

# The IDAD Fund PCC plc (the "Fund") – Trust Application Form

To: Suntera Fund Services (IOM) Limited, Peveril Buildings, Peveril Square, Douglas, Isle of Man, IM99 1RZ. Telephone: +44 (0) 1624 682224 Email: fund.services@suntera.com

***This form should only be completed where the trustee(s) of a Trust is/are investing directly into the Fund; where the investment is to be made by an underlying company owned by the trustees on the terms of the Trust, then the Corporate / Institutional Investor form should be completed. Institutional nominees and foundations should also use the Corporate/Institutional Investor form.***

1. TRUST DETAILS			
Name of Trust: <span style="float: right;">("the Trust")</span>			
Name investment is to be designated (if different to the above):			
Address (including country and post code):			
Correspondence Address (if different from above):			
What is the proper law of the trust?		Countries of Tax Residency	
Date of Establishment		Official identification No. where applicable (e.g. registered charity, tax ID number)	
Contact Name and Title:			
Telephone/Fax:		E-mail:	
Preferred method of Contact:		Email	Post
Please detail the nature and purpose of the Trust:			
Type of Trust (e.g. discretionary, fixed interest, testamentary)			
Does the Trust have any underlying companies? If yes, please attach a structure chart and confirm what activities are undertaken by the underlying companies in the group:			
What is the typical annual turnover of the Trust?			
Does the Trust expect to make additional investments into the Company in the next 12 months? If yes, please give an estimate of the number of transactions and likely value of the investments:			
Source of Funds - Please explain how the funds to be invested have been accrued including a specific comment on the source of the monies being invested and the geographic sphere in which the funds were generated:			

Source of Funds – Please provide details of the financial institution that the investment monies are coming from:

Account Name:

Account Number:

Name of Financial Institution:

Sort Code/Branch:

Address of Financial Institution:  
(including post code)

Please list any public or high profile positions held by any related party to the Trust such as beneficial owners or persons with the power to direct the Trust's activities:

## 2. PARTIES TO THE TRUST

### DETAILS OF INDIVIDUAL SETTLOR

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (including Country and Post Code):

### DETAILS OF CORPORATE SETTLOR

Name:	<input type="text"/>				
Registered Office Address:	<input type="text"/>				
Place of Business (if different to the above):	Countries of Tax Residency: <input type="text"/>				
Country of Incorporation:	<input type="text"/>	Incorporation Number:	<input type="text"/>		

Please list the full names of each of the Shareholders of the company:

Please list the full names of each of the Directors of the company:

Please state the principal activities of the company:

### DETAILS OF TRUE SETTLOR (I.E. THE PERSON PROVIDING THE FUNDS WHERE THEY ARE DIFFERENT TO THE SETTLOR NAMED IN THE TRUST DEED)

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (incl. Country and Post Code):

**DETAILS OF INDIVIDUAL TRUSTEE**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (incl. Country and Post Code):

**DETAILS OF INDIVIDUAL TRUSTEE**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (incl. Country and Post Code):

**DETAILS OF CORPORATE TRUSTEE**

Name:	<input type="text"/>				
Registered Office Address:	<input type="text"/>				
Place of Business (if different to the above):	Countries of Tax Residency: <input type="text"/>				
Country of Incorporation:	<input type="text"/>	Incorporation Number:	<input type="text"/>		

Please list the full names of each of the Shareholders of the company:

Please list the full names of each of the Directors of the company:

Please state the principal activities of the company:

**DETAILS OF PROTECTOR OR ENFORCER**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					

**DETAILS OF ANY PERSON WHOSE WISHES THE TRUSTEES MAY BE EXPECTED TO TAKE INTO ACCOUNT**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					

**CLASSES OF BENEFICIARIES**

Please list in full the classes of beneficiaries, including charitable causes named in the trust deed

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**DETAILS OF NAMED/KNOWN BENEFICIARY**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					

**DETAILS OF NAMED/KNOWN BENEFICIARY**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					

**DETAILS OF NAMED/KNOWN BENEFICIARY**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (incl. Country and Post Code):

**DETAILS OF NAMED/KNOWN BENEFICIARY**

Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>

Permanent Residential Address (incl. Country and Post Code):

