

**APPLICATION FORM
FOR THE SUBSCRIPTION OF SHARES IN
DSM CAPITAL PARTNERS FUNDS**

INSTRUCTIONS:

1. Registration - Please write name(s) using block capitals and fill in the Subscriber's (as defined hereafter) correspondence details as indicated on pages 2 and 3 of this Application Form.

2. Signature - The Disclosure Statement on pages 7 to 11 of this Application Form should be read carefully, completed and signed by the Subscriber on the appropriate line(s). If any signature is different from the name given for registration purposes, please complete the full name in block capitals and state the capacity in which this Application Form is being signed, where indicated.

3. Anti-Money Laundering - Measures aimed towards prevention of money laundering requires the Subscriber to verify its identity. The Registrar and Transfer Agent requires the Subscriber to provide the information requested in Appendix A.

4. Transmittal and Mailing Instructions - This Application Form should be sent to the address shown below. Where application is made by fax, the original signed Application Form must be mailed subsequently to the Registrar and Transfer Agent.

5. Payment by Telegraphic Transfer - The Subscription Price, payable in the reference currency of the relevant Class, must be paid by the Subscriber and received in cleared funds net of bank charges by the Custodian at the latest within three (3) Business Days after the relevant Valuation Day, subject to the Board's discretion to determine otherwise. **The wire instructions are on page 6 of this Application Form.**

6. Queries - All queries regarding the completion of this Application Form should be addressed to the Registrar and Transfer Agent.

THE SUBSCRIBER MUST COMPLETE ALL RELEVANT SECTIONS OF THIS APPLICATION FORM AND PROVIDE ALL RELEVANT SUBSCRIPTION DOCUMENTATION AS LAID OUT IN THIS APPLICATION FORM. FAILURE TO DO SO MAY RESULT IN DELAY OF ACCEPTANCE OF A SUBSCRIBER'S SUBSCRIPTION UNTIL A PROPERLY COMPLETED SUBSCRIPTION DOCUMENTATION WILL HAVE BEEN RECEIVED, PROCESSED AND APPROVED.

The original of all completed documents must be sent to:

**DSM CAPITAL PARTNERS FUNDS (the "Company")
c/o Northern Trust Luxembourg Management Company, S.A.
6,rue Lou Hemmer
L-1748 Senningerberg
Luxembourg
Attention: Registrar & Transfer Agency Department
Telephone (+352) 27 62 22 223
Facsimile (+352) 27 62 22 370**

The undersigned subscriber (a "Subscriber") makes the following statements which shall constitute representations and warranties of the Subscriber. The Subscriber also agrees to notify the Registrar and Transfer Agent if any such statement becomes incomplete or inaccurate. Terms used in this Application Form but not defined herein shall have the meanings assigned to them in the Prospectus of the Company and the latest Articles of Incorporation as well as the Key Investor Information Document (the "KIID") of the relevant sub-fund of DSM Capital Partners Funds

SUBSCRIPTION PREREQUISITES (KEY INVESTOR INFORMATION DOCUMENT)

Before you invest, you must read the most up-to-date version of the relevant KIID.

The Key Investor Information Document ("KIID") is a pre-contractual document that contains key information for investors. It includes appropriate information about the essential characteristics of the sub-funds of DSM Capital Partners Funds to help investors to understand the nature and the risks of investing in DSM Capital Partners Funds.

I/we hereby confirm having received and carefully consulted the most up to date Key Investor Information Document ("KIID") relating to the investment to be undertaken. Furthermore, I/we hereby undertake that I/we will review an up-to-date version of the applicable KIID prior to any subsequent investment or switch into any class of shares of any sub-fund of the Company. I/we hereby declare to understand that in case this precondition is not fulfilled the subscription will be rejected as the subscription request is incomplete.

Subscribers investing on a nominee basis for and on behalf of underlying investors confirm herewith having provided their underlying investors the most up to date KIID relating to the investment to be undertaken. Furthermore, the subscriber(s) hereby undertakes that he/she will provide an up-to-date version of the applicable KIID prior to any subsequent investment or switch into any class of shares of any sub-fund of the Company to the underlying investor. In case the subscriber(s) cannot confirm this precondition for his / her investment his / her subscription will be rejected as his/her subscription request is incomplete.

I understand that I must contact the Company or RBS (Luxembourg) S.A. to request each KIID and that KIIDs may be updated without notice. I understand that my subscription orders may be delayed or rejected if I/we fail to confirm that the current KIID of the sub-fund and share class(es) in which I/We am/are investing has been made available to me/us in a durable medium or by means of a website

I/We confirm that I/we have read carefully and understood the KIID and have made further investigations as I/we or my/our representatives has/have deemed appropriate to evaluate the merits and risks of this investment.

I/we confirm that I/we have read and understood the information contained in this form and request the Registrar and Transfer Agent to act in accordance with my/our instructions. I/we confirm that this application is made in accordance with the terms set out in the Prospectus, Articles of Incorporation and KIID (the latter being available on www.dsmsicav.com) for the relevant Sub-Fund/Class.

I/we acknowledge and confirm that I/we have had the opportunity to receive, read and understand the relevant KIID(s) prior to making any application for Shares in the Company.

REGISTRATION DETAILS OF SUBSCRIBER (PLEASE USE BLOCK CAPITALS)

1a) Investor details

| | | | |
|--------------------------|----|---------------------------|----|
| 1 st investor | | Is the investor a minor * | |
| Yes | No | Yes | No |

* For investors who are minors, parent(s) or legal guardian(s) must complete.

Title:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | | |
|-----------|---------|--------------|
| Post Code | Country | Nationality* |
| | | |

* If you have more than 1 nationality, please list all of them.

| | | |
|------------------|----------------|--------------------------|
| Country of Birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

If investor is taxable in more than 1 country, please confirm additional details below:

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

| | | | |
|------------------|---------------------|-------------|-----|
| Telephone (home) | Telephone (daytime) | Mobile/Cell | Fax |
| | | | |

| | |
|-------|------------|
| Email | Profession |
| | |

1b) Investor details

| | | | |
|--------------------------|----|----------------|----|
| 2 nd investor | | Legal guardian | |
| Yes | No | Yes | No |

Title:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | | |
|-----------|---------|--------------|
| Post Code | Country | Nationality* |
| | | |

* If you have more than 1 nationality, please list all of them.

| | | |
|------------------|----------------|--------------------------|
| Country of Birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

If taxable in more than 1 country, please confirm additional details below:

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

| | | | |
|------------------|---------------------|-------------|-----|
| Telephone (home) | Telephone (daytime) | Mobile/Cell | Fax |
| | | | |

| | |
|-------|------------|
| Email | Profession |
| | |

1c) Companies & other entities

| | |
|-------------|---------------------|
| Entity name | Account Designation |
| | |

| | |
|----------------|-----------------------|
| Type of Entity | Date of Incorporation |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | | |
|-----------|---------|--------------------------|
| Post Code | Country | Country of Incorporation |
| | | |

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

| | | |
|----------------------|-------|-----|
| Telephone (business) | Email | Fax |
| | | |

Contact person:

| | | |
|------------|-----------|----------|
| First name | Last name | Position |
| | | |

| | | |
|----------------------|-------|-----|
| Telephone (business) | Email | Fax |
| | | |

1d) Name of beneficial owner (if different from 1st account holder):

Title:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | | |
|-----------|---------|--------------|
| Post Code | Country | Nationality* |
| | | |

* If you have more than 1 nationality, please list all of them.

| | | |
|------------------|----------------|--------------------------|
| Country of Birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

If taxable in more than 1 country, please confirm additional details below:

| | |
|--------------------------|---------------------------|
| Country of Tax Residence | Tax Identification Number |
| | |

| | | | |
|------------------|---------------------|-------------|-----|
| Telephone (home) | Telephone (daytime) | Mobile/Cell | Fax |
| | | | |

| | |
|-------|------------|
| Email | Profession |
| | |

2) Authorization (Please cross out as appropriate)

Legal guardians: We declare we will represent the minor

| | | | |
|------------|----|---------|----|
| Separately | | Jointly | |
| Yes | No | Yes | No |

Joint holders: We declare that each account holder may sign transaction instructions:

| | | | |
|------------|----|---------|----|
| Separately | | Jointly | |
| Yes | No | Yes | No |

CORRESPONDENCE ADDRESS (if different from above). All correspondence will be sent to the above address, unless the following section is completed. Please note c/o and P.O. Box addresses can be accepted as mailing addresses only, a registered address must be provided.

Name.....

Address.....

.....

E-mail Address

Tel. No..... Fax No.....

INVESTMENT

| DSM CAPITAL PARTNERS FUNDS – GLOBAL GROWTH | | |
|---|-----------------------|-----------------|
| Share Class | AMOUNT TO BE INVESTED | |
| | <i>In figures</i> | <i>In Words</i> |
| Class A LU1016060748 | | |
| Class I1 LU1016060821 | | |
| Class I2 LU1016061043 | | |

| DSM CAPITAL PARTNERS FUNDS – U.S. LARGE CAP GROWTH | |
|---|--|
| Share Class | AMOUNT TO BE INVESTED |
| | <i>In figures</i> <i>In Words</i> |
| Class A LU1016061126 | |
| Class I1 LU1016061399 | |
| Class I2 LU1016061472 | |

The Subscriber acknowledges that the minimum initial investment in respect of purchase of Shares must be for an amount of not less than €25,000 (or currency equivalent) for Class A Shares, and not less than €1,000,000 (or currency equivalent) for Class I1 Shares and not less than €10,000,000 (or currency equivalent) for Class I2 Shares.

For both sub-funds each Business Day of the week is a Valuation Day. A Business Day is determined as a day on which banks in Luxembourg and the New York Stock Exchange are open for business and such other days as the Board may decide.

No application for subscription will be accepted unless the application is received at the latest at 4:00 p.m. Luxembourg Time on the Business Day prior to the applicable Valuation Day. Subscription requests received and approved by the Registrar and Transfer Agent after such Dealing Deadline will be deemed to have been received on the next Valuation Day and Shares will then be issued at the price applicable to that next Valuation Day.

The Subscription Price, payable in the reference currency of the relevant Class, must be paid by the Subscriber and received in cleared funds by the Paying Agent at the latest within three (3) Business Days after the relevant Valuation Day.

SALES AGENT

In case a sales agent has been involved in this Application in DSM Capital Partners Funds, please provide his contact details below

| | |
|-------|-------------------|
| Agent | name _____ |
| _____ | Address _____ |
| _____ | City _____ |
| _____ | Postal Code _____ |

METHOD OF PAYMENT

The Subscriber understands that any wire transfers sent to a financial institution pursuant to the Subscriber's instructions, will constitute payment to the Subscriber and relieve the Company of any further obligation to the Subscriber with respect to the amounts so paid, and the Subscriber releases the Company from any further obligation with respect thereto. The Subscriber understands that the Company may impose such procedures as it deems appropriate before it will act upon any payment instructions from the Subscriber. Details of financial institution wiring/paying subscription monies.

Please indicate the name and address of the Bank and the name of the account from which the transfer will be made:

Bank Name: _____

Bank Address: _____

Account Name: _____

SWIFT / Sort No: _____

IBAN /Account No.: _____

For further Credit Name: _____

For further Credit IBAN /Account No.: _____

Swift Message Type: MT103

MT202

Tel No: _____ Fax No: _____

SUBSCRIPTION BANK ACCOUNT DETAILS

The subscription price must be paid in full (net of any initial fees and bank charges) by wire transfer to the following Bank Details:

EUR:

Bank: Societe Generale Paris, France
Swift Code: SOGEFRPP
Account name: Northern Trust Global Services Limited, Luxembourg
(SWIFT BIC: CNORLULX)
Account number: IBANFR7630003069900010158539714
Payment Reference: DSM Capital Partners Funds – DCP99

BANK ACCOUNT DETAILS FOR REDEMPTION PROCEEDS

Please note that if this section is not completed payments to you may be delayed.

| | |
|--|--------------------------------|
| Please indicate the name and address of the Bank and the name of the account to which the transfer will be made: | |
| Bank Name: | _____ |
| | _____ |
| Bank Address: | _____ |
| | _____ |
| Account Name: | _____ |
| SWIFT / Sort No: | _____ |
| | _____ |
| IBAN /Account No.: | _____ |
| For further Credit Name: | _____ |
| | _____ |
| For further Credit IBAN /Account No.: | _____ |
| Swift Message Type: MT103 <input type="checkbox"/> | MT202 <input type="checkbox"/> |
| Tel No: _____ | Fax No: _____ |

I/We agree that all or any funds payable to me/us (including redemption proceeds) may be transferred to my/our account from which my/our subscription proceeds were originally remitted, until further written notice, signed by one or more of the individuals listed herein as authorized to act on my/our behalf, to the Registrar and Transfer Agent.

DISCLOSURE STATEMENT

To: The Company; the Registrar and Transfer Agent.

By signing and completing this Application Form, I/we represent, warrant and undertake on a continuous basis to the Company and the Registrar and Transfer Agent as follows:

- (1) If I am/we are acting as trustee, agent, representative or nominee for the Subscriber (a "Beneficial Owner"), then I/we understand and acknowledge that the representations, warranties and agreements made herein are made by me/us (A) with respect to me/us and (B) with respect to the Beneficial Owner. I/We further represent and warrant that I/we have all requisite power and authority from said Beneficial Owner to execute and perform the obligations under this Application Form. I/We also agree to indemnify the Company, the Investment Manager and the Registrar and Transfer Agent and their directors, members, partners, officers and agents for any and all costs, fees and expenses (including legal fees and disbursements) in connection with any damages resulting from my/our misrepresentation or misstatement contained herein, or the assertion of my/our lack of proper authorization from the Beneficial Owner to enter into this Application Form or perform the obligations hereof.
- (2) I/We hereby acknowledge that I/we have received, read and considered the Prospectus and that this application is made on the terms thereof and subject to the Articles. I/We agree to be bound by the terms of the Prospectus including all supplements, revisions and addenda thereto.
- (3) I/We confirm that the KIID of the sub-fund and share class(es) in which I/We am/are investing has been made available to me/us in a durable medium or by means of a website.
- (4) I/We hereby irrevocably apply for such number of Shares (including fractions) at a price determined in accordance with the Prospectus. I/We acknowledge that the Company and/or the Registrar and Transfer Agent reserve the right to reject any application in whole or in part.
- (5) I/We warrant and declare that I am a/we are Institutional Investor(s).
- (6) I/We warrant and declare that I/we am/are a Private Investor(s).
- (7) I/We warrant that: (a) I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the Company and to make an informed decision with respect thereto; (b) I am/we are aware of the risks inherent in investing in the Shares and the method by which the assets of the Company are held and/or traded; and (c) I/we can bear the risk of loss of my/our entire investment.
- (8) I am/we are investing on my/our own behalf and I am/we are the ultimate economic beneficiary(ies) of the funds and any subsequent income invested.
- (9) I am/we are investing on behalf of a third party who is the ultimate economic beneficiary of the funds and any subsequent income invested. If investing on behalf of a third party, the third party has to be fully identified prior to subscription unless I am/ we are a professional of the financial sector from Luxembourg or another EU Member State or is regulated in a third country and subject to anti-money laundering regulations equivalent to those under Luxembourg law. In this context we will ensure to provide the Company/Management Company with details of the underlying investors if requested to do so.
- (10) I/We certify that the Shares are not being acquired in violation of any applicable law.

- (11) I am/we are submitting this application relying solely on the facts and terms set forth in this application, the current Prospectus, the Articles of Incorporation, the KIID and any additional documents given to us by the Company (the "Offering Materials"). I/We confirm that I/we have read carefully and understood the Offering Materials and have made further investigations as I/we or my/our representatives has/have deemed appropriate to evaluate the merits and risks of this investment. I am/we are not relying upon the Company for guidance with respect to tax or other legal considerations; I/we acknowledge that I/we have been advised to consult with my/our own attorney regarding legal matters concerning the Company and to consult with my/our tax advisor regarding the tax issues. I/We have been afforded an opportunity to ask questions of, and receive answers from, the Company, or persons authorised to act on its behalf, concerning the terms and conditions of the purchase of the Shares and the information contained in the Offering Materials and that all such questions have been answered to my/our full satisfaction. I/We have been afforded the opportunity to obtain any additional information (to the extent the Company had such information or could acquire it without unreasonable effort or expense) necessary to verify the accuracy of information otherwise furnished by the Company.
- (12) I/We agree that the transfer or assignment of the Shares acquired shall be made only in strict accordance with the provisions of the Prospectus and all applicable laws. Within ten days after receipt of a written request therefore from the Company, I/we agree to provide such information and to execute and deliver such documents as the Company may deem reasonably necessary to comply with any and all laws and ordinances to which the Company is or may be subject.
- (13) I am/We are not a U.S. Person or U.S. Taxpayer (see prospectus for definitions) and am/are not applying for shares on behalf of any U.S. Person or U.S. Taxpayer.
- (14) I/we have properly executed and furnished an appropriate IRS Form W-8 certifying as to my/our non-U.S. tax status. I/we have also completed Appendix B herein.
- (15) I/We (i) agree to provide the Company or its agents with such additional tax information as they may from time to time request, (ii) acknowledge and agree that such information may be provided to the United States and other governmental agencies (iii) acknowledge and agree that failure to provide requested information may subject me/us to liability for any resulting U.S. withholding taxes, U.S. tax information reporting and/or mandatory redemption, transfer or other termination of my/our investment in Shares, and (iv) agree to waive any provision of law that would prevent such reporting, withholding or termination of my/our investment in Shares.
- (16) I/We certify that I/we will be acquiring the Shares for investment and not with a view to or a present intention of distribution or resale to others.
- (17) Except as set forth in the Prospectus, or the documents referred to therein, no representations or warranties have been made to us by the Company or any agent, employee or affiliate of the Company, and in entering into this transaction, I am/we are not relying upon any information other than that contained in such Prospectus or the documents referred to therein, and the results of my/our own independent investigation. I/We confirm that the Shares were not offered to me/us by any means of general solicitation or general advertising. I/We are not purchasing Shares: (a) as a result of or subsequent to becoming aware of any advertisement, article, notice or other communication published in any newspaper, magazine or similar medium, generally available electronic communication, broadcast over television or radio or generally available to the public on the Internet or the Worldwide Web; (b) as a result of or subsequent to attendance at a seminar or meeting called by any of the means set forth in (a); or (c) as a result of or subsequent to any solicitations by a person not previously known to us in connection with investments in securities generally. Moreover, I/we confirm that I/we have received no representations, warranties or written communications with respect to the offering of Shares other than those contained in the Prospectus
- (18) I/We acknowledge that due to anti-money laundering requirements operating within their jurisdiction (as required by the Prospectus as well as the applicable laws and regulations of Luxembourg), the Registrar and Transfer Agent and/or the Company will require proof of identity (or any other information required by the Registrar and Transfer Agent and/or the Company in their discretion) before the application can be processed and the Company and/or the Registrar and Transfer Agent shall be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information as has been required has not been provided by or has been provided in an incomplete form.

- (19) I/We hereby confirm that the Company, the Board of Directors and the Registrar and Transfer Agent are each authorised and instructed to accept and execute any instructions in respect of this application and the Shares to which it relates given by us by facsimile. If instructions are given by us by facsimile, I/we acknowledge that the onus is on us to ensure that such instructions are received in legible form, and I/we undertake to confirm them in writing by way of submitting the original of such instruction to the Registrar and Transfer Agent. I/We hereby agree to indemnify the Company, the Board of Directors and the Registrar and Transfer Agent and agree to keep each of them indemnified, against any loss of any nature whatsoever arising to each of them as a result of any of them acting on facsimile instructions. The Company, the Board of Directors and the Registrar and Transfer Agent may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instructions or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- (20) I/We acknowledge that I am/we are aware that personal information given on this Application Form or otherwise in connection with an application to subscribe for Shares and details of my/our shareholding may be disclosed to the Management Company, Investment Manager and any other companies affiliated with the Investment Manager and/or the Management Company for the purpose of developing and processing the business relationship with the Shareholders.

The personal data in relation to us is required to enable the Company to fulfil the services required by us, and in particular the services required under this Application Form, and to comply with its legal and regulatory obligations.

I/We hereby expressly agree that my/our personal data may be disclosed (i) to the Management Company, the Investment Manager, the Registrar and Transfer Agent and any other member of the Northern Trust Group and other parties which intervene in the process of the business relationship (e.g. external processing centres, dispatch or payment agents), including companies based in countries where data protection laws might not exist or be of a lower standard than in the European Union or (ii) when required by law or regulation (Luxembourg or otherwise).

I/We acknowledge that certain laws and regulations may require disclosure of my/our identity under some circumstances, and such disclosures may be a matter of public record. I/We hereby consent to such disclosure.

I/We acknowledge that the Investment Manager, the Management Company, the Company and the Registrar and Transfer Agent agree that they shall not disclose personal data to any person other than as outlined in the preceding paragraphs without my/our express prior consent.

I/We acknowledge that the Investment Manager, the Management Company, the Company and the Registrar and Transfer Agent have taken reasonable measures to ensure confidentiality of the data transmitted within each of the entities concerned. However, by signing this Application Form, I/we acknowledge that due to the fact that the information is transferred electronically and made available outside of Luxembourg, the same level of confidentiality and the same level of protection in relation to data protection regulation as currently in force in Luxembourg may not be guaranteed while the information is kept abroad.

I/We expressly recognise that the Company, the Registrar and Transfer Agent or any of the relevant entities of the Northern Trust Group, the Investment Manager or any companies affiliated with the Investment Manager and the Management Company will accept no liability with respect to any unauthorised third party receiving knowledge of or having access to such personal data, except in the case of proven gross negligence or serious misconduct by the Company, the Registrar and Transfer Agent, the Investment Manager or any of their employees or officers.

I/We acknowledge that I/we have a right of access and of rectification of my/our personal data in cases where such data is incorrect or incomplete.

The personal data shall not be held for longer than necessary with regard to the purpose of the data processing. The personal data shall be stored during the time required by law. The personal data will not be used for marketing purposes.

I/We consent to the retention and processing of my/our data by the Registrar and Transfer Agent for the purposes of maintaining a register or Subscribers providing subscription and redemption of shares and (1) to

the transfer of such data to other companies or entities within the Registrar and Transfer Agent's group, including its offices outside the European Economic Area (the "EEA"); and (2) to the transfer of such data to third party companies or entities including their offices outside the EEA where the transfer is necessary for the maintenance of records, administrations or provision of services in relation to any investment product or services of any group of companies. I/We understand that the transfer of my/our data may be to a country which does not have equivalent data protection to that of the EEA.

The Company/Registrar and Transfer Agent/Management Company/Investment Manager is permitted to record telephone conversations with me/us or third party authorised to act on his/her behalf, which recordings may be permitted as evidence in the event of a disagreement. The absence of recordings may not in any way be used against the Company/Registrar and Transfer Agent/Management Company/Investment Manager.

- (21) I/We acknowledge that telephone conversation between us and the Company, the Investment Manager, the Management Company, the Custodian and the Registrar and Transfer Agent, or an affiliate thereof may be recorded and that any such recording may be submitted in evidence in any proceedings relating to the Company, the Management Company, the Investment Manager, the Custodian and the Registrar and Transfer Agent, or an affiliate thereof.
- (22) I/We acknowledge that I/we will indemnify and hold harmless the Company, the Management Company, the Investment Manager, the Registrar and Transfer Agent and their respective directors, officers, employees and delegates against any loss, liability, cost or expense (including without limitation counsel's fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any other document delivered by us to the Company.
- (23) I/We warrant that I/we have the right and authority to make the investment pursuant to this Application Form whether the investment is my/our own or is made on behalf of another person or entity that I am/we are and will not be in breach of any laws or regulations of any competent jurisdiction and I/we hereby indemnify the Company, the Management Company, the Registrar and Transfer Agent and other Shareholders for any loss suffered by them as a result of this warranty/representation not being true in every respect.
- (24) I/We hereby represent that the invested funds were not derived from illegal activities as described under the laws and regulations of Luxembourg and the recommendations issued by the Financial Action Task Force on Money Laundering ("FATF").
- (25) I/We understand the meaning and the legal consequences of the representations, warranties, agreements, covenants and confirmations set out herein and that the Company is relying thereon. I/We agree to indemnify and hold harmless the Company, the Investment Manager, the Management Company, the Registrar and Transfer Agent and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation attorneys' fees, taxes, and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any other document delivered by us to the Company, the Management Company, the Investment Manager or the Registrar and Transfer Agent. I/We further understand that the Investment Manager is relying upon the representations and warranties to determine the status with relevant securities and other regulators.
- (26) I/We hereby confirm that I/we shall be deemed to have made the statements listed at (1) to (23) above unless I/we notify you to the contrary in relation to any future Shares I/we may obtain. I/We also agree to notify the Company promptly of any changes in the foregoing information which may occur prior to or following an investment in the Company.

Fax & Indemnity:

- ✓ I/We confirm that the Company, the Management Company and the Registrar and Transfer Agent may receive and act upon my/our faxed instructions, which the Company, the Management Company and the Registrar and Transfer Agent believe has been given in good faith. I/We agree to hold the Company, the Management Company and the Registrar and Transfer Agent harmless and to indemnify the Company, the Management Company and the Registrar and Transfer Agent for any loss or damage, which the Company, the Management Company and the

Registrar and Transfer Agent may suffer as a result of acting on such faxed instructions. I/We agree that the Company, the Management Company and the Registrar and Transfer Agent will not accept any transaction instructions or requests to change of any account static data by email.

- ✓ The Company, the Management Company, the Investment Manager or the Registrar and Transfer Agent shall communicate to me/us at my/our own risk. We agree to accept communications conveyed by electronic means such as facsimile and acknowledge that these are not secure forms of communication, which may accordingly give rise to higher risks of manipulation or attempted fraud, for which the Company, the Management Company, the Investment Manager or the Registrar and Transfer Agent or any of their delegates shall have no liability.
- ✓ I/We consent to details relating to my/our application and holdings being accessed by or disclosed to the Investment Manager and those companies to which it delegates marketing and investor servicing duties.

NAME..... SIGNATURE..... DATE.....

NAME..... SIGNATURE..... DATE.....

APPENDIX A

ANTI-MONEY LAUNDERING – REQUIRED INFORMATION

In order to comply with the Luxembourg anti-money laundering and financing of terrorism legislation imposed on the Professionals of the Financial Sector by the Law of 12 November 2004 on the fight against money laundering and the financing of terrorism, as amended and all relevant Grand Ducal and CSSF Regulations (*Règlements*) and Circulars, the following declaration and verification requirements shall be required for entering into business relations:

I. Declaration

The Subscriber hereby:

- declares that the funds directly or indirectly allocated to the Company do not originate from any criminal sources, from any criminal offences listed in Articles 135-5 and 506-1 of the Luxembourg Criminal Code and Article 8-1 of the law of 19 February 1973, as amended, concerning the sale of medicinal substances and measures to combat drug addiction;
- declares that the Company is not set up or used and the transactions the entity will be interested in are not carried out for purposes of realizing or funding any illegal or criminal activities or any operations of money laundering or financing of terrorism as defined in the Law of 12 November 2004 on the fight against money laundering and the financing of terrorism, as amended, and do not facilitate such operations in any other manner.

II. Verification Requirements

This form is to be completed by all applicants subscribing for Shares in the Company.

For the purposes of the identification of investors, the following information shall be registered.

1. As regards investors, who are natural persons:

- surname and first name;
- place and date of birth;
- nationality;
- address;
- where appropriate, official national identification number.

The information shall be verified with the following documents with a simple copy of a valid ID and a proof of address.

2. As regards investors, which are legal persons or legal arrangements:

- denomination;
- legal form;
- address of the registered office and, if different, a principal place of business;
- where appropriate, official national identification number;
- managing directors (for the legal persons) and directors or persons exercising similar positions (for the legal arrangements);
- provisions governing the power to bind the legal person or arrangement;
- authorisation to enter into a relationship.

The information shall be verified with the following documents:

- Simple copy of the last coordinated or up-to-date articles of incorporation (or an equivalent incorporation document);
- Simple copy of a recent and up-to-date extract from the companies register (*registre des sociétés*) (or equivalent supporting evidence);
- Simple copy of valid ID and a proof of address concerning each director.

3. Where applicable, as regards beneficial owners:

- surname and first name;
- place and date of birth;

- nationality;
- address.

Beneficial owners shall mean any natural person who ultimately owns or controls the investor and/or any natural person on whose behalf a transaction or activity is being conducted. The beneficial owner shall at least include:

- any natural person who ultimately owns or controls a legal entity a percentage of more than 25%;
- any natural person who otherwise exercises control over the management of a legal entity.

4. Information on the source of funding, the expected number of subscriptions and the purpose of the business relationship.

*If you are a **REGULATED FINANCIAL INSTITUTION** based in Luxembourg or another EU Member State or are regulated in a third country and subject to anti-money laundering regulations equivalent to those under Luxembourg law please complete **PART 1** in addition.*

*If you are a **LISTED COMPANY**, please complete **PART 2** in addition.*

*If you are an **UNLISTED COMPANY/ UNLIMITED PARTNERSHIP / UNINCORPORATED BUSINESS**, please complete **PART 3** in addition.*

*If you are a **REGULATED FINANCIAL INSTITUTION** that does not fall under **PART 1**, please refer to **PART 4** in addition.*

*If you are a **TRUST/ TRUSTEE**, please complete **PART 5** in addition.*

*If you are a **PENSION SCHEME/ BENEFIT PLAN / INVESTMENT FUND**, please complete **PART 6** in addition.*

*If you are a **NOMINEE** that does fall under **PART 1**, please refer to **PART 7** in addition.*

*If you are an **INDIVIDUAL**, please complete **PART 8** in addition.*

Notwithstanding the contents of this document, the applicant agrees and undertakes to supply the Company/Management Company/Registrar and Transfer Agent with such further documentation and information as the Company/Management Company/Registrar and Transfer Agent may, in its sole discretion, request for purposes of verification or identification.

PART I

REGULATED FINANCIAL INSTITUTION located in Luxembourg or another EU Member State or regulated in a third country and subject to anti-money laundering regulations equivalent to those under Luxembourg law

Please tick the following box, if appropriate:

1. I/We are a bank/provider of financial services authorised and regulated in Luxembourg or another EU Member State or are regulated in a third country and subject to anti-money laundering regulations equivalent to those under Luxembourg law

Yes

If answer is Yes, please supply the name of the regulatory authority:

We are acting for our own account.

Yes

We are acting on behalf of a third party whose identity has been verified by us and will furnish the Company with any documentation obtained by us in so verifying and will provide additional information on our internal controls and processes if and when requested to do so by the Company.

Yes

2. Please supply a certified true copy of the current and dated list of all authorised signatories.

3. Supply evidence of regulation.

PART II
LISTED COMPANY

If you are a Listed Company, please supply:

Tick if supplied

1. Certified authorised signatory list

2. Evidence of listing

All of the required copies are to be certified by your bank/independent professional adviser/lawyer or solicitor

PART III
Unlisted Companies, Unlimited Partnerships, Unincorporated Businesses

If you are an Unlisted Company, Unlimited Partnership, Unincorporated Business, please supply the following: **Tick if supplied**

- 1. Certified copy of the latest audited annual accounts
- 2. Authorized signatory list
- 3. Certified copies of the articles of association / incorporation / foundation
- 4. Certified copies of the identification documents of the persons who operate the account
- 5. Evidence of registration
- 6. Clear documentary evidence on beneficial ownership and control structure
- 7. Ultimate beneficial owner identification

All of the required copies are to be certified by your bank/independent professional adviser/lawyer or solicitor

PART IV
Regulated Financial Institution that does not fall under PART I

Please contact the Company/Management Company/Registrar and Transfer Agent for more information.

PART V
Trust and Trustee

If you are a Trust and Trustee, please supply: **Tick if supplied**

- 1. Trust deed
- 2. Identification documents of the trustees, settlors, protectors and all beneficiaries

All of the required copies are to be certified by your bank/independent professional adviser/lawyer or solicitor

PART VI
Pension Schemes, Benefit Plans, Investment Funds

If you are a Pension Scheme, Benefit Plan, Fund, please supply:

**Tick if
supplied**

- 1. Evidence of regulation
- 2. Authorized signatory list
- 3. Initial / Definitive Trust (if applicable)

PART VII
Nominees that do not fall under Part I

Please contact the Company/Management Company/Registrar and Transfer Agent for more information.

PART VIII
Individual

If you are an Individual, please supply:

**Tick if
supplied**

- 1. Certified copy of your identification papers showing the photograph and signature
- 2. Profile sheet duly completed and signed
- 3. Proof of address (*utility bill or similar, not older than 6 months*)

I/We declare that I am a/we are private investor(s) who is/are making this application on my/our own behalf and not in any way as representative(s) of any other party.

Signature _____ Print name _____ Date _____

APPENDIX B

Certification Relating to the U.S. Foreign Account Tax Compliance Act

1. U.S. person

(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 / please indicate exemption:

Indicate the entity's U.S. TIN here:

(c) The entity is not a U.S. person.

-> If you have non-US tax residencies (including Luxembourg), thanks for completing part 2 below.

2 Declaration of Tax Residency (other than U.S.)

Please indicate the entity's place of residence for tax purposes according to the table below. If the entity is resident in more than one country, please detail all jurisdictions of residence.

| Jurisdiction of tax residency | Residence address for tax purposes | Taxpayer identification number |
|-------------------------------|------------------------------------|--------------------------------|
| | | |
| | | |
| | | |

If you have ticked Section 1 (c) above, please complete the FATCA classification below and proceed thereafter in all cases to part 4 (declaration and undertakings).

3 FATCA classification

Please only tick one box with respect to this section!

3.1 If you are a **Registered Financial Institution**, please tick one of the below categories and provide your FATCA GIIN at 3.3.

a) **Reporting Luxembourg Financial Institution** or **Reporting Financial Institution** established in another **Partner Jurisdiction**. (A list of the Partner Jurisdictions is available on the U.S. Treasury's website: <http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA-Archive.aspx>)

b) Registered deemed compliant Foreign Financial Institution

c) Participating Foreign Financial Institution

3.2 Please provide your Global Intermediary Identification number (GIIN):

3.3 If the entity is a **Reporting Model 1 FFI** and has not yet obtained a GIIN but intends to do so, please tick here .

-> By ticking the box above at 3.3, you commit to provide your GIIN within 90 days.

3.4 If you are a **Financial Institution, but do not have a GIIN**, please tick one of the reasons below:

a) The Entity is a **Sponsored Financial Institution** 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.

Sponsoring Entity's name: _____

Sponsoring Entity's GIIN: _____

b) The entity is a **Certified Deemed Compliant, Owner-Documented** or otherwise **Non-Reporting, Foreign Financial Institution**. Indicate exemption:

c) The entity is a **Non-Participating Foreign-Financial Institution**

d) Other (please specify and submit applicable W-8 form):

3.5 If you are not a Financial Institution, please confirm the entity's FATCA status below:

a) The Entity is an **Exempt Beneficial Owner**.

Please indicate status:

b) The Entity is an **Active Non-Financial Foreign Entity** (including an **Excepted NFFE**)

c) The Entity is a **Passive Non-Financial Foreign Entity**, which has one or more Controlling Person(s). Please complete the table below as applicable:

- Individual 1:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | |
|-----------|--------------------------|
| Post Code | Country of tax residence |
| | |
| | |

| | | |
|------------------|----------------|--------------------------|
| Country of birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

Is the individual a U.S. resident for tax purposes (which includes U.S. citizen)?

No

Yes – If yes, please provide U.S. Taxpayer Identification Number (TIN) and a Form W-9:

- Individual

2:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | |
|-----------|--------------------------|
| Post Code | Country of tax residence |
| | |
| | |

| | | |
|------------------|----------------|--------------------------|
| Country of birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

Is the individual a U.S. resident for tax purposes (which includes U.S. citizen)?

No

Yes – If yes, please provide U.S. Taxpayer Identification Number (TIN) and a Form W-9:

• Individual 3:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

| | |
|------------|-----------|
| First name | Last name |
| | |

| | |
|---------|-------------|
| Address | City / Town |
| | |

| | |
|-----------|--------------------------|
| Post Code | Country of tax residence |
| | |
| | |

| | | |
|------------------|----------------|--------------------------|
| Country of Birth | Place of birth | Date of birth (DD/MM/YY) |
| | | |

| | | |
|----------------------|------------------|-------------------------------------|
| Passport / ID Number | Country of Issue | Passport Expiration Date (DD/MM/YY) |
| | | |

Is the individual a U.S. resident for tax purposes (which includes U.S. citizen)?

No

Yes – If yes, please provide U.S. Taxpayer Identification Number (TIN) or equivalent and a W9:

-> Each of the controlling persons listed in the table above as well as any individual account holder/beneficial owner has to complete and sign the disclosure waiver under part 4.

As stated in the conference call, part 4 should be reviewed by Luxembourg Compliance.

4) Declaration, Undertakings and Consent (Please cross out as appropriate)

4.1 To be filled out by Corporate investors

I/We declare (as an authorized signatory of the entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days of any change in circumstances occurring,

which causes any of the information contained in this form to be inaccurate or incomplete.

To the extent required under applicable Luxembourg law, I/we hereby consent to Northern Trust Luxembourg Management Company S.A. and its affiliates communicating to the Luxembourg Tax Administration (Administration des Contributions Directes – ACD) any information pertaining to any financial account held by _____ (account holder name/beneficial owner name) with Northern Trust Luxