

“DSM Capital Partners Funds”
NEW account and subscription

APPLICATION FORM
(Institutions, non-retail, corporates etc.)

Administrator, Registrar, Domiciliary and Transfer Agent

Northern Trust Luxembourg Management Company S.A.

6 rue Lou Hemmer

L-1748 Senningerberg

Grand Duchy of Luxembourg

Telephone: +352 276 222 218

Facsimile - Dealing: +352 276 222 370

Facsimile - Registration: +352 276 222 380

Email: DSM-TA-LUX@ntrs.com

1. IMPORTANT INFORMATION

SHARES IN THE FUND MAY NOT BE SOLD OR OTHERWISE TRANSFERRED TO, OR BE HELD BY, US PERSONS AS DEFINED IN THE PROSPECTUS.

Please ensure that you have read and understood the latest full prospectus for DSM Capital Partners Funds (the “Fund”) and the relevant Key Investor Information Document (KIID) for the sub-fund(s) into which you are investing.

If you have any questions regarding the completion of this Form, please contact Northern Trust Luxembourg Management Company S.A. (the “Administrator”) at the number set out above.

Please complete this Form and return it by facsimile and, immediately send the original to the Administrator at the address set out above.

Please complete this form in BLOCK CAPITALS.

Except as otherwise specified in this application (the “Application”), capitalized words and expressions contained herein shall have the same meaning as in the current version of the Fund’s prospectus (the “Prospectus”) and the applicable Luxembourg laws and regulations.

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2. SUBSCRIBER DETAILS

2a. Investor Type

Choose your account type and complete the information for that section

- | | |
|---|--|
| <input type="checkbox"/> Listed Companies | <input type="checkbox"/> Nominee / Omnibus account |
| <input type="checkbox"/> Unlisted Companies, Unlimited Partnerships,
Unincorporated business | <input type="checkbox"/> Charities / Club and Associations |
| <input type="checkbox"/> Regulated Banks or Financial Institutions | <input type="checkbox"/> Foundations |
| <input type="checkbox"/> Unregulated Banks or Financial Institutions | <input type="checkbox"/> State owned |
| <input type="checkbox"/> Pension Schemes / Benefit Plans / Investment Funds | <input type="checkbox"/> Entities |
| <input type="checkbox"/> Trust and Trustee | <input type="checkbox"/> Other Entity Type: _____ |

Is this a publicly traded company? Yes If yes, please provide Ticker Symbol _____
 No

Is this a registered company? Yes If yes, please provide register number _____
 No

Is this a regulated entity? Yes If yes, please indicate full name of regulator _____
 No

Do you act on your own behalf and for your own account and not on behalf of any third party?

Yes No If no, please complete Section 2e

Company Name _____

Business Activity _____

Tax Identification number (if Application) _____

Date of Trust Agreement (For Trusts) _____

Country of Incorporation _____

Origin of Funds _____

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2.b. REGISTERED ADDRESS

Address Line1 _____

Address Line 2 _____

City _____ Province/Region/County/State _____

Country _____ Post Code /Zip Code _____

Telephone _____ Fax _____

E-Mail _____

Full Name of Contact Person _____

2.c. MAILING ADDRESS (if different from above Registered Address)

Address Line1 _____

Address Line 2 _____

City _____ Province/Region/County/State _____

Country _____ Post Code /Zip Code _____

Telephone _____ Fax _____

E-Mail _____

Full Name of Contact Person _____

2d. SOURCE OF WEALTH

Please indicate the source of the funds you are investing by ticking the applicable box(es) below.
(This is required for anti-money laundering compliance)

- Loan Savings Inheritance or gift
- Profit from sale of property Profit from sale of business Profit from sale of investment
- Investment income (e.g. dividends, interest)
- Salary or bonus
- Other (please specify) _____

Please note that further documentation may be requested if deemed necessary to verify the above.

