



Herald Investment Fund plc Account Opening Form

Before completing this Account Opening Form please ensure that you have received and read the Company's latest Prospectus and the latest Key Investor Information Document (the "KIID") for each Class of Shares that you are subscribing for. Save where otherwise defined in this Account Opening Form, all capitalized terms shall have the same meaning as in the Prospectus. Please complete all the following sections.

All applicants must also complete a FATCA and CRS self-certification form (at Annex B for individuals and Annex A for entities).

1. Applicant Information

Full Name of Applicant:

Registered Office Address

Mailing Address (if different)

Telephone Number:

Fax Number:

Contact Name:

E-mail Address:

Telephone Number:

Fax Number:

Contact Name:

E-mail Address:

Account Opening Forms must be received by the Administrator by 5.00 p.m. (Dublin time) on the Business Day preceding any Dealing Day.

2. Communication Preferences

The Company's Prospectus is subject to periodic revision and the KIIDs are updated at least annually. It is important that before you invest in the fund you have received and read the latest versions of the Prospectus and the KIIDs. You can obtain the latest versions of the Prospectus and the KIIDs electronically by visiting the Investment Manager's website at www.heralduk.com, where these documents may be accessed at www.heralduk.com/funds/hwf/how_to_invest.

The Investment Manager will use the E-mail address or addresses you have provided in section 1 of this Account Opening Form to notify you of changes to the website address at which the Prospectus and KIIDs may be

accessed, or to notify you when a revised Prospectus or updated KIID is available from the Investment Manager’s website. If you do not enter an E-mail address in section 1 then revised or updated versions of the Prospectus and the KIIDs will be sent by post to the mailing address you have given.

If you prefer to receive the Prospectus and the KIIDs in paper form then please notify the Investment Manager, Herald Investment Management Limited (attention: Bridget Curry) who can be contacted as follows:

BY POST	BY EMAIL
10-11 Charterhouse Square	bc@heralduk.com
London	
EC1M 6EE	BY FAX
United Kingdom	00 44 (0)207 490 8026

You can change your communication preferences at any time by notifying the Investment Manager.

3. Subscription Instructions

I/We hereby apply to purchase Shares in the amount of which sum will be paid by telegraphic transfer, and agree to be bound by the Memorandum and Articles of the Company and its material contracts as set out in the Prospectus:

Dealing	<input type="text"/>	Settlement	<input type="text"/>
Date:		Date:	

Sub Fund Name	Sub-Fund Ref	Number of Shares	OR	Monetary Amount	Currency
The Herald Worldwide Technology Fund – Class B	HWFB	<input type="text"/>		<input type="text"/>	<input type="text"/>

Applicant Banking Information

I/We shall transfer the amount to be invested from my/our bank accounts noted below. Redemption proceeds (and dividends if required) will be paid to this account. Shareholders may change their banking information upon written notice. Redemption proceeds will not be paid to an account that is not in the applicant’s name.

GBP

Intermediary Bank	<input type="text"/>
Name of Bank	<input type="text"/>
SWIFT Code	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>

Sort Code

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Subscription Payment Delivery

Pay subscription monies to the relevant bank account:

GBP

Intermediary Bank

Barclays Bank PLC London

SWIFT:

BARCGB22

Beneficiary Bank

The Northern Trust International Banking Company, New Jersey

Account Number

IBAN:GB64BARC20325353529495

For further Credit to account

Herald Investment Fund PLC – 607515-20019

Reference

The Herald Worldwide Technology Fund

Please contact the Administrator if payment details in any other currency are required. Any bank charges in respect of telegraphic transfers or otherwise will be deducted from the amount or value of subscriptions and the net amount invested in Shares. Once fully completed and signed, this Account Opening Form should be sent to the following address and/or facsimile number, and if sent by facsimile the original must follow by post:

Herald Investment Fund plc

Facsimile: 353 1 434 5251

Attention: Transfer Agency

Telephone: 353 1 434 5119

c/o Northern Trust Securities Services (Ireland) Limited

Email: Herald_TA@ntrs.com

George's Court

54-62 Townsend Street

Dublin 2, Ireland

4. Declaration of Residence inside or outside the Republic of Ireland

Residence Outside Ireland

Applicants resident outside Ireland are required by the Irish Revenue Commissioners ("IRC") to make a declaration which is in a format authorised by the IRC, 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 delete any declaration that is not relevant

Declaration on own behalf

- 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 resident or ordinarily resident in Ireland, and
 - Should I/we/the company* become resident in Ireland I will/we will so inform you, in writing, accordingly.
- I am/We* are an Irish Resident who will not cause the Company to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. If you are an exempted Irish investor please contact the Administrator which will provide you with appropriate wording for a declaration to confirm your status
- I am/We are* an Irish Resident who will cause the Company to have an obligation to deduct and pay tax to the Irish Revenue Commissioners

* please delete as appropriate

Declaration as Intermediary

- We declare that we are applying for Shares on behalf of persons:
- who will be beneficially entitled to the Shares; and,
 - who, to the best of our knowledge and belief, are neither resident nor ordinarily resident in Ireland.
- We also declare that:
- unless we specifically notify you to the contrary at the time of application, all applications for Shares made by us from the date of this application will be made on behalf of such persons; and,
 - we will inform you in writing if we become aware that any person, on whose behalf we hold Shares, becomes resident in Ireland.

Residence Inside Ireland**Declaration referred to in Section 739D(6) Taxes Consolidation Act, 1997**

Irish tax reference number of applicant _____

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the Shares on behalf of the applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D (6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick as appropriate).
- A pension scheme
 - A company carrying on life business within the meaning of section 706 TCA 1997
 - An investment undertaking
 - A special investment scheme
 - A unit trust to which section 731(5) (a) TCA 1997 applies;
 - A charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
 - A qualifying management company
 - A specified company
 - Entitled to exemption from income tax and capital gains tax by virtue of sections 784A(2) and 787I of the TCA 1997, (see further requirements for Qualifying Fund Manager below).
 - A credit union to which Section 2 of the Credit Union Act 1997 applies.
 - Section 110 company.

Additional requirement where the declaration is completed on behalf of a pension scheme, a company carrying on life business within the meaning of section 706 TCA 1997, an investment undertaking, a special investment scheme, a unit trust to which section 731(5)(a) TCA applies, a qualifying management company or a credit union to which section 2 of the Credit Union Act 1997 applies

- I undertake that, in the event that the Shares cease to be assets of the *pension scheme/company carrying on business within the meaning of section 706 TCA 1997/investment undertaking/special investment scheme/unit trust to which section 731(5) (a) TCA applies/qualifying management company/credit union to which Section 2 of the Credit Union Act 1997 applies, including a case where the Shares are transferred to another such entity, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (*Delete as appropriate)
- The section 110 Company declares to the Fund that it is a company within the charge to corporation tax made to it by the investment undertaking therefore payments to the Section 110 Company will be made without deduction of exit tax.

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made are held for charitable purposes only and;
- Form part of the assets of a body of persons or trust related by the Revenue Commissioners as a body or trust established for charitable purposes only, or are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.

- I undertake that, in the event that the person referred to in paragraph (7) (d) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA 1997, I will by written notice, bring this fact to the attention of the investment undertaking accordingly.

Additional requirements where the declaration is completed by a Qualifying Fund Manager

I also declare that at the time this declaration is made, the Shares in respect of which this declaration is made;

- Are assets of an *approved retirement fund/an approved minimum retirement fund, and
- Are managed by the declarant for the individual named below who is beneficially entitled to the Shares.

I undertake that, if the Shares cease to be assets of the *approved retirement fund/the approved minimum retirement fund, including a case where the Shares are transferred to another such fund, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly. (* Delete as appropriate)

Additional requirements where the declaration is completed by an Intermediary

I/we* declare that I am/we are* applying for Shares on behalf of persons who

- to the best of my/our* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made; and
- is a person referred to in section 739D(6) TCA 1997.