PLEASE DUPLICATE THIS PAGE IF THERE ARE MORE THAN FOUR BENEFICIARIES

DETAILS OF FIRST SIGNATORY					
Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					
Description of relationship with the Trust or trustee(s):					

DETAILS OF SECOND SIGNATORY					
Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					
Description of relationship with the Trust or trustee(s):					

DETAILS OF THIRD SIGNATORY					
Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					
Description of relationship with the Trust or trustee(s):					

DETAILS OF FOURTH SIGNATORY					
Title:	<input type="text"/>	Full name:	<input type="text"/>		
Maiden and other names:	<input type="text"/>	Date of Birth (dd/mm/yy):	<input type="text" value="DD/MM/YYYY"/>	Place of Birth:	<input type="text"/>
Nationality:	<input type="text"/>	Gender:	<input type="text" value="M / F"/>	Passport No.:	<input type="text"/>
Permanent Residential Address (incl. Country and Post Code):					
Description of relationship with the Trust or trustee(s):					

IF THERE ARE MORE THAN FOUR SIGNATORIES, PLEASE DUPLICATE THIS PAGE

### 3. SIGNING AUTHORITY

	Any One of us	Any two of us	All of us	Other
Please complete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOTE: In the absence of alternative instructions, the signature of all parties will be required on all instructions**

### 4. SELF CERTIFICATIONS FOR FATCA AND CRS

The Fund is obliged under the Isle of Man Income Tax Act 1970, Regulations, Guidance Notes made pursuant thereto and Treaties and Intergovernmental Agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively 'AEOI'), to collect certain information about each Account Holder's tax status.

Please complete all applicable sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly. Part 10 sets out summaries of certain defined terms that may assist in completion of this Part. Please note that, for the purposes of AEOI, a trust arrangement is generally treated as an "Entity" distinct from the legal persons (such as the trustees) that are involved with the trust.

#### US PERSONS DECLARATION

If the Trust is a US Person, please tick either (a) or (b) and complete as appropriate:-

<input type="checkbox"/>
<input type="checkbox"/>

(a) The trust is a Specified US Person and the entity's US federal taxpayer identifying number (US TIN) is as follows:

(b) The trust is a US Person that is not a Specified US Person. Indicate Exemption in the box provided.

<input type="text"/>
<input type="text"/>

#### US FATCA CLASSIFICATION FOR ALL NON-US ENTITIES

Please complete this section if the trust is not a US Person

**If the trust is a Registered Financial Institution, please tick one of the categories below, and provide the entity's Global Intermediary Identification Number (GIIN).**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- Isle of Man or IGA Partner Jurisdiction Financial Institution
- Registered Deemed Compliant Foreign Financial Institution
- Participating Foreign Financial Institution

GIIN: \_\_\_\_\_

**If the trust is a Financial Institution but unable to provide a GIIN, please tick one of the reasons below:-**

<input type="checkbox"/>
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The trust is a Sponsored Financial Institution (including a Sponsored Investment Entity and Sponsored Closely Held Investment Vehicle) and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN below.

Sponsoring Entity's Name: \_\_\_\_\_

Sponsoring Entity's GIIN: \_\_\_\_\_

<input type="checkbox"/>
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The Trust is a Trustee Documented Trust. Please provide your Trustee's name and GIIN below:

Trustee's Name: \_\_\_\_\_

Trustee's GIIN: \_\_\_\_\_

<input type="checkbox"/>
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The trust is a Certified Deemed Compliant, or other Non-Reporting Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution). Indicate exemption:

\_\_\_\_\_

The Trust is an Owner Documented Financial Institution  
The Trust is a Non-Participating Foreign Financial Institution

**If the trust is not a Financial Institution, please confirm the Entity's FATCA status below:**

The trust is an Exempt Beneficial Owner. Indicate status below:

\_\_\_\_\_

  

The trust is an Active Non-Financial Foreign Entity (included an Excepted NFFE)  
The trust is a Passive Non-Financial Foreign Entity

If the trust is a Direct Reporting NFFE, please provide the Entity's GIIN: \_\_\_\_\_

If the trust is a Sponsored Direct Reporting NFFE, please provide the Sponsoring Entity's Name and GIIN below

Sponsoring Entity's Name: \_\_\_\_\_

Sponsoring Entity's GIIN: \_\_\_\_\_

**If you have confirmed that the trust is a Passive Non-Financial Foreign Entity, please provide details of the Controlling Persons by completing Part 5 of this form.**

**DECLARATION OF TAX RESIDENCE**

Please indicate the trust's place of tax residence. If resident in more than one jurisdiction please detail all jurisdictions and associated Tax Identification Number (TIN) for each jurisdiction:

<b>Jurisdiction</b>		<b>TIN</b>	
<b>Jurisdiction</b>		<b>TIN</b>	
<b>Jurisdiction</b>		<b>TIN</b>	

If a TIN is not available, please provide a functional equivalent (e.g. social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed, please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

**CRS CLASSIFICATION**

Please provide your CRS classification by ticking the corresponding box(es) below. Please note, an Entity's CRS classification may not necessarily be the same as its classification for US FATCA purposes.

In order to simplify the content of this Application Form and make it relevant for most trustee applicants, not all categories of CRS classification have been set out below. If you believe that your classification is not set out, please tick this box and contact the Manager for guidance on the submission of a separate declaration:

**If the trust is a Financial Institution please specify the type of Financial Institution below.**

  

Investment Entity - within the meaning of Section VIII, A.6(a) of the CRS  
'Managed' Investment Entity – within the meaning of Section VIII, A.6(b) of the CRS

**If you have ticked the box 'Managed Investment Entity' above and the trust is resident in a Non-Participating Jurisdiction, the trust will be treated as a Passive Non-Financial Institution. Please therefore provide details of the Controlling Persons by completing Part 5 of this form.**

Please provide your CRS classification by ticking the corresponding box(es) below. Please note, an Entity's CRS classification may not necessarily be the same as its classification for US FATCA purposes.

**If the trust is a Non-Reporting CRS Financial Institution, please specify the type below.**

- Broad Participation Retirement Fund
- Narrow Participation Retirement Fund
- Exempt Collective Investment Vehicle
- Trustee Documented Trust
- Other Entity defined under domestic law as low risk of being used to evade tax. Please specify the type below:  
\_\_\_\_\_

If the Entity is an Active Non-Financial Entity, please tick this box

If the Entity is a Passive Non-Financial Entity, please tick this box

**If you have confirmed that the Entity is a Passive Non-Financial Foreign Entity, please provide details of the Controlling Persons by completing Part 5 of this form.**

**DECLARATION AND UNDERTAKINGS**

I declare (as an authorised signatory of the trust) that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

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 inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

**5. CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM**

**Please fill in this part of the form if the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution**

Please complete all sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. **For joint or multiple controlling persons use a separate form for each controlling person.**

This form will remain valid unless there is a change in circumstances relating to information, such as the Controlling Person's tax status or other mandatory field information, that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form.

**IDENTIFICATION OF A CONTROLLING PERSON**

<b>Full Name</b>					
<b>Permanent Residential Address</b>					
<b>Mailing Address (if different)</b>					
<b>Date of Birth</b>		<b>Town of Birth</b>		<b>Country of Birth</b>	

**DECLARATION OF TAX RESIDENCE**

Please indicate the Controlling Person's place of tax residence. If resident in more than one jurisdiction please detail all jurisdictions and associated Tax Identification Number (TIN) for each jurisdiction:

Jurisdiction of Tax Residence	TIN	TIN Type

If a TIN is not available, please provide a functional equivalent (such as social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed, please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

\_\_\_\_\_

**TYPE OF CONTROLLING PERSON**

Please provide the Controlling Person's Status by ticking the appropriate box below.

- 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 DECLARATION AND UNDERTAKINGS**

I acknowledge that the information provided in this form and regarding the Controlling Persons and any Reportable Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is maintained and exchanged with tax authorities of another jurisdictions) in which [I/the Controlling Person] may be tax resident pursuant to International Agreement to exchange financial account information.

I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the Entity Account Holder to which this form relates.

**I declare that all of the statements made in this declaration are, to the best of my knowledge, correct and complete.**

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 inaccurate or incomplete.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Note: If you are not the Controlling Person, please indicate the capacity in which you are signing this form.

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

**6. ANTI-MONEY LAUNDERING & COUNTERING THE FINANCING OF TERRORISM DOCUMENTATION**

All trust applicants are asked to send the following information with this Application Form.