For more information, please revert to the “source of Funding guidelines (Appendix 1)

This document will help you to determine what information you need to send us and if evidence of the source of funding is needed.

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2e. PROXIES OR ATTORNEYS ACTING ON BEHALF OF THE INVESTOR

If this application form is being completed on behalf of any investor, the agent must complete this section.

Proxy or Attorney information

Proxy or Attorney name

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Address

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County/State/Province

Postcode/ZIP code/Country

Contact name

Telephone

Email

Signature	Print Name	Date

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3. APPLICATION DETAILS

Please refer to the Prospectus for the minimum investment in each sub-fund for a particular share class.

Please note that commas denote thousands and that full stops denote pennies /cents in respect of sterling /euros and dollars respectively. For example: £10,000.25 = ten thousand pounds and 25 pence.

ISIN code	Sub-Fund Name

Sub-fund name	Share class	ISIN code	Subscription amount	Currency

Minimum subscription amounts are applicable. They can be found in the Prospectus.

Expected amount of investment: _____

Expected amount of subscription/year: _____

4. PAYING FOR YOUR INVESTMENT

Please provide the following information about the bank or financial institution at which you hold an account in your name and from which you are remitting subscription monies. This information will be used by the Fund or its agents to pay any distributions. Please notify the Fund if your bank account information changes.

For redemptions, payment will be made, net of charges, by electronic bank transfer, on the strength of a telephone call, electronic message, facsimile or letter instruction by nominating a bank account below. Redemption proceeds will be paid only to registered shareholders. No Third party payment can be executed.

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5. PAYMENT DETAILS

EURO Subscription Account Bank: Societe Generale Paris A/C name: Northern Trust Global Services Limited Luxembourg (BIC: CNORLULX) A/C: IBAN FR7630003069900010158539714 Swift code: SOGEFRPP For further credit to: DCP99 Special Instructions: Subscription in DCP99 DSM CAPITAL PARTNERS FUND	US\$ Subscription Account Bank: The Northern Trust Company A/C name: Northern Trust Chicago A/C: 5186061000 ABA / Sort code: 071000152 Swift code: CNORUS44 For further credit to: 17-00684 Special Instructions: Subscription in DCP99 DSM CAPITAL PARTNERS FUND
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6. REDEMPTION FACILITY

For Redemptions, payments will be made by electronic bank transfer, net of any charges to the bank account nominated below. Redemption proceeds will only be paid to the registered shareholder(s).

Name on Bank account	
Bank Name	
Bank Address	
Country	Post/zip code
Currency	Account number
Swift /sort code	IBAN

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7. RECEIVING INCOME

If you have opted for Distribution Shares, please indicate below where the income should be paid.

Paid into the bank account detailed in Section 5 or Paid into the bank account below

Name on Bank account	
Bank Name	
Bank Address	
Country	Post/zip code
Currency	Account number
Swift /sort code	IBAN

SWIFT Message Type: MT103 MT202
(Please note that the default payment method is via MT103)

8. TELEPHONE PASSWORD FACILITY

This facility enables you to manage your investment in a secure manner over the telephone by verifying your identity through the use of passwords.

(Please complete all three – maximum of 20 letters for a memorable place and word):

Memorable place

Memorable word

Memorable date / /

If you believe your password information has become known to a third party, please contact our Customer Services team immediately on +352 276 222 218 or via email: DSM-TA-LUX@ntrs.com

9. DOCUMENT AND INFORMATION REQUIRED IN ORDER TO COMPLY WITH MONEY LAUNDERING REGULATIONS

Pursuant to the applicable laws and regulations relating to the prevention of money laundering and the financing of terrorism, the Fund, the Management Company and/or the Administrator must identify the applicant and the economic origin of the funds to be invested. Such laws and regulations require subscribers to declare to the Fund, the Management Company and/or the Administrator their identity and the identity of any Beneficial Owners of the subscription (as defined below). The Fund, the Management Company and/or the Administrator are required to establish controls to determine the identity of subscribers and Beneficial Owners (and any persons on whose behalf they are acting).