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 persons referred to in section 739D(6) TCA 1997; and
- I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997. (* Delete as appropriate)

5. Representations, Authorities, and Indemnities

Check as applicable – Delete any statement that is not relevant

1. I/We confirm that I am/we are 18 years of age or over (delete if you are not a natural person).
2. If you are joint applicants – We direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor (delete if you are not a natural person or you are a sole investor).
3. I/We confirm that I am/we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares on behalf of, or for the benefit of, a US Person, nor do I/we intend transferring any Shares which I/we may purchase to any person who is a US Person. I/We confirm that I/we have the authority to make this investment whether the investment is our own or is made on behalf of another person or institution.
4. I/We indemnify the Company, Investment Manager, Custodian, Administrator and other Shareholders for any loss suffered by them as a result of me/us acquiring or holding Shares in the Company where, by virtue of my/our holding, I am/we are in breach of the laws of any competent jurisdiction.
5. I/We hereby acknowledge as part of this application that I/we have been provided with a copy of the Prospectus and where applicable the most recent annual or half-yearly reports and accounts for the Company and furthermore that this application is made on the terms thereof and subject to the provisions of the Articles of Association of the Company. In particular, I/we acknowledge that I am/we are aware of the potential risks associated with this investment and where appropriate have sought professional advice on matters of taxation and such other consequences applicable to the investment.

6. I/We confirm that before completing this Account Opening Form I/we received and read the Prospectus and the KIID for each Class of Share for which I/we are applying. I/We hereby acknowledge that I/we are aware that the latest Prospectus and KIID for each Share Class is available from the Investment Manager's website as set out above and that I/we will obtain and read the most up-to-date version of the relevant Prospectus and KIID prior to making any subsequent application for Shares in the Fund.
7. Where I/we am/are acquiring the Shares for or on behalf of any person in my/our capacity as a sub-distributor of the Company, I/we certify that prior to accepting any order for the acquisition of Shares, I/we have ensured that the investor was provided with the current Prospectus and KIID for the relevant Share Class. Where permitted by applicable law, "provided" shall include informing the investor of the applicable website where the Prospectus and the KIID may be accessed, which is: www.heralduk.com/funds/hwf/how_to_invest.
8. I/We hereby agree to indemnify and hold harmless the Company, the Administrator, the Custodian, the Investment Manager, 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 to by me/us to the Company or the Administrator. The Company, the Manager, and the Administrator will not be responsible or liable for the authenticity of instructions received from us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.
9. (a) The Administrator, the Investment Manager, and the Company are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Account Opening Form relates given by me/us in written form, by telephone or by facsimile.

(b) I/We agree to indemnify each of the Administrator, the Investment Manager, 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 any of them acting upon facsimile and/or telephone instructions. In circumstances where such instructions relate to a change in the Applicant Banking Information referred to above, I/we confirm that I/we will provide you with an original instruction.

(c) The Administrator, the Investment Manager, 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.
10. I/We acknowledge the Administrator will refuse to process a redemption request until the Administrator has received an original of this Account Opening Form.
11. I/We confirm that I/we have the capacity and am/are duly authorised to make this application and to make the representations and give the indemnities referred to in this Account Opening Form.
12. I/We request that the Shares issued pursuant to this application are registered in the name and address set out on page 1 hereof.
13. I/We accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.
14. I/We acknowledge that all telephone calls with the Investment Manager, the Administrator or Custodian may be recorded and consent to such recording.
15. I/We agree (i) to provide these representations to the Company at such times as the Company may request, and (ii) to provide on request such certifications, documents or other evidence as the Company may reasonably require to substantiate such representations.
16. I/We agree to notify the Company immediately if I/we become aware that any of the representations made is no longer accurate and complete in all respects. I/We agree immediately either to sell or to tender to the Company for redemption of a sufficient number of Shares to allow the representations to be made again.
17. I/We acknowledge that in respect of a fund which has invested in equity related securities, all or part of that fund's fee and expenses may be charged to the capital of the fund and that this policy will have the effect of lowering the capital value of my/our investment.