- 1 Original certified copy extract of the Trust Deed to evidence Trust Name, Date of Establishment, Legal Status, settlor, trustees and beneficiaries.
- 2 Original certified copy evidence of identity and address for the trustees or other persons controlling or having power to direct the activities of the applicant.
- 3 Satisfactory evidence of proper appointment of trustees. e.g. an original certified copy extract from the Deed of Trust or a letter from an advocate verifying the same.
- 4 Original certified copy evidence of identity and address for the settlor (and any person providing the funds where not the settlor).
- 5 Original certified copy evidence of identity and address for any protector, enforcer, controller or similar person who has power to appoint or remove the trustees.
- 6 Original certified copy evidence of identity and address for any person whose wishes the Trustees may be expected to take into account.
- 7 Original certified copy evidence of identity and address for any person(s) purporting to act on behalf of the trustees and evidence of such authority to act.
- 8 Original certified copy evidence of identity and address for any person(s) by whom binding obligations may be imposed on the applicant and verify their authority to act.
- 9 Original certified copy evidence of identity and address for known beneficiaries of the Trust.

For further details of what documentation is required to satisfy due diligence requirements please contact the Manager.

**Certification of Documents**

Where original documents cannot be supplied, they need to be suitably certified by an independent person. The following will be accepted as suitable certifiers:

- Lawyer or Notary Public that is a member of a recognised professional body.
- Accountant that is a member of a recognised professional body.
- Actuary that is a member of a recognised professional body.
- Company Secretary that is a member of a recognised professional body.
- Member of the Judiciary.
- Officer of an Embassy, Consulate or High Commission of the country of the issue of documentary evidence of identity.
- Senior Civil Servant.
- Serving Police or Customs Officer.
- Director, Company Secretary or Manager of a business regulated on the Isle of Man or an external regulated business as defined in the Anti-Money Laundering and Terrorist Financing Code.

Documents must be certified as a true copy of the original document. Each certification of photographic identification must include confirmation that the photograph represents a good likeness of the holder. An example of how a suitable certification should look is shown below:

<p><b>Certified true copy of the original document</b></p> <p>Signature: Name: Position: Date: Employer name and address:</p> <p>Telephone No.:</p> <p>Qualification: Professional Body: Membership No.:</p>	<p><b>I hereby certify that this is a true copy of an original [passport/driving licence], which I have seen, and the photograph represents a good likeness of the holder.</b></p> <p>Signature: Name: Position: Date: Employer name and address:</p> <p>Telephone No.:</p> <p>Qualification: Professional Body: Membership No.:</p>
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Please contact the Manager using the contact details at the end of this Application Form if you have any queries regarding the supply of this information.

**IN CERTAIN CIRCUMSTANCES (E.G. FOR POLITICALLY EXPOSED PERSONS) ENHANCED DUE DILIGENCE WILL BE UNDERTAKEN AND FURTHER DOCUMENTATION MAY BE REQUESTED BEFORE THE APPLICATION IS ACCEPTED.**

7. INVESTMENT DETAILS (please indicate amount to be invested)			
Cell Choice	Currency	Amount in Figures	Amount in Words
Refined Growth Feeder Cell	GBP / USD / EUR		
ABSA Global Alternative Alpha Cell	USD		
Smoothed Growth Feeder USD Cell – Class R Shares	USD		
Smoothed Growth Feeder Euro Cell – Class R Shares	EUR		
Smoothed Growth Feeder GBP Cell – Class R Shares	GBP		

Please note that a minimum holding of 1,000 in the respective currency applies to each cell choice.

Payment may be made by wire transfer of immediately available funds to the Manager.

Payment details will be supplied on request to the Manager.

## 8. DECLARATIONS

### **Part 1 Certification - To be completed by all applicants**

The investor confirmations (a) to (c) apply to all applicants.

The investor confirmation (d) applies to all applicants **except** those who are signing a Part 2 certification.

I/We confirm that —

- a) I am/we are sufficiently experienced to understand the features and risks associated with this type of fund; and
- b) I/we have read and fully understood the offering document, including in particular the information on the risks associated with the fund (contained on pages 24-30 of the offering document), before deciding to invest in the fund; and
- c) I/we confirm that, where appropriate, I/we have taken independent advice on the suitability of this investment within my/our overall investment portfolio; and
- d) I/we personally accept all the risks associated with this investment and particularly that my/our investment in The IDAD Fund PCC plc involves risks that could result in a loss of a significant proportion or all of the sum invested.

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part 2 Certification - To be completed by any investor who is investing on behalf of another person**

I/we confirm that I am/we are investing in The IDAD Fund PCC plc on behalf of another person/ other persons and have Part 1 certification(s) signed by each such person to show that they understand and accept the risks associated with this type of investment.

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

## 9. SIGNATURES

1. I/We acknowledge receipt of the Master Offering Memorandum dated 18 August 2025 and the relevant Supplementary Offering Document in respect of the Fund which I/we have carefully considered in advance of my/our application and have taken note in particular of the investment policy and the risk factors relating thereto. I/We hereby confirm that my/our application is made to the Manager acting on behalf of the Fund and is made solely on the terms of the Offering Document and any Addendum and is subject to the Memorandum of Association and the Articles of Association of the Fund. Words and expressions that are defined in the Offering Document have the same meanings when used in this form, unless the context requires otherwise.
2. I/We acknowledge receipt of the Fund's privacy notice and confirm that I/we have provided a copy of the Fund's privacy notice to any individuals whose details I/we have provided to the Fund.
3. I/We acknowledge the obligations of the Fund and its agents in respect of AEOI, agree to provide any documentation or other information regarding ourselves and any beneficial owners and controlling persons requested by the Fund or its agents in connection with requirements relating to AEOI, as amended from time to time, and any guidance, or regulations relating thereto and published from time to time as well as any legislation, rules or practices adopted pursuant to any applicable intergovernmental agreement entered into in connection with the implementation of AEOI or any other reporting requirements and agree to the Fund or the Manager or any of their respective nominees, affiliates, directors or officers making any disclosures and/or reports reasonably believed by them to be required pursuant thereto.
4. I/We hereby certify that this document has been completed to the best of our knowledge and that if it is found that material false information has been provided, either intentionally or unintentionally, then the Manager shall have sufficient grounds to terminate the investment herein and return the monies, subject to Anti Money Laundering requirements, to the originating account.

First Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Capacity of Signatory: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

Second Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
(as applicable)

Name: \_\_\_\_\_

Capacity of Signatory: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

Third Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
(as applicable)

Name: \_\_\_\_\_

Capacity of Signatory: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

Fourth Authorised Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
(as applicable)

Name: \_\_\_\_\_

Capacity of Signatory: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

If this application is signed by a person other than a director or equivalent officer of the applicant (whose details are set out in Part 2), please provide certified evidence of the signatory's authority to sign on behalf of the applicant, e.g. a certified copy of the relevant Power of Attorney or Investment Management Agreement (including authorised signatory list).

In addition, sufficient due diligence will be required on the person acting in this capacity to meet the requirements set out above. Please see Part 6 above.

*Please ensure that the application is fully completed so as to avoid any future delays with your investment or in gaining access to the funds.*

**Please send this application form and all supporting documentation to:-  
Suntera Fund Services (IOM) Limited, Peveril Buildings, Peveril Square, Douglas, Isle of Man, IM99 1RZ**

## 10. SUMMARY DESCRIPTIONS OF SELECT DEFINED TERMS

These are selected summaries of defined terms provided to assist you with the completion of this form. Please note that the following summaries are provided for convenience only and, in case of any doubt, reference should be made to the precise terms of the relevant AEOI rules, which will prevail and which include certain additional defined terms. The information in this form does not constitute legal or tax advice and it is the responsibility of the person(s) completing the form to ensure that it is true, complete and accurate.

**“Account Holder”** The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

**“Active NFE”** An NFE is an Active NFE if it meets any of the criteria listed below. In summary, those criteria refer to:

- active NFEs by reason of income and assets;
- publicly traded NFEs;
- Governmental Entities, International Organisations, Central Banks, or their wholly owned Entities;
- holding NFEs that are members of a nonfinancial group;
- start-up NFEs;
- NFEs that are liquidating or emerging from bankruptcy;
- treasury centres that are members of a nonfinancial group; or
- non-profit NFEs.

An entity will be classified as Active NFE if it meets any of the following criteria:

- a) less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e) the NFE is not yet operating a business and has no prior operating history, (a “start-up NFE”) but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- h) the NFE meets all of the following requirements (a “non-profit NFE”):
  - i. it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
  - ii. it is exempt from income tax in its jurisdiction of residence;
  - iii. it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
  - iv. the applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
  - v. the applicable laws of the NFE’s jurisdiction of residence or the NFE’s formation documents require that, upon the NFE’s liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE’s jurisdiction of residence or any political subdivision

**“Control”** over an Entity is generally exercised by the natural person(s) who ultimately has a controlling ownership interest (typically on the basis of a certain percentage (e.g. 25%)) in the Entity. Where no natural person(s) exercises control through ownership interests, the Controlling Person(s) of the Entity will be the natural person(s) who exercises control of the Entity through other means. Where no natural person(s) is/are identified as exercising control of the Entity through ownership interests, then under the CRS the Reportable Person is deemed to be the natural person who hold the position of senior managing official.

**“Controlling Person”** This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations.

In the case of a trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, or any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). Under the CRS the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.

Where the settlor(s) of a trust is an Entity then the CRS requires Financial Institutions to also identify the Controlling Persons of the settlor(s) and when required report them as Controlling Persons of the trust.

In the case of a legal arrangement other than a trust, “Controlling Person(s) means persons in equivalent or similar positions.

**“CRS”** The standard for the automatic exchange of financial account information developed by the Organisation for Economic Co-Operation and Development (OECD).

**“Entity”** The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation. This term covers any person other than an individual (i.e. a natural person).

**“FATCA”** stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance Act, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non U.S. entities.

**“Financial Account”** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and Debt Interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

**“Investment Entity”** The term “Investment Entity” includes two types of Entities:

1. an Entity that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
  - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
  - Individual and collective portfolio management; or
  - Otherwise investing, administering, or managing Financial Assets or money on behalf of other persons.Such activities or operations do not include rendering non-binding investment advice to a customer.
2. The second type of “Investment Entity” (“Investment Entity managed by another Financial Institution”) is any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets where the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity.

**“Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution”** means any Entity the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets if the Entity is (i) managed by a Financial Institution and (ii) not a Participating Jurisdiction Financial Institution.

**“Investment Entity managed by another Financial Institution”** An Entity is “managed by” another Entity if the managing Entity performs, either directly or through another service provider on behalf of the managed Entity, any of the activities or operations described in clause (1) above in the definition of ‘Investment Entity’. An Entity only manages another Entity if it has discretionary authority to manage the other Entity’s assets (either in whole or part). Where an Entity is managed by a mix of Financial Institutions, NFEs or individuals, the Entity is considered to be managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or the first type of Investment Entity, if any of the managing Entities is such another Entity.

**“NFE”** means any Entity that is not a Financial Institution.

**“Non-Reporting Financial Institution”** means any Financial Institution that is:

- a Governmental Entity, International Organisation or Central Bank, other than with respect to a payment that is derived from an obligation held in connection with a commercial financial activity of a type engaged in by a Specified Insurance Company, Custodial Institution, or Depository Institution;
- a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; a Pension Fund of a Governmental Entity, International Organisation or Central Bank; or a Qualified Credit Card Issuer;

- an Exempt Collective Investment Vehicle; or
- a Trustee-Documented Trust: a trust where the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported with respect to all Reportable Accounts of the trust;
- any other defined in a countries domestic law as a Non-Reporting Financial Institution.

**“Participating Jurisdiction”** means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

**“Passive NFE”** Under the CRS a “Passive NFE” means any: (i) NFE that is not an Active NFE; and (ii) Investment Entity located in a NonParticipating Jurisdiction and managed by another Financial Institution.

**“Related Entity”** An Entity is a “Related Entity” of another Entity if either Entity controls the other Entity, or the two Entities are under common control. For this purpose control includes direct or indirect ownership of more than 50% of the vote and value in an Entity.

**“Reportable Account”** means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person

**“Reportable Jurisdiction”** is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

**“Reportable Person”** is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

**“Resident for tax purposes”** Each jurisdiction has its own rules for defining tax residence. Generally, an Entity will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident Entities may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes. An Entity such as a partnership, limited liability partnership or similar legal arrangement that has no residence for tax purposes shall be treated as resident in the jurisdiction in which its place of effective management is situated.

**“TIN”** (including “functional equivalent”) means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.

Note: Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.