

**Cazenove International Fund plc**  
**Anti-Money Laundering Verification Requirements in accordance with the**  
**Criminal Justice Act, 1994 &**  
**EU Savings Directive Requirements for EU Resident Individuals outside of Ireland**  
**(In accordance with the Directive 2003/48/EC (the "Directive"))**

**Guide to completing this form.**

- **Part I** This section must be completed by **All** fund applicants and transferees
- **Part II** This section can only be completed by **banks, providers of financial services and nominee companies** acting on their own account and if authorised and regulated in the EU, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA and Liechtenstein.
- **Part III** This section is only applicable to **individual & Joint investors** investing directly into the fund, i.e. not through an intermediary
- **Part IV** This section can only be completed by **intermediaries, agents and nominees** acting on behalf of third parties.
- **Part V** To be completed by **all individual & Joint** applicants who are EU residents not residing in Ireland
- **Part VI** This section is only applicable to **partnerships and trusts** investing directly into the fund
- **Part VII** This section is only applicable to **companies** investing directly into the fund
- **Part VIII** This section is only applicable to **institutional investors** investing directly into the fund

**PART I - ALL**

Full name(s) and full current permanent address/registered office of applicants(s)/transferee(s):

Mr/Mrs/Miss/Ms/Company Name: \_\_\_\_\_

Address/Registered Office: \_\_\_\_\_

\_\_\_\_\_

Date of Birth (if applicable): \_\_\_\_\_

Country of Birth/Registration: \_\_\_\_\_

**DECLARATION - I/We declare that the information contained in this form and the attached documentation, if any, is true and accurate to the best of my/our knowledge and belief.**

Date: \_\_\_\_\_

Signed:	1.	2.	3.	4.	Signatory Capacity if applicable (i.e. Director/manager)	_____
	_____	_____	_____	_____		_____
	_____	_____	_____	_____		_____
	_____	_____	_____	_____		_____
	_____	_____	_____	_____		_____

In the case of joint holders, ALL holders must complete this declaration.

**PART II – Financial Company, Bank, Nominee, etc.**

**Please tick the following box, if appropriate:**

I/We are a bank/provider of financial services or a nominee company/nominee account which is part of/used by a bank/provider of financial services authorised and regulated in the European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA and Liechtenstein, acting for our own account.

YES

If answer is Yes, please supply the name of regulated entity and also the name of your regulator:

\_\_\_\_\_

**If you are acting on behalf of a third party you must complete part IV**

**PART III - Individuals and Joint Holders**

If you, as applicant(s) or transferee(s) is/are an INDIVIDUAL(S) please supply the following documents; in the case of joint holders, please supply the relevant documentation on respect of ALL holders.

1. Certified\* copy of your photo identification card/passport AND
2. Two forms of address verification. This can be supplied as one of the following options:
  - 1) Certified copies of 2 different utility bills OR
  - 2) Certified copy of utility bill and a Bank statement

\* All of the above copies can be certified by any of the following: a police officer, chartered and certified public accountant, notaries public, solicitor embassy and consular staff and your Bank or IPA if authorised and regulated in the EU, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, Mexico, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA.

#### **PART IV - To be completed by Financial Agents, Nominees and Intermediaries**

As an intermediary/ agent/ nominee authorised and regulated in European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, Turkey or the US acting on behalf of a third party, please sign below.

##### **TO BE COMPLETED BY AGENT/NOMINEE/INTERMEDIARY**

I/we (name and address of agent/ intermediary) \_\_\_\_\_

confirm that we are regulated in \_\_\_\_\_ (insert jurisdiction) by \_\_\_\_\_ (name of Regulator).

We undertake to verify the identity of all third parties on whose behalf we purchase shares in the Fund. We further undertake to retain for five years from the date our relationship with the subscriber ends, copies of any documentation obtained by us in so verifying and if/when requested to do so by the Fund, provide copies of said documentation. In addition should our relationship with the subscriber end we confirm that we will provide you with all identification and verification documentation.

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

Capacity of signatory (Director/Manager etc) \_\_\_\_\_

Signature \_\_\_\_\_  
(Please print name in block capitals)

Date \_\_\_\_\_

#### **Part V – Individual and Joint Investors - Only those Resident in EU Relevant Jurisdictions (Appendix I)**

**EU SAVINGS DIRECTIVE 2003/48/EC – Please complete if you are an EU Resident residing outside of Ireland only.**

As paying agent for the Fund, we must collect additional information in order to satisfy the EU Savings Directive requirements. Therefore, individuals who are EU residents (Appendix I) and reside outside of Ireland must provide the following additional information & documentation:

**Please leave the Tax Identity Number blank if:**

- (1) You do not have a tax identification number or
- (2) Your TIN does not appear on the supporting documentation (passport, photo ID Card or other proof of identity) that you are submitting with this application.

Tax Identification Number (TIN) \_\_\_\_\_ (See above)

Issuing Country of your Passport / Photo Identity Card \_\_\_\_\_

**Additional documents required (Only if investing directly in your own or Joint names i.e., whether or not it is via an intermediary):**

- 1) **Proof of Tax Identification Number (TIN)** if available (e.g. photo identity card which shows the tax identification number or correspondence from your local tax office)
- 2) **Tax Residency Certificate (TRC)** (where the place of issuing country of passport differs from country of tax residence)

**In the case of Joint Holders, the additional documentation is required for each applicant.**

Your personal information will be handled by IFMI or it's duly appointed delegates as Data Processor for the Fund in accordance with the Data Protection Acts 1988 to 2003. Your information provided herein will be processed for the purposes of complying with the Directive and this may include disclosure to the Irish Revenue Commissioners.

#### **PART VI - PARTNERSHIP, TRUST or**

## INVESTMENT CLUB, CO MINGLED FUND of INDIVIDUAL INVESTORS

If you are an applicant/transferee that is a PARTNERSHIP or TRUST, INVESTMENT CLUB or CO MINGLED fund of individual Investors, please supply the following:

1. List of names, date of birth, occupation and permanent addresses of all partners/trustees/beneficiaries.
2. \*Certified copies of the above partners'/trustee's/beneficiaries' identification as per part III for an individual and part VI for a company.
3. Evidence of the above partners'/trustee's authority to make investments in the Company on behalf of the partnership/trust/Club.
4. \*Certified authorised signatory list.
5. \*Certified copy of partnership agreement/trust deed.

\* To be certified by your bank/lawyer or solicitor/notary public.

## PART VII – A Company

If you are an applicant/transferee that is a COMPANY, please supply:

1. \*\*Certified copy Certificate of Incorporation or Certificate to Trade.
2. Memorandum and Articles of association
3. \*Certified authorised signatory list.
4. \*Authorised mandate of the directors to make the investment (i.e. copy of board minutes).
5. List of all directors' names, occupations, residential and business addresses and dates of birth.

\*\* Certified by Companies Registration Office, solicitor or bank

\* To be certified by your bank/lawyer or solicitor/notary public.

### AND

If the company is **not quoted** on a Stock Exchange in the European Union, Australia, Canada, the Channel Islands, Hong Kong, Iceland, the Isle of Man, Japan, New Zealand, Norway, Singapore, Switzerland, Turkey or the USA and Liechtenstein, please also supply:

- \* Identification as per individual investor (see part III above) for at least 2 directors and all persons authorised to operate on the account
- \* List of names, addresses, dates of birth and occupations of shareholders holding 10% or more of the share capital.

## PART VII - INSTITUTIONAL Investor e.g. pension fund, local authority, or charity

If you are an applicant/ transferee that is an INSTITUTIONAL Investor e.g. pension fund, local authority, or charity, please supply the following:

1. \*Certified authorised signatory list.
2. Properly authorised mandate of persons completing the form to act on behalf of the applicant.
3. Documentary evidence of the regulatory status of the applicant, please contact the administrator for further details.

\* To be certified by your bank/lawyer or solicitor/notary public.

If you are unable to complete any part of this form please contact the administrator (00353) 1 6700660

## Appendix I

### Re the EU Savings Directive – the List of ‘Relevant Jurisdictions’ and Third Countries Member States (other than Ireland)

	Austria*	Belgium*
	Cyprus	Czech Republic
Ireland will send information to the 24 other member states.	Denmark	Estonia
	Finland	France
	Germany	Greece

Ireland will receive information from the other member states except from those marked \* - **those marked \* will impose a withholding tax.**

Hungary	Italy
Latvia	Lithuania
Luxembourg*	Malta
Netherlands	Poland
Portugal	Slovakia
Slovenia	Spain
Sweden	United Kingdom

### **Dependant or associated territories of Member States (Netherlands and the UK)**

Ireland will send information to Aruba and Netherlands Antilles. Ireland will receive information from Aruba but not from Netherlands Antilles – they will impose a **withholding tax.**

#### *Dutch Territories:*

Aruba  
Netherlands Antilles

Ireland will send information to Jersey, Guernsey and Isle of Man. Ireland will not receive information from them – they will impose a **withholding tax.**

#### *UK Territories:*

Jersey  
Guernsey  
Isle of Man

1. Ireland will send information to and receive information from Anguilla.
2. Ireland will not send information to or receive information from British Virgin Islands - they will impose a withholding tax.
3. Ireland will not send information to but will receive information from Cayman Islands.
4. Ireland will send information to and receive information from Montserrat.
5. Ireland will not send information to or receive information from Turks and Caicos Islands - they will impose a **withholding tax.**

1. Anguilla
2. British Virgin Islands
3. Cayman Islands
4. Montserrat
5. Turks and Caicos Islands.

### **Third countries**

These countries are not participating in automatic exchange of information. To the extent that they will exchange information it will be on a request basis only. Their participation is confined to imposing a **withholding tax.**

Andorra  
Liechtenstein  
Monaco  
San Marino  
Switzerland

*The information contained herein has been obtained from sources which we believe to be reliable, but its accuracy cannot be guaranteed. Such information is subject to change, is intended for informational purposes only, and is not to be construed as investment advice, tax advice or guidance.*