18. I/We understand that the confirmations, representations, declarations and warranties made herein are continuing and apply to all subsequent purchases of Shares by me/us in the Company
19. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the Company, or the Investment Manager and their delegates, agents or affiliates in accordance with the Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Fund and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal or regulatory obligations including legal obligations under company law and anti-money laundering legislation; (e) and for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, auditors, technology providers or to the Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (f) For other legitimate business interests of the Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Fund 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 consent to the recording of telephone calls that I/we make to and receive from the Administrator, the Company or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes. I/We consent to the Company or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right not to receive such information.
20. I/We hereby authorise the Fund and the Administrator to retain all documentation provided by me/us in relation to my/our investment in the Fund for such period of time as may be required by Irish law, but for not less than five years after the period of investment has ended.
21. In respect of joint applicants 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 or survivors of us or the executor or administrator of the last of such survivor or survivors.

Data Protection

- A. The Administrator acts as Data Processor on behalf of the Company. The Administrator will handle personal information in accordance with the Data Protection Acts 1988 to 2003 (of Ireland). It will only process such personal information for the purposes of carrying out the services of Administrator, registrar, and transfer agent of the Company and to comply with legal obligations, including legal obligations under applicable law and anti-money laundering legislation.
- B. Personal information includes information and data in relation to your shareholding, any details in this Account Opening Form and any information that the Administrator and/or the Company has or knows about you.
- C. The Administrator or Company may disclose personal information to the Custodian and/or the Investment Manager and/or third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors and the Irish Financial Regulator or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements.
- D. I/We consent to the processing of my/our information and the disclosure of my/our information as outlined above and to the Investment Manager and where necessary or in the Company's legitimate interests to any company in the Investment Manager's group of companies or agents of the Company including companies situated in countries outside the European Economic Area, which may not have the same data protection laws as in Ireland.

- E. From time to time, the Investment Manager may send you information about other products or services which they offer. You have a right not to receive such information. If you do wish to receive such information and/or marketing material please tick here:

6. Anti Money Laundering & Counter Terrorist Financing

- **Part I** Beneficial Ownership Detail must be provided by **All Applicants**
- **Part II** To be completed by any applicant which is a Recognised Regulated Entity; e.g. a bank, provider of financial services or nominee company investing on its own behalf or on behalf of a third party and if regulated for compliance with applicable Anti Money Laundering regulations in a Prescribed Country¹
- **Part III** To be completed by any **Individual (s) investing in their own name**
- **Part IV** To be completed by any **Unregulated Nominee Company** that does not fall within scope of Part II above.
- **Part V** To be completed by any **Politically Exposed Person(s)** investing into the Fund.
- **Part VI** To be completed by **Other Investors** investing into the Fund.

Note that, in all cases the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

PART I – Beneficial Ownership Detail

Full Name of any Individual with a beneficial interest of 25% or more in this investment: or anyone who otherwise exercises control of the legal entity, where applicable:

1. _____ 2. _____
 3. _____ 4. _____

Note: If there is/ are no Individual(s) with a beneficial interest of 25% or more in this investment or anyone that otherwise exercises control of the legal entity, where applicable please check the box below:

PART II – Recognised regulated entities

Applicant is a Recognised Regulated Entity (as previously defined) acting on its own account or on behalf of a third party

YES

¹Prescribed Countries as set out in SI 347 of 2012: Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, India, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mexico, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovakia, Slovenia, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States, The Dutch overseas territories of Netherlands Aruba, Curacao, Sint Maarten, Bonaire, Sint Eustatius and Saba. The French overseas territories of Mayotte, New Caledonia, French Polynesia, Saint Pierre and Miquelon and Wallis & Futuna .

Name of Regulatory Authority:

Applicable Domestic Regulations:

PART III - Individual(s)

Please provide

- 1. A copy photographic identity document e.g. Passport or Driver’s Licence and
- 2. Two copies of non-photographic identity documents² e.g.utility bill / bank statement dated within the last six months.

Current Occupation (s)

Date of Birth

In the case of joint account holders, please supply the relevant documentation and information in respect of all holders.

