

Do your / did your close relative you hold any public office and/or perform a role with any political exposure?  
 Yes  No If yes, please provide details: \_\_\_\_\_

Are you the ultimate economic beneficiary of the units being subscribed?  
 Yes  No If no, please identify the ultimate beneficial owner: \_\_\_\_\_

If this form is completed by any person on behalf of the main investor, that person should complete Annexure 1.  
 Joint investor to complete Annexure 2.



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## B. TAX DECLARATIONS

### MAIN INVESTOR SELF-CERTIFICATION

Regulations require Foord to collect tax residency information from investors. Information on your investment account may be shared with the relevant tax authorities based on your self-certification. Please note any US citizens are considered tax resident in the US irrespective of their actual country of residence.

COUNTRY/COUNTRIES OF TAX RESIDENCY \_\_\_\_\_

TAX REFERENCE NUMBER (E.G., TIN, UTR, NATIONAL INSURANCE NUMBER) \_\_\_\_\_

If applicable, please complete the information below:

Are you a US Person?

Yes     No

Are you a US Green Card holder?

Yes     No

Have you issued any Power of Attorney where signing authority is granted to a US Person?

Yes     No    If yes, please provide details: \_\_\_\_\_

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## C. INVESTOR BANK ACCOUNT

- NOTES
- Please provide details of the remitting bank account. Subscription payments from a third party's bank account are not permitted.
  - Subscriptions/ redemptions should be coming from/ paying to this bank account.
  - Verification of the identity of the bank account holder may be requested.
  - Fields marked with \* are mandatory.

\*Investor bank name \_\_\_\_\_ SWIFT code \_\_\_\_\_

\*Investor bank account number or IBAN \_\_\_\_\_

\* Investor bank account name \_\_\_\_\_

CORRESPONDENT BANK (intermediary bank, if applicable)

Correspondent bank name and address \_\_\_\_\_

SWIFT code \_\_\_\_\_ ABA/CHIPS (US\$ only)/Sort code/CHAPS (GBP only) \_\_\_\_\_

## D. INVESTMENT FREQUENCY AND AMOUNT

- NOTES
- Please tick **the most** appropriate response in each of the following questions.
  - Please complete both source of funds **and** source of wealth declarations.

What is the expected number of subscriptions in any calendar year?

- 4 or less than 4 transactions
  5 to 10 transactions
  more than 10 transactions

What is the expected investment amount (in US\$)?

<input type="checkbox"/> \$250,000 or less	<input type="checkbox"/> \$250,001 to \$999,999	<input type="checkbox"/> \$1million to \$3million	<input type="checkbox"/> \$3,000,0001 to \$5million	<input type="checkbox"/> more than \$5million (please specify: US\$_____)
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### SOURCE OF FUNDS ("SOF") AND SOURCE OF WEALTH ("SOW") DECLARATIONS:

<input type="checkbox"/> Salaries and saving	Name of employer: _____ Last Position held: _____ No. of years employed: _____	<input type="checkbox"/> SOF declaration <input type="checkbox"/> SOW declaration
<input type="checkbox"/> Gift or inheritance	Detail: _____ Country of origin: _____ Date of receipt: _____ (dd/mmm/yyyy) Amount received: _____ (US\$)	<input type="checkbox"/> SOF declaration <input type="checkbox"/> SOW declaration
<input type="checkbox"/> Sale of property	Property name and location (country): _____ Date of sale: _____ (dd/mmm/yyyy) Sale proceeds: _____ (US\$)	<input type="checkbox"/> SOF declaration <input type="checkbox"/> SOW declaration
<input type="checkbox"/> Liquidation of investments including matured investments plan, withdrawal of pension funds	Investment Name: _____ Country of origin: _____ Date of divestment: _____ (dd/mmm/yyyy) Sale proceeds: _____ (US\$)	<input type="checkbox"/> SOF declaration <input type="checkbox"/> SOW declaration
<input type="checkbox"/> Others	Please describe: _____ Country of origin: _____ Date of receipt: _____ (dd/mmm/yyyy) Amount received: _____ (US\$)	<input type="checkbox"/> SOF declaration <input type="checkbox"/> SOW declaration

Foord may request additional documents and information to verify the source of funds before accepting this dealing instruction.

## E. INVESTOR DECLARATION

1. All information in this subscription form and submitted by me is true, accurate and complete. I will promptly inform Foord of any changes.
2. I have full power, authority, eligibility and permission to conclude this contract, with the necessary assistance where such assistance is a legal requirement.
3. I confirm that the money or assets to be invested are not the proceeds of any criminal act.
4. I confirm that I am tax compliant in the countries where I am a tax resident.
5. I have read and fully understood the Offering Documents. I agree to the terms and conditions of this investment, as set out in the Offering Documents, as amended or supplemented by Foord.
6. I am aware of the charges and fees, the total expense ratio, investment objective and risk factors applicable to my investment in the fund(s) as set out in this subscription form, the latest factsheet (available at [www.foord.com](http://www.foord.com)) and in other documentation provided to me. I know that there are no guarantees on my investment capital or the performance return of the investment.
7. I confirm that I am making an unsolicited offer to purchase units/shares in the fund(s) and that Foord has not provided any form of advice with regards to my investment in the Foord global funds.
8. I am aware that the country of domicile of the funds may not be my home country and that:
  - 8.1. The level of investor protection and safeguards may differ from my home country, and
  - 8.2. I may be exposed to further tax implications, currency risks and/ or incur additional transaction costs related to my investment in the fund(s).
9. I consent to all personal data (including sensitive personal data) or other information provided by me to Foord and its related corporations and/or independent third parties/delegates and their respective employees being collected, used, disclosed or otherwise processed to enable each of them to carry out their respective duties and obligations in relation to my investment in the fund(s) for each of the purposes as set out in the relevant Prospectus or as may be permitted under the applicable personal data protection legislation. I agree that any information provided by me may be disclosed to any other person, to the extent required or permitted by law.
10. I authorise Foord to:
  - Accept this subscription form and all subsequent instructions if delivered by email and I hereby indemnify Foord against any resulting claim or loss;
  - Email contract notes and statements of account to the addresses specified in this form and/or subsequent instructions and I hereby indemnify Foord against any resulting claim or loss; and
  - Suspend redemptions on the account until Foord is in receipt of the original subscription form and all supporting documents.

Monthly valuation statements and transaction advices to be:

- emailed to: \_\_\_\_\_
- posted to correspondence address: \_\_\_\_\_

11. Where applicable, I hereby agree that executing this form by advanced electronic signature shall be equivalent to receiving the original thereof. I am aware of the technical and legal limitations of advanced electronic signatures. I warrant that such advanced electronic signature is valid and legally binding in jurisdictions it may respectively be subject to, and it waives any potential right or claim relating to the existence or validity of such advanced electronic signature as well as relating to the validity of this form on the ground that it has been executed by way of such advanced electronic signature.

## SIGNATURES

MAIN INVESTOR/ / AUTHORISED PERSON(S)

JOINT INVESTOR / AUTHORISED PERSON(S)

Signature _____	Signature _____
Name _____	Name _____
Date _____	Date _____

An additional sheet may be printed if there are more than two signatories.

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## F. CERTIFIER DECLARATION

- NOTES
- Examples of suitable certifier are an Accountant, a Notary Public, an independent legal professional, or a director/senior management employee of a regulated financial institution that is in AML/CFT equivalent country which is a member of the Financial Action Task Force (FATF).
  - Certified true copy should include the **suggested certification wordings** below. Otherwise, the certifier should complete Section F in addition to the provision of certified true copies.

### FOR FACE-TO-FACE VERIFICATION OF THE INVESTOR(S):

- I confirm that I have seen the photo identification document ("ID") of the investor and the copy documentation represents a complete and accurate copy of the original identity documentation and is a true likeness of the person whom I have met.
- For verification of specimen signature, I confirm that the signature signed in my presence is the genuine signature of the photo ID holder.

Date

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Signature

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Full name

\_\_\_\_\_ (First name) \_\_\_\_\_ (Surname)

Certifier's ID number

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Professional title

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Telephone

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Email

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### FOR CERTIFICATION OF DOCUMENTS:

- I confirm that I have seen the original documentation and that the copy documentation hereby provided represents a complete and accurate copy of the original.

Date

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Signature

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Full name

\_\_\_\_\_ (First name) \_\_\_\_\_ (Surname)

Certifier's ID number

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Professional title

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Telephone

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Email

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## ANNEXURE 1: PERSON ACTING ON BEHALF OF INVESTOR

- Please provide details of the person signing the application form on behalf of the investor.
- If the authorised person is an existing investor, please provide the existing account number.
- For a minor child (under 18 years), the application form should be completed and signed on the child's behalf by the parent or legal guardian.  
Submit documentary evidence of the authorisation to act on behalf of the investor with this application form, such as Power of Attorney or proof of legal guardianship.

### INDIVIDUAL AGENT DETAILS

Investor Number \_\_\_\_\_

Relationship with investor \_\_\_\_\_

Title \_\_\_\_\_ Other (please state) \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Previous names (if any) \_\_\_\_\_

Place of birth (i.e. country) \_\_\_\_\_ Date of birth (dd/mm/yyyy) \_\_\_\_\_

Industry \_\_\_\_\_ Occupation and Employer \_\_\_\_\_

Permanent residence address \_\_\_\_\_  
\_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Country of citizenship (LIST ALL COUNTRIES) \_\_\_\_\_

Passport or national identity number(s) \_\_\_\_\_ Passport expiry date \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you /did you hold any public office and/or perform a role with any political exposure?  
 Yes  No If yes, please provide details: \_\_\_\_\_

Do your / did your close relative you hold any public office and/or perform a role with any political exposure?  
 Yes  No If yes, please provide details: \_\_\_\_\_

### CORPORATE AGENT DETAILS

Investor Number \_\_\_\_\_

Name \_\_\_\_\_

Type of institution \_\_\_\_\_

Date of establishment or incorporation \_\_\_\_\_ Incorporation number \_\_\_\_\_

Country of incorporation \_\_\_\_\_ Main business activity \_\_\_\_\_

Regulated entity?  Yes  No License number \_\_\_\_\_ Regulator \_\_\_\_\_

Address/Registered address (P O Boxes are not accepted for investment purposes) \_\_\_\_\_  
\_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Correspondence address (if different from above) \_\_\_\_\_  
\_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

## ANNEXURE 2: JOINT INVESTORS

- Joint investments are investments made jointly by two individual investors who are legally married. Investors to provide the marriage certificate.
- Source of funds must come from a bank account held by either one investor or both investors.
- Investors should consult their tax and legal advisors regarding the tax and estate planning consequences of joint ownership.
- Reporting to tax authorities in terms of obligatory automatic exchange of tax information programmes will be made for each joint investor as if they were the sole investor.

### JOINT INVESTOR DETAILS

Investor Number \_\_\_\_\_

Title \_\_\_\_\_ Other (please state) \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Previous names (if any) \_\_\_\_\_

Place of birth (i.e. country) \_\_\_\_\_ Date of birth (dd/mm/yyyy) \_\_\_\_\_

Industry \_\_\_\_\_ Occupation and Employer \_\_\_\_\_

Permanent residence address \_\_\_\_\_

\_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Country of citizenship (LIST ALL COUNTRIES) \_\_\_\_\_

Passport or national identity number(s) \_\_\_\_\_ Passport expiry date \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you /did you hold any public office and/or perform a role with any political exposure?

Yes  No If yes, please provide details: \_\_\_\_\_

Do your / did your close relative you hold any public office and/or perform a role with any political exposure?

Yes  No If yes, please provide details: \_\_\_\_\_

Are you the ultimate economic beneficiary of the units being subscribed?

Yes  No If no, please identify the ultimate beneficial owner: \_\_\_\_\_

### JOINT INVESTOR TAX SELF-CERTIFICATION

COUNTRY/COUNTRIES OF TAX RESIDENCY \_\_\_\_\_ TAX REFERENCE NUMBER (E.G., TIN, UTR, NATIONAL INSURANCE NUMBER) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TAX DECLARATIONS

Are you a US Person?

Yes  No

Are you a US Green Card holder?

Yes  No

Have you issued any Power of Attorney where signing authority is granted to a US Person?

Yes  No If yes, please provide details: \_\_\_\_\_

### INSTRUCTION ELECTION.

The default instruction is **joint-alternate signatory** unless otherwise instructed on this form.

- Joint-Alternate signatory: For a subsequent subscription, redemption or transfer of units, Foord will act on instructions signed by any ONE of the parties.
- Joint-All signatory: For a subsequent subscription, redemption or transfer or units, Foord will act on instructions signed by BOTH parties.

Joint-All (and)

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## ANNEXURE 3: INVESTOR IDENTIFICATION DOCUMENTS

Foord must verify the identity of its investors. To comply with Anti-Money Laundering (“AML”) and Countering the Financing of Terrorism (“CFT”) legislation, all supporting identification documents must be submitted to Foord:

### 1. INDIVIDUALS

- 1.1. Photo identification: An original certified true copy of passport photo page, driving licence or identity card, preferably in colour, showing clear photo identification.
  - (i) Expired ID will not be accepted.
  - (ii) Where the photo ID does not reflect a specimen signature, the investor must sign the copy in the presence of the certifier, who must confirm that the signature is the genuine signature of the photo ID holder. Certifier to complete Section F.
- 1.2. Residential address: A recent utility bill (not older than 90 days) as proof of residential address.
  - (i) Mobile phone bills and credit card statements will not be accepted for this purpose.
- 1.3. Bank account: A recent bank statement (not older than 90 days) as proof of the bank account stated in Section C.

For documents 1.2 and 1.3,

- (i) If received in hard-copy, submit either the original or a certified true copy.
- (ii) If received electronically, attach the original electronic correspondence and digital copy to your email correspondence with our agents.

### 2. TRANSLATION AND CERTIFICATION OF DOCUMENTS

- 2.1. Please provide a certified English translation of foreign language documents.
- 2.2. Document copies must be certified by a suitable certifier, such as an Accountant, a Notary Public, an independent legal professional, or a director/senior management employee of a regulated financial institution in an AML/CFT equivalent country which is also a member of the Financial Action Task Force (FATF).
- 2.3. Certifier to complete Section F of this form. Alternatively, please visit an agent office in-person for face-to-face verification.