In addition to the Application Form, further documentation may be requested in order to comply with any legal and regulatory requirements.

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Shares will only be issued once the Fund, the Management Company and/or the Administrator have received a duly completed, original Application Form and Authorized Signatory List, together with cleared subscription monies and any required identification documents. Should a subscriber fail to provide the requested documents or information, the subscription monies or any required identification documents in a form acceptable to the Fund, the processing of the application may be delayed or rejected.

9.1. Anti-Money Laundering.

(a) **In General.** The Applicant acknowledges that due to anti-money laundering requirements operating in the Grand Duchy of Luxembourg, and to the fact that the Fund must comply with such requirements, in particular, with the provisions of the law of 12 November 2004 as amended and the CSSF regulation 12-02 relating to the fight against money laundering and against financing of terrorism, the Fund or its agents may require further identification to the Administrator of the Applicant, the Beneficial Owner of the subscription and the economic origin of subscription funds before this Application can be processed, subscription monies accepted, or a redemption request can be processed. The Fund and its agents shall be held harmless and indemnified against any loss arising as a result of a failure to process this Application or a redemption application if such information has been required by the parties referred to and has not been satisfactorily provided by the Applicant. The Applicant represents that all subscription payments transferred to the Fund originated directly from a bank account in the name of the Applicant. If the Applicant is applying on behalf of a Beneficial Owner, pursuant to Paragraph 9.1 (b) below, then the Applicant represents that all subscription payments transferred to the Applicant with respect to such Beneficial Owner originated directly from a bank account in the name of such Beneficial Owner. The Applicant represents and warrants that acceptance by the Fund of this Application, together with acceptance of the appropriate remittance, will not breach or circumvent any applicable rules and regulations designed to prevent money laundering and the financing of terrorism. Specifically, the Applicant represents and warrants that all evidence of identity is genuine and all related information furnished and to be furnished is accurate. Further, the Applicant represents and warrants that it has a policy in place designed to identify clients who are or have been politically exposed persons, categorize them according to risk and ensure enhanced due diligence and monitoring are conducted where appropriate.

(b) **Beneficial Ownership.** The Applicant represents that it does not have the intention or obligation to sell, distribute or transfer the Shares, directly or indirectly, to any other person or entity or to any nominee account. If the Applicant is (i) acting as trustee, agent, custodian, representative or nominee for another person or entity, or (ii) an entity (other than a publicly-traded company listed on an organized exchange (or a subsidiary or a pension fund of such a company) based in a FATF jurisdiction investing on behalf of underlying investors (the persons, entities and underlying investors referred to in (i) and (ii) being referred to collectively as the “Beneficial Owners”), the Applicant represents and warrants that:

- (i) The Applicant understands and acknowledges that the representations, warranties and agreements are made by Applicant (x) with respect to Applicant and (y) with respect to each of the Beneficial Owners;
- (ii) The Applicant has all requisite power and authority from each of the Beneficial Owners to execute this Application;
- (iii) The Applicant has established the identity of all Beneficial Owners, holds evidence of such identities and will make such information and documentation available to the Transfer Agent together with the Application Form.

10. REQUIRED DOCUMENTATION

Company applicants are required to supply *certified copies of **each** of the following where applicable:-

* certified by either a Notary Public, Solicitor, your Bank or an authorized representative of DSM Capital Partners Funds

- Copy of the last coordinated or up to date certificate of Incorporation
- Copy of a recent and up-to-date extract from the companies register (*registre des sociétés*) (or equivalent supporting evidence)
- Memorandum and Articles of Association
- List of Authorized Signatories
- Shareholder Register, including percentage of shareholdings
- List of directors effectively running the company. For legal constructions, the list of the members of the board of directors or administrators
- Copy of valid ID and a proof of address concerning each director
- Proof of regulation (if applicable)
- Copy of the latest financial statement
- Declaration to the fact that the Company is permitted to undertake this kind of investment

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Additional information and documents could be required on a discretionary basis.