PART IV – Unregulated Nominee Company

Please provide

- 1. Standard Reliance Letter³ and
- 2. Proof of Regulatory Status of Parent Company **or**
- 3. Documentation in accordance with the legal form of the Nominee Company (see Part VI)

PART V – Politically Exposed Persons

A **Politically Exposed Person** is defined as an individual who is or was at any time in the preceding 12 months entrusted with a prominent public function or immediate family members of such persons or persons known to be close professional associates of such persons.

Please confirm whether you are a **Politically Exposed Person (PEP)** YES: NO:

Required Identity Verification Documentation

- 1. Certified Copy Photographic Identity Document e.g. Passport or Driver’s Licence and
- 2. Two Certified Copies of Proof of Residential Address Verification e.g.utility bill / bank statement dated within the last six months
- 3. Source of Funds
- 4. Source of Wealth

2. Please contact the Administrator directly if you have any queries

3 To be requested from the Administrator

Note: In terms of certified documents, this means that there is an original signature on the document from a suitable person confirming the documents are a true copy of the original, and they will need to sign and date it, printing their name, occupation, address, telephone number and email address. Suitable persons include any of the following; police officer, practicing solicitors, embassy consular staff, financial institutions, medical professions, notaries public. The person certifying the documents should be independent of the investor.

A. Source of Funds

Please provide details

Earnings from Employment/Self Employment	<input type="checkbox"/>	Inheritance or Gift	<input type="checkbox"/>
Investment Income	<input type="checkbox"/>	Matured Investment	<input type="checkbox"/>
Lump Sum Retirement	<input type="checkbox"/>	Court Award	<input type="checkbox"/>
Sale of Property	<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>
Other	<input type="text"/>		

B. Source of Wealth

Please provide a brief description of your source of wealth (source of total accumulated net worth)

PART VI - Other Investors

If you fall under one of the investor categories outlined below please provide documents evidencing the requested information. Note that, in all cases this is an indicative list only and the Administrator or Fund may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

Listed Company on a Recognised Exchange⁴

1. Please provide Proof of Listing on a recognised stock exchange in a Prescribed Country

⁴ A Recognised Exchange is regulated under MiFid or deemed to have equivalent transparent rules
 NTAC:2SE-18

Listed Company – Not Appearing on a Recognised Exchange**Please provide:**

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address of the company.
5. Principal business address of the company.
6. Details of Directors of the company- including name, residential address and date of birth.
7. Detail of any beneficial owners who are natural persons, who own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any Beneficial Owner
9. Verification of identity of Company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Wholly Owned Subsidiary of a Listed Company**Please provide**

1. Full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address of the subsidiary company.
4. Principal business address of the subsidiary company
5. Details of Directors of the company - including name, residential address and date of birth.
6. Detail of any Beneficial Owner beneficially entitled to more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Confirmations as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) provide identity detail for any Beneficial Owner.
8. Verification of identity of the subsidiary company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Private Company**Please provide**

1. Full name of the company.
2. Registered number of the company.
3. Registered office address of the company.
4. Principal business address of the company.
5. Details of directors of the company- including name, residential address and date of birth.
6. Documentation to verify the identity of two directors or one director and one authorised signatory in line with legal form (If individuals, one proof of ID and one proof of address is required).
7. Detail of any beneficial owners who are natural persons, own more than 25% of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
8. Verification of identity of the company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of audited financial statements.

Partnership**Please provide**

1. Full name of the partnership.
2. Registered office address
3. Principal business address of the partnership.
4. Detail of all partners- including name, residential address and date of birth.
5. Documentation to verify the identity of two partners or one partner and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Detail of any partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
7. Constitutional Document for the partnership (e.g. Partnership Agreement).

Limited Liability Company

Please provide

1. Full name of the LLC.
2. Registered office address of the LLC.
3. Principal business address of the LLC.
4. Details of all Managing Members- including name, residential address and date of birth.
5. Documentation to verify the identity of two Managing Members or one Managing Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Detail of any Member beneficially entitled to more than 25% of the entity's share capital or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Constitutional Document
8. Operating Agreement.

