

<b>Mailing Address</b> C/O CACEIS Ireland Limited One Custom House Plaza International Financial Services Centre Dublin 1 Ireland	<b>Contact Details</b> Telephone: + 353 1 672 1600 Facsimile: + 353 1 790 0461 Email: fb-reg-ireland2@caceis.com	Please tick here if this has already been sent by facsimile transmission <input type="checkbox"/>
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**Instructions**

For initial subscriptions for shares you must complete the Application Form and fax or email it as a PDF attachment to the Administrator (details above) by 12.00 noon (Irish time) one Business Day prior to the relevant Dealing Day, with the originals to follow by post immediately thereafter. Once submitted applications shall, subject to applicable law and regulation, be irrevocable by, and binding on, the applicant.

Failure to provide the original Application Form along with the documentation required for Anti-Money Laundering purposes may result in a delay in the acceptance and/or payment of a transfer/redemption request. Please note transfers out/redemptions will not be processed on non cleared/verified accounts.

Subsequent subscriptions may be made in the same manner, stating your registration details and the amount to be invested. Non Retail Accounts - An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed by no less than two authorised signatories.

Any changes to the original account details must be received in original format and signed by no less than two authorised signatories, in the case of a company, on corporate letterhead, and in the case of retail applicants, all account signatories must authorise every instruction. In the case of subscriptions, cleared funds or monies and the relevant application forms must be received and accepted by the relevant Dealing Deadline.

**Subscription Information\***

Please pay Subscription monies to the following account

	GBP	USD	EUR
<b>Correspondent Bank</b>	HSBC Bank Plc Intl	JP Morgan Chase	VIATARGET2
<b>Correspondent SWIFT</b>	MIDLGB22	CHASUS33	NA
<b>Correspondent Sort Code</b>	40-05-15	NA	NA
<b>Correspondent Acct No.</b>	76888255	826213360	NA
<b>IBAN</b>	GB56MIDL40051576888255	NA	IE80 ISAE 9903 2500 0005 61
<b>Correspondent CHIPS</b>	NA	0002	NA
<b>Correspondent ABA</b>	NA	021000021	NA
<b>Beneficiary Bank</b>	CACEIS Bank Luxembourg - Dublin Branch	CACEIS Bank Luxembourg - Dublin Branch	CACEIS Bank Luxembourg - Dublin Branch
<b>Beneficiary SWIFT</b>	ISAEIE2D	ISAEIE2D	ISAEIE2D
<b>Beneficiary Acct Details</b>	Newscape Diversified Growth Fund (No. 87109)	Newscape Diversified Growth Fund (No. 87109)	Newscape Diversified Growth Fund (No. 87109)
<b>Reference</b>	Name of Fund and Applicant		

\*Please ensure that your Bank quotes the details above in the electronic funds transfer to the appropriate Bank.

**Details of Investment:**

The Applicant, having received and read a copy of the Prospectus of Newscape Funds plc (the "Company") and the relevant supplement for the Newscape Diversified Growth Fund hereby applies to invest in Company listed below:

<b>Share Class</b> (Tick as appropriate)	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Class F <input type="checkbox"/> Class S <input type="checkbox"/> Class G <input type="checkbox"/> Class H <input type="checkbox"/> Class I <input type="checkbox"/> Class R
<b>Currency</b> (Tick as appropriate)	<input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> USD
<b>Value of Subscription</b> (Amount in numbers)	

Should you have any questions, please contact the Transfer Agent:

CACEIS Ireland Limited  
 One Custom House Plaza  
 International Financial Services Centre  
 Dublin 1, Ireland

Telephone: + 353 1 672 1620  
 Facsimile: + 353 1 790 0461  
 Email: fb-reg-ireland2@caceis.com  
 www.caceis.com



**Account Registration Details**

Registered Name	
Account Designation (if any)	
Registered Address (PO or C/O will not be accepted)	
Contact Name	
Contact Details <input type="checkbox"/> Telephone <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	

**Account Mailing / Correspondence Details**

Mailing Address	
Contact Name	
Contact Details <input type="checkbox"/> Telephone <input type="checkbox"/> Facsimile <input type="checkbox"/> Email	

**Intermediary Details (if applicable)**

Broker ID		Branch ID	
Broker Name			
Broker Address			
Representative Name		Representative ID	
Contact Details <input type="checkbox"/> Telephone <input type="checkbox"/> Facsimile <input type="checkbox"/> Email			

**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. 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.

Correspondent Bank Name	
Correspondent Bank Address	
Correspondent Bank Sort Code/ SWIFT (BIC)/ABA/Fedwire	
Beneficiary Bank Name	
Beneficiary Bank Address	
Beneficiary Bank Sort Code/ SWIFT (BIC)/ABA/Fedwire	
Beneficiary Account Name	
Beneficiary Account Number	
Reference	



**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 State<sup>1</sup>, 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 residents 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 residents 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  NO (Tick as appropriate)
- B. Are Applicant’s profits taxed under general arrangements for business taxation?  YES  NO (Tick as appropriate)
- 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  NO (Tick as appropriate)

**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  NO (Tick as appropriate)

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.*

**Data Protection**

I/We consent to the Company and its delegates and its or their duly authorised agents and any of their respective related, associated, or affiliated companies obtaining, holding, using, disclosing, and processing my data for the purposes of managing and administering my/our holding in the Fund and any related accounts on an ongoing basis and any other legitimate business interest of the Fund and (1) to the transfer of such data to other companies or entities within the Administrator’s and/or Transfer Agent’s group, including their offices outside the European Economic Area (the “EEA”); and (2) to the transfer of such data to third-party companies or entities including their offices outside the EEA where the transfer is necessary for the maintenance of records, or provision of services in relation to any investment product or services of any group companies. I/We understand that the transfer of my/our data may be to a country, which does not have equivalent data protection to that of the EEA.

I/We acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. The Company is a data controller and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Act 1988 as amended by the Data Protection (Amendment) Act, 2003.

I/We also consent to the disclosure of my/our data to the tax authorities in Ireland and to my/our own country of residence where relevant in accordance with the EU Taxation of Savings Directive (2003/48/EC) and applicable local regulations.

<sup>1</sup>Also applicable to residents of USA, Switzerland, Andorra, Liechtenstein, Monaco, San Marino, Jersey, Guernsey, Isle of Man, Anguilla, Montserrat, British Virgin Islands, Turks and Caicos Islands, Cayman Islands, Netherlands Antilles, and Aruba. Accordingly any reference to EU Member State should be deemed to include these additional countries.



## Declarations and Signatures

I/We, having received and considered a copy of the Prospectus and the relevant Supplement, hereby confirm that this application is based solely on the current Prospectus, the relevant Supplement and the material contracts therein referred to together (where applicable) with the most recent annual report or semi-annual report and accounts of the Company.

I/we hereby confirm our agreement to being provided with the KIID which applies to us by accessing the Newscape website using the following link: [www.newscapigroup.com](http://www.newscapigroup.com). I/we note that it is my/our responsibility to access [www.newscapigroup.com](http://www.newscapigroup.com) to obtain the most up to date KIID available to my/our investment in good time before making any future subscription for shares in the Fund in which I am/we are a shareholder."

I/We undertake to observe and be bound by the provisions of the Articles of Association of the Company (as amended from time to time) and apply for the Shares issued in relation to this application to be entered in the register of Shareholders in my/our name(s) (or in the name of a nominee or agent).

I/we hereby confirms that subscription monies delivered by me/us to the Fund prior to the relevant Dealing Day [or prior to the end of the Initial Offer Period], are not to be held on trust for me/us by the Fund. I/we accordingly acknowledge that such monies shall not be subject to the Investor Money Regulations 2015 or to any equivalent client asset protection account and that I/we may be exposed to the creditworthiness of the relevant credit institution where such subscription monies are held. I/we hereby acknowledge and agrees that in such circumstances neither the Fund, the Administrator nor the Depositary shall have any liability or responsibility for any loss of such monies prior to the transfer of such monies to the Fund's account.

I/We acknowledge that, owing to anti-money laundering requirements operating within their respective jurisdictions, the Company, its Directors, the Administrator, the Investment Manager and any distributor which may be appointed (as the case may be) may require further identification of the applicant(s) before the application can be processed and the Company, its Directors, the Administrator, the Investment Manager and any distributor which may be appointed shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the parties referred to and has not been provided by me/us.

I/we hereby 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 Fund or its delegate as required under the AML Requirements, redemption monies or dividend monies will be held in the Fund/relevant Sub-Fund's account and shall remain an asset of the Fund/ relevant Sub-Fund and the subscriber will not benefit from the application of any investor money protection rules (i.e. the redemption monies/dividend monies will not be held on trust for me/us). In such circumstances, I/we acknowledge that I/we will be unsecured creditors of the Fund/relevant Sub-Fund in respect of such redemption monies or dividend payments until such time as the relevant documentation required by the Fund has been received to its satisfaction and the redemption monies/dividend payments have been paid to me/us.

I/We hereby authorise the Administrator to accept and execute any instructions, (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of Shares or any payment in relation to same or otherwise) in respect of Shares to which this application relates, given by me/us in written form, by facsimile or by electronic means. I/We hereby agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of either or them acting upon instructions given in written form by me/us i.e. facsimile, instructions confirmed by me/us in writing. The Administrator and the Company may rely conclusively upon, and shall incur no liability in respect of, any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

I/We consent to any notice or other document to be sent by the Company or the Administrator to me/us as a Shareholder, by electronic means including but not limited to email, swift or posting such notice or other document on a website notified to me/us by post or by email.

I/We confirm that I/we have the capacity and am/are duly authorised to complete this form and to make the representations and give the indemnities referred to herein.

I/We agree to provide these representations to the Company and its Directors at such times as either of them may request and to provide on request such certifications, documents or other evidence as the Company and/or its Directors may reasonably require to substantiate such representations.

In respect of joint shareholdings only - We direct that on the death of one of us, the Shares for which we hereby apply be held in the name of and to the order of the survivor(s) of us or the executor or administrator of such survivor(s).

I/We understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Fund by me/us shall be governed by them, and I/we agree to notify the Company or the Administrator immediately, if any representation or warranty are no longer accurate and to abide by any directions from the Company or the Administrator arising as a result.

I/We confirm that being a person that I am/we are over 18 years of age. I/We confirm that I am/we are not a U.S. Person (as defined in the Prospectus) and am/are not acquiring Shares in the Fund on behalf of, or for the benefit of, a U.S. Person, nor do I/we intend to transfer any Shares which I/we may purchase to any US Person.

I/We confirm that I am/we are in agreement with the distribution policy as outlined in the Prospectus and the relevant Supplement.

I/We declare that the information contained in the declarations completed above is true and correct.



**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.

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 Shares on my own/our own behalf/on behalf of a company and that I am we are/the Company is entitled to the Shares 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.

**B - Declaration as Intermediary**

- i. I/We declare that I am/we are applying for Shares on behalf of persons who will be beneficially entitled to the Shares, 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 Shares 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 Shares, becomes an Irish Resident.

**AUTHORISATION**

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

Signature (1)	<input type="text"/>
Capacity of Authorised Signatory	<input type="text"/>
Name Authorised Signatory (1)	<input type="text"/>
Signature (2)	<input type="text"/>
Capacity of Authorised Signatory	<input type="text"/>
Name Authorised Signatory (2)	<input type="text"/>
Date	<input type="text"/>

**Important Information**

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 the company secretary or another authorised officer.

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.



## Anti-Money Laundering – Know Your Customer Requirements\*

Under Irish legislation covering Anti-Money Laundering and the taxation of savings the Company and the Administrator are required to obtain the following documentation to verify the identity, permanent address and tax residency status of all new clients. Please note that the application may not be accepted until all the relevant information has been received. Additional confirmation of identity or authority of the applicant or the source of funds may be required in certain circumstances. Not all requirements are listed here so please contact the Transfer Agent for complete details of the documentation requirements.

### Documentation which may be required for all Retail Applicants

1. Personal Verification<sup>2</sup> - ONE official photographic document (Certified<sup>3</sup>)
2. Address Verification<sup>4</sup> - TWO different address verification documents (Original or Certified)
3. Source of Wealth Declaration and the supporting documentation for the Source of Wealth.

### Documentation which may be required for Designated Bodies in Prescribed Countries<sup>5</sup>

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

### Documentation which may be required for Non Designated Bodies

1. Confirmation of Name and Address
2. Confirmation of Regulatory Body (if applicable)
3. Certificate of Incorporation or Certificate to Trade (Certified)
4. Memorandum and Articles of Association
5. List of Directors to include full name, dates of birth, occupation, residential and business addresses
6. Authorised Mandate or Board Resolution to establish the business relationship
7. Original Authorised Signatory List
8. ONE Personal Verification and TWO Address Verification documents for at least TWO Directors (original or certified)
9. One Personal Verification and TWO Address Verification documents for TWO<sup>6</sup> persons authorised to operate the account (original or certified)
10. Names and addresses of shareholders holding 10% 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.

### Documentation which may be required for Pension Fund Accounts in Prescribed Country

1. Confirmation of Name and Address
2. Pension Registration (Certified<sup>7</sup>)
3. Authorised Mandate or Board Resolution to establish the business relationship
4. 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.

<sup>2</sup>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.

<sup>3</sup>Verification documents must be certified by a suitable person, such as; a notary public, a commissioner for oaths, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, a doctor, minister of religion, a teacher, or social worker. Documents should be stamped with the official stamp of the person, dated and signed by that person.

<sup>4</sup>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 3 months of submission.

<sup>5</sup>Members of the European Union, Australia, Canada, Jersey & Guernsey of the Channel Islands, Federal Republic of Brazil, Hong Kong, Iceland, The Isle of Man, Japan, New Zealand, Norway, Republic of Argentina, Republic of South Africa, Russian Federation, Singapore, Switzerland, Turkey, The United States of America.

<sup>6</sup>In the case of credit institutions and financial institutions, which are regulated in their country of establishment, it is not necessary to verify the identity of those individuals who are entitled to issue instructions on behalf of the institution.

<sup>7</sup>Documents must be certified by a suitable person, such as; a notary public, a commissioner for oaths, a police officer, an embassy/consular official, a chartered or certified public accountant, a practicing solicitor, a doctor, minister of religion, a teacher, or social worker. Documents should be stamped with the official stamp of the person, dated and signed by that person.



**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. Irish Financial Institution or a Partner Jurisdiction Financial Institution
- II. Registered Deemed Compliant Foreign Financial Institution
- III. Participating Foreign Financial Institution

**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 GIIN but is sponsored by another entity which does have a GIIN

Please provide the sponsor’s name and sponsor’s GIIN :

Sponsor’s Name: \_\_\_\_\_ Sponsor’s GIIN: \_\_\_\_\_

- II. Exempt Beneficial Owner
- III. Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
- IV. Non-Participating Foreign Financial Institution
- V. Excepted Foreign Financial Institution

**3.4 Non-Financial Institutions under FATCA:**

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

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

**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. Financial Institution under CRS (other than (II) below)
- II. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (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. Active Non-Financial Entity – 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. Active Non-Financial Entity – a Government Entity or Central Bank
- III. Active Non-Financial Entity – an International Organisation
- IV. Active Non-Financial Entity – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)
- V. Passive Non-Financial Entity (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)\*:** \_\_\_\_\_



**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

Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.	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		



# Newscape Diversified Growth Fund Application Form

## **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\*: \_\_\_\_\_