11. ANTI-MONEY LAUNDERING VERIFICATION

The Proxies or Attorneys acting on behalf of a third party **must** complete and sign the section below:-

I/we (name) _____

of (address) _____

_____ Postcode _____

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.

12. DECLARATIONS AND AUTHORITY

The Applicant(s) acknowledge(s) that the details set out above are true and correct and the investment in the Fund reflects its/his/her/their wishes accurately.

The Applicant(s) acknowledge(s) that this application is made on the basis of and subject to the current Prospectus of the Fund, a copy of which was offered, received, read and understood by me/us, and to the provisions of the Articles of the Fund.

The Applicant(s) declare(s) that I am not/none of us is a United States Person and I am not/none of us is acquiring Shares for the account or benefit of any United States Person or with a view to their offer, sale, transfer or delivery, directly or indirectly, in the United States or to or for the benefit of any United States Person (as such a term is defined in the Prospectus).

The Applicant(s) understand(s) that income received and redemptions paid will only be made to the registered shareholders(s).

The Applicant(s) accept(s) that no third party payments will be made.

Tax information

The Applicant(s) acknowledge(s) that it/he/she/they has/have obtained their own independent advice on the taxation consequences of investing in the Fund and that the Applicant(s) have not received any tax or legal advice regarding investment in the Fund from the Fund or the Administrator and that this investment is the result of its/his/her/their own decision.

The Applicant(s) agree(s) that if it/he/she/they is/are subject to tax in another country or jurisdiction (or the Fund or its agents have reason to believe or are required to resume that this may be the case), the Fund and its agents may be required by legislation, regulation or by agreement with tax authorities of that country to report on an ongoing basis certain information about the Applicant(s) and the Applicant(s)'s accounts and assets the Applicant(s) hold(s) with the Fund and its agents on an individual or aggregated basis to a relevant tax authority which then pass that information to the tax authorities where the Applicant(s) is/are subject to tax or directly to the tax authorities in that country. The Fund and/or its agents may also have to report information about the Applicant(s)'s direct and indirect shareholders or other owners or interest holders and, if you the Applicant(s) is/are a trust, the Applicant(s)'s beneficiaries, settlors or trustees.

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If the Fund or its agents are required to report information about you, this would include (but is not limited to) information about you, your accounts and assets, for example your account number(s), the amounts of payments including interest paid or credited to the account(s), the account balance(s) or asset values, your name, address and country of residence and your social security number/taxpayer identification number or similar (if applicable). You may need to provide us with further information, if requested, about your identity and status.

Investors who acquire one or more of the following characteristics need to provide us with a US tax form:

- **An investor who is a US person**
- **An investor with any US indications, such as a US address or US telephone number**
- **A company or trust**
- **An investor having the intention to invest directly in US securities**

We recommend you seek advice from your own tax adviser as to which is the most appropriate US tax form for you to complete.

In certain circumstances the information which you provide on your US tax form may mean that further documentation will be required.

Copies of the US tax forms can be found on the IRS website:

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

or

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Allocation of risk

The Applicant(s) acknowledge(s) that it/he/she/they is/are prepared and able to assume the particular risks inherent in an investment in the Fund, more particularly set out under the section headed “Risk Factors” of the Prospectus of the Fund.

The Applicant(s) indemnify(ies) the Fund against any loss arising to it as a result of, or in connection with, any breach by him/them of these declarations.

Data protection declarations

The Applicant(s) hereby acknowledge(s) that the Fund and the Administrator of the Fund may hold its/his/her/their personal data held by the Fund or on its behalf to be accessed by subcontractors, investment managers for the purpose of investor communications or shareholder servicing.

The Applicant(s) acknowledge(s) that the Fund and/or the Administrator may store and process its/his/her/their information on the subcontractors computers, and in any other way. By “its/his/her/their information” the Fund and its agents mean personal and financial information they obtain from him/them or from third parties (who may search the Electoral Register or similar), fraud prevention agencies, or other organizations when the Applicant(s) apply(ies) for an account and personal and financial information received subsequently.

The Applicant(s) acknowledge(s) that the Fund and its agents will use its/his/her/their information to manage its/his/her/their account (including, without limit, managing the share register, issuing statements, implementing dealing instructions, call center facilities and meeting statutory requirements), for assessment and analysis (including credit and/or behavior scoring, market and product analysis), and to develop and improve services of the Fund and its agents to him/her/them and other clients and to protect the interests of the Fund and its agents.

The Applicant(s) acknowledge(s) that the Fund and its agents may use credit reference agencies and fraud prevention agencies to share information:

- if the Applicant(s) is/are in breach of declarations contained in this Application.
- if the Applicant(s) give the Fund and its agents false or inaccurate information or the Fund and its agents suspect fraud; or
- if the Fund and its agents inform him/her/them.

Privacy policy

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The Applicant(s) understand(s) that the Fund and its agents may record or monitor telephone calls between him/her/them and the Fund and its agents, to ensure that instructions can be checked and that the Fund and its agents are meeting their service standards.

The Applicant(s) acknowledge(s) that the Fund and its agents, or anyone else mentioned below may give information about it/him/her/them and its/his/her/their account:

- between the Fund and its agents.
- people who provide a service to the Fund or its agents, on the understanding that they will keep the information confidential.
- anyone to whom the Fund and its agents transfer or may transfer their rights and duties under this Application.
- anyone if the Fund and its agents have a duty to do so or if the law allows the Fund and its agents to do so.

Otherwise the Fund and its agents will keep information about it/him/her/them confidential, other than if the Applicant(s) have carried out transactions through a Financial Adviser when that Adviser will be deemed to be its/his/her/their agent to whom full details of its/his/her/their investments will be disclosed unless the Applicant(s) advise(s) the Fund and its agents to the contrary in writing.

The Applicant(s) understand(s) that it/he/she/they may request a copy of its/his/her/their information from the Fund and its agents and to require the Fund and its agents to correct any inaccuracies.

Anti-Money Laundering declarations

The Applicant(s) understand(s) that as a result of anti-money laundering regulations and/or upon request, further documentation or information may be required for subscriptions for Shares. The information will be used to verify its/his/her/their identity only for compliance with money laundering regulations. The Applicant(s) understand(s) that failure to provide requested documentation may result in the withholding of redemption proceeds and/or as the case may be in the rejection of additional subscription orders.

Institutional share class declarations

The Applicant(s) is/are subscribing for Institutional Class Shares which it/he/she/they shall be holding on behalf of an Institutional Investor, the Applicant(s) hereby confirm(s) that such investor is an Institutional Investor.

13. TAX INFORMATION

13.1 Foreign Account Tax Compliance Act (FATCA) - For Non-US Persons

US Tax Documentation and Reporting requirements

The following provisions are only relevant to non-US Taxpayers.

1. Non-US Taxpayers are kindly requested to furnish the Administrator with a properly executed US Tax Form. As the Fund intends to be FATCA compliant, it is required to obtain evidence of investors' FATCA status.
2. Below you will find information about US Tax Certification forms for non-US clients, as well as IRS website addresses with instructions for selecting and filling out each of the forms.
3. In addition, non-US Taxpayers who are registered with the US Internal Revenue Service under FATCA are requested to complete their GIIN number where stated below when signing this form.

Form W-8BEN

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)
<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Form W-8BEN-E

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)
<http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

Form W-8ECI

Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected with the Conduct of a Trade or Business in the United States
<http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>

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Form W-8EXP

Certificate of Foreign Government or Other Foreign Organization for United States Tax
<http://www.irs.gov/pub/irs-pdf/iw8exp.pdf>

Form W-8IMY

Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain US Branches for United States Tax
Withholding
<http://www.irs.gov/pub/irs-pdf/iw8imy.pdf>

Please note that Form W-8IMY may require you to provide additional documentation, which will be explained in this form's instructions.

Please be aware that under IRS rules, US Tax Forms must contain original ink signatures, and therefore cannot be faxed or emailed.

Who can sign the forms?

- For a corporation or legal entity: an officer of the corporation or entity on Line 1 of the form duly authorized to sign, such as a president, vice-president, treasurer, assistant treasurer, chief accounting officer
- For a partnership: a partner
- For a pension plan or trust: the trustee

The Applicant(s) warrant that the information contained on the United States Internal Revenue Service Form W-8 (or any successor thereto) provided to the Administrator is true, accurate and up-to-date.

The Applicant(s) hereby acknowledge(s) that if it/he/she/they fail(s) to provide the tax information and such failure results in the Fund being unable to comply with the its obligations under FATCA, the Fund may exercise its right to completely redeem an Applicant (at any time upon any or no notice). The Applicant(s) further acknowledge and agree to indemnify the Fund and its other investors for any losses resulting from its/his/her/their failure to meet its/his/her/their obligations under FATCA, including any U.S. withholding tax imposed on the Fund.

Subject to applicable local law, the Applicant(s) hereby provide(s) consent for the Fund to share its/his/her/their information with domestic or overseas regulators or tax authorities where necessary to establish its/his/her/their tax status as required by FATCA or other similar information sharing regimes.

For entities:

The Applicant(s) declare that it/he/she/they is/are not a “Specified US Person” as defined in US Treasury Regulation §1.1473-1(c) (rules relating to FATCA).

The Applicant(s) declare that it/he/she/they is/are not controlled by any person who/which is a “Specified US Person” as defined in US Treasury Regulation §1.1473-1(c) (rules relating to FATCA).

13.2 For US Persons ONLY

Instructions

The Agreement between the Government of the Grand Duchy of Luxembourg and the Government of the United States of America to Improve International Tax Compliance and with respect to The United States information reporting provisions commonly known as the Foreign Account Tax Compliance Act (hereinafter the “Luxembourg IGA”) was signed on 28 March 2014 and went live on the 1st July 2014.

The Luxembourg IGA defines the framework applicable for the automatic exchange of information for tax purposes between Luxembourg and the United States. The latter includes an obligation on the part of Luxembourg Financial Institutions (as defined by FATCA) to verify whether entity account holders and/or natural persons exercising control over such entities are U.S. Persons. You are thus invited to complete the sections below as directed. Please note that in certain circumstances we may be obliged to communicate the data collected on U.S. Persons (and, where applicable, on entities that such persons control) to the Luxembourg Tax Administration (*Administration des contributions directes*) and/or the Minister of Finance of the Grand Duchy of Luxembourg or his/her authorized representative, which will in turn communicate these data to the U.S. Secretary of the Treasury or his/her delegate.

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Unless provided otherwise, terms referenced in this form shall have the same meaning as applicable under the Luxembourg IGA or, as the case may be, in relevant US Treasury Regulations.

If any of the information regarding your FATCA classification changes in the future, please ensure you advise the Fund and Northern Trust Management Company S.A. and its affiliates of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please tick 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: _____

(b) The Entity is a U.S. Person that is not a Specified U.S. Person. Indicate exemption _____

Indicate the Entity's U.S. TIN here: _____

(c) The Entity is a not a U.S. Person.

Definition of a U.S. person: For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

US Taxpayers (as defined on the website) must provide a properly executed IRS Form W-9. The IRS Form W-9 is available from the IRS website at www.irs.gov.com

13.3 CRS

The Standard for Automatic Exchange of Financial Account information in Tax Matters published by the Organization for Economic Co-operation and Development (“OECD”) on 15 July 2014 (“the Standard”) was implemented in the European Union by Council Directive 2014/107/EU on the mandatory automatic exchange of tax information which was adopted on 9 December 2014 (the “Administrative Cooperation Directive”). The Administrative Cooperation Directive was implemented in Luxembourg by the law of 18 December 2015 relating to the automatic exchange of information in tax matters (the “Luxembourg CRS Law”).

The Standard and any treaty, law, directive, regulation or other official guidance of any jurisdiction or intergovernmental agreement which facilitates the implementation of the Standard (“CRS”) require us to collect and report certain information about an account holder's tax residency. If your tax residence (or the account holder, if you are completing the form on their behalf) is located in a country that is signed up to the CRS, we may be legally obliged to pass on the information in this document and other financial information with respect to your financial accounts to our local tax authority.

You can find definitions of who is classified as an account holder, and other terms, at the end this section.

This form will remain valid unless there is a change in circumstances relating to the account holder's tax status or other mandatory fields included on this form.

If the Account Holder is a “US Person” under US Internal Revenue Service (“IRS”) regulations, an IRS Form W-9 may also need to be completed.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as “Controlling Person(s)”) by completing a “Controlling Person tax residency self-certification form” for each Controlling Person. This information should be provided by all Investment Entities located in a Non-Participating Jurisdiction managed by another Financial Institution even if they also fall into a category of “Non-Reporting Financial Institution.”

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If you are completing the form on the Account Holder’s behalf,

Then you should indicate the capacity in which you have signed. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information along with details about the information being requested from the OECD automatic exchange of information.

14. SIGNATURES

Important information

Please note that we strongly advise all investors to read and consider the current Prospectus before completing this application form. In order to comply with money laundering legislation, the Fund and the Administrator reserve the right to request applications for Shares to provide proof of identity and origin of monies being invested. Where it is necessary for us to hold money on your behalf, we will do so in a segregated client account without paying interest.

AUTHORISED SIGNATURE: _____

FULL NAME (in capital letters): _____

DATE: _____

AUTHORISED SIGNATURE: _____

FULL NAME (in capital letters): _____

DATE: _____

APPENDIX 1

NORTHERN TRUST LUXEMBOURG MANAGEMENT COMPANY S.A. Transfer Agency

Source of Funding guidelines

The application form or the due diligence questionnaire contain a section called 'source of wealth' which needs to be completed to give us information on where the income you will use to settle the subscriptions has been generated. This document will help you to determine what information you need to send us and if evidence of the source of funding is needed.

I. Principle

Please complete the application form respectively the due diligence questionnaire indicating your professional activity, annual net income after taxes and the source of funds used to finance the subscription(s).

According to your source of funding please provide the information and documentation outlined in the section III Source of Funding.

II. Source of funding

Description of source of funding	Information required	Documentary evidence required
1. Income-savings from salary (basic and/or bonus) If self-employed or company share owner refer to 8 below	All of the following: <ul style="list-style-type: none"> • Salary per annum • Employer's name and address • Nature of business 	One of the following: <ul style="list-style-type: none"> • Payslip (or bonus payment) from the last three months • Letter from employer confirming salary on letter-headed paper • Bank statements clearly showing receipt of most recent regular salary payment from named employer
2. Maturity or surrender of life policy	All of the following: <ul style="list-style-type: none"> • Amount received • Policy provider • Policy number/reference • Date of surrender 	One of the following: <ul style="list-style-type: none"> • Closing statement • Letter confirming surrender from previous investment company paying the claim

Description of source of funding	Information required	Documentary evidence required
3. Sale of investments /liquidation of investment portfolio	All of the following: <ul style="list-style-type: none"> • Description of shares/units/deposits • Name of seller • How long held • Sale amount • Date funds received 	One of the following: <ul style="list-style-type: none"> • Investment/savings certificates, contract notes, or surrender statements • Bank statement clearly showing receipt Of funds and investment company name • Signed letter detailing funds from a regulated accountant on letter-headed paper
4. Sale of property	All of the following: <ul style="list-style-type: none"> • Sold property address • Date of sale • Total sale amount 	One of the following: <ul style="list-style-type: none"> • Letter detailing property sale signed by a licensed solicitor or regulated accountant on letter-headed paper • Copy sale contract
5. Company Sale	All of the following: <ul style="list-style-type: none"> • Name and nature of the company • Date of sale • Total amount • Client's share 	<ul style="list-style-type: none"> • Letter detailing company sale signed by a licensed solicitor or regulated accountant on letter-headed paper • Copy of contract of sale, plus bank statement showing proceeds • Copies of media coverage (if applicable) as supporting evidence
6. Inheritance	All of the following: <ul style="list-style-type: none"> • Name of deceased • Date of death • Relationship to client • Date received • Total amount • Solicitor's details 	One of the following: <ul style="list-style-type: none"> • Grant of Probate (with a copy of the will), which must include the value of the estate • Signed letter from a licensed solicitor or estate trustees on letter-headed paper • The will
7. Divorce settlement	All of the following: <ul style="list-style-type: none"> • Date received • Total amount received • Name of divorced partner 	One of the following: <ul style="list-style-type: none"> • Copy of court order • Letter detailing divorce settlement signed by a licensed solicitor on letter-headed paper

Description of source of funding	Information required	Documentary evidence required
8. Company profits	All of the following: <ul style="list-style-type: none"> • Name and address of company • Nature of company • Amount of annual profit 	<ul style="list-style-type: none"> • Copy of latest audited company accounts • Confirmation of the nature of business activity and turnover, detailed in a letter from a regulated accountant.
9. Asset (share) exchange	<ul style="list-style-type: none"> • Please describe the origin and means of wealth generation used to acquire the assets (use this column here as your guide) 	<p>If the assets have been held for less than two years:</p> <ul style="list-style-type: none"> • Provide evidence of the original source of wealth used to acquire the assets (use this column here as your guide)
10. Gift	All of the following: <ul style="list-style-type: none"> • Date received • Total amount • Relationship to client • Letter from donor explaining the reason for the gift and the source of donor's wealth • Certified identification documents for donor • Donor's source of wealth 	<ul style="list-style-type: none"> • Documentary evidence of the donor's source of wealth as detailed in this table
11. Employer paying premium	All of the following: <ul style="list-style-type: none"> • Employer letter • Country of incorporation • Incorporation number 	All of the following: <ul style="list-style-type: none"> • Employer letter (confirming what will be paid, that the client is an employee, and a brief explanation as to why the employer is paying premium) • Certificate of Incorporation • Copy of latest audited company accounts
12. Retirement income	All of the following: <ul style="list-style-type: none"> • Retirement date • Details of previous profession/occupation • Name and address of last (final) employer • Details of pension income source 	One of the following: <ul style="list-style-type: none"> • Pension statement • Letter from a regulated accountant • Letter from Annuity provider • Bank statement showing receipt of latest pension income and name of provider • Savings account statement

Description of source of funding	Information required	Documentary evidence required
13. Fixed deposit – savings	All of the following: <ul style="list-style-type: none"> • Name of institution where savings account is held • Date the account was established • Details of how the savings were acquired should be provided, using this source of wealth table as a guide 	All of the following: <ul style="list-style-type: none"> • Savings statement • Evidence of account start (letter from account provider or first statement) We may request additional evidential information, in relation to the origin of the savings held.
14. Dividend payment	All of the following: <ul style="list-style-type: none"> • Date of receipt of dividend • Total amount received • Name of Company paying dividend • Length of time the shares have been held in the Company 	One of the following: <ul style="list-style-type: none"> • Dividend contract note • Bank statement clearly showing receipt of funds and name of company paying dividend If dividend is payable from client's own company, one of the following: <ul style="list-style-type: none"> • Letter detailing dividend details signed by a regulated accountant on letter-headed paper • Set of Company accounts showing the dividend details