Collective Investment Scheme ('CIS')

Please provide

1. Full name of CIS.
2. Registered address of CIS.
3. Prospectus or equivalent.
4. Name and address of scheme promoter.
5. Name and address of scheme administrator.
6. Name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes.
7. Identity detail for any investors who own more than 25% of the share capital.

Trust, Foundation or similar entity

Please provide

1. Full name of trust, foundation or similar entity.
2. Registered address of trust, foundation or similar entity.
3. Legal form of the trust, foundation or similar entity.
4. Trust deed or equivalent or confirmation of the entity to an appropriate register.
5. Detail of Nature / purpose of the Trust, foundation or similar entity.
6. Details of all trustees- including name, residential address and date of birth.
7. Documentation to verify the identity of two trustees or one trustee and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
8. Identity detail for any beneficial owners who own more at least 25% of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form. Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).
9. Details of settlor- including name, residential address and date of birth, as applicable

10. Details of protector (as appropriate)- including name, residential address and date of birth, as applicable

Employee/ Superannuation Pension Scheme

Please provide

1. Proof of registration from the relevant tax authorities

General Pension Scheme

Please provide

1. Full name of the pension scheme.
2. Registered office address of the pension scheme.
3. Confirmation of registration (as appropriate) from the relevant tax authorities or pension's board **or**
4. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
5. Constitutional/Formation Document (e.g. Trust Deed).

Registered Charity

Please provide

1. Extract from the relevant Charities Register e.g. UK Charities Commission

Unregistered Charity

Please provide

1. Full name of the charity.
2. Nature/purpose including the nature of the funding of the charity.
3. Registered office address of the charity.
4. Principal business address of the charity.
5. Details of Trustees/Directors/ Governors/Board Members or equivalent.- including name, residential address and date of birth.
6. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
7. Details of beneficiaries (where ascertainable).
8. Constitutional/Formation Document for the charity

Club or Society

Please provide

1. Full name of the club/society.
2. Registered office address of the club/society.
3. Nature/Purpose including the nature of funding of the club/society.
4. Confirmation of the legal status of the club/society.
5. Constitutional/Formation Document (e.g. Trust Deed) and / or copy of audited financial statements (if available).
6. Details of officers of the club/society.
7. Documentation to verify the identity of two officers of the Club/Society or one officer and one authorised signatory (If individuals, one proof of ID and one proof of address is required)

Government / Public Body in Ireland

Please provide

1. Background from a reliable source (e.g. internet search) .

Government/ Public Body Outside Ireland

Please provide

1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Detail of ownership of the government/public authority.
6. Details of main public body officials- including name, residential address and date of birth.
7. Identity detail for all persons who own or control over 25% of the entity’s share capital, profit or voting rights or otherwise exercises control over the management of the entity.
 Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc).
8. Appropriate background information on the entity (e.g. via internet search).

School, College or University

Please provide

1. Full name of school, college or university.
2. Registered office address school, college or university.
3. Detail to allow verification of identity of school, college or university from relevant registers and/or from obtaining appropriate background information (e.g. via internet search).
4. Documentation to verify the identity of two officials or one official and one authorised signatory (If individuals, one proof of ID and one proof of address is required) or 6 and 7 below.
5. Confirmation of ownership of the entity. In particular, confirmation of public ownership or independent ownership.
6. Where independently owned, identity detail of all persons who own or control over 25% of the entity’s share capital, profit or voting rights. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
7. Detail of main officials of school, college or university- including name, residential address and date of birth.

8. Signatures

I/We agree to be bound by the representations and statements set out in this Account Opening Form.

 Signature

 Date

 Joint Applicant (if applicable) Signature

 Date

If applicable, attach an authorised signatory list of those entitled to instruct on this investment

Annex A: Entity 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 Data Protection Acts, 1988 and 2003 of Ireland. 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 on FATCA or CRS please refer to the Irish Revenue or the OECD website at:

<http://www.revenue.ie/en/business/aeoi/index.html>

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

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".

(Mandatory fields are marked with an *)

***Section 1: Account Holder Identification**

***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 (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 4 and 5)

Indicate exemption: _____

***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):

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 or indicate at 3.3 the reason why you are unable to provide a GIIN.

<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	<input type="checkbox"/>
<i>Registered Deemed Compliant Foreign Financial Institution</i>	<input type="checkbox"/>
<i>Participating Foreign Financial Institution</i>	<input type="checkbox"/>

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:

<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>∞ Please provide the sponsor’s name and sponsor’s <i>GIIN</i> :</p> <p>Sponsor’s Name: _____</p> <p>Sponsor’s GIIN: □□□□□□.□□□□□□.□□.□□□□</p> <p>∞<i>NOTE: 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 U.S. reportable accounts are identified.</i></p>	<input type="checkbox"/>
<p>The Entity is an Exempt Beneficial Owner,</p> <p>Please tick and confirm the category of Exempt Beneficial Owner</p> <p>I. <input type="checkbox"/> Government Entity</p>	<input type="checkbox"/>

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”)). Please refer to the OECD CRS web portal for AEOI for more information on Tax Residence.

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 situated.

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 in a non-reportable Jurisdiction (i.e. Ireland or the USA)

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

∞If a TIN is unavailable, please provide the appropriate reason **A, B** or **C** where indicated below:

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason B*)

Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

***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 please see the OECD 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*, **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. <http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

<p><i>A Reporting Financial Institution resident in a participating CRS jurisdiction</i></p>	
<p><i>A Financial Institution Resident in a Non-Participating Jurisdiction</i> <i>(Please also tick the box that applies)</i></p> <p><input type="checkbox"/> An Investment Entity resident 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 in Section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons“`)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	
<p>Non-Reporting Financial Institution under CRS.</p> <p>Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p> <p><input type="checkbox"/> Central Bank</p> <p><input type="checkbox"/> Broad Participation Retirement Fund</p> <p><input type="checkbox"/> Narrow Participation Retirement Fund</p> <p><input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank</p> <p><input type="checkbox"/> Exempt Collective Investment Vehicle</p> <p><input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts</p> <p><input type="checkbox"/> Qualified Credit Card Issuer</p> <p><input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax.</p> <p>Specify the type provided in the domestic law: _____</p>	

5.2 Non Financial Institution (Non-Financial Foreign 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 or Passive NFE.

<p><i>Active Non-Financial Entity (NFE)</i> – a corporation the stock of which is regularly traded on an established securities market.</p> <p>Please provide the name if the established securities market on which the corporation is regularly traded: _____</p>	
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<p>Active Non-Financial Entity (NFE) – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____ Please provide details of the securities market that the entity is listed on : _____</p>	
<p>Active Non-Financial Entity (NFE) – a Government Entity or Central Bank</p>	
<p>Active Non-Financial Entity (NFE) – an International Organisation</p>	
<p>Active Non-Financial Entity (NFE) – <i>other</i> than those listed in I, II, III or IV above. (for example a start-up NFE or a non-profit NFE)</p>	
<p>Passive Non-Financial Entity (NFE)- (if this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s)</p>	

∴ Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form. If there are no natural persons 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>

Name of All Controlling Person(s) of the Account Holder:

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

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

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 will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate Individual (Controlling Person’s) Self-Certification for FATCA and CRS 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 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: (dd/mm/yyyy):** _____

Annex B: Individual 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 form you are providing personal information which may constitute personal data within the meaning of the Data Protection Acts, 1998 and 2003 of Ireland. 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 Revenue, the Irish tax authority. 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 on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

<http://www.revenue.ie/en/business/aeoi/index.html>

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

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: 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.

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

OR

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

***Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TINs”). For further guidance please refer to the OECD CRS Information Portal (<http://www.oecd.org/tax/automatic-exchange/>).

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 in a non-reportable Jurisdiction (i.e. Ireland or the USA)

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

∞If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

- Reason B** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

- Reason C** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason C*)

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 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 use a separate Self-Certification form for **each** Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder 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		

***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 - <http://www.revenue.ie/en/business/aeoi/>

*Authorised Signature: _____

*Print Name: _____

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

*Capacity (if Controlling Person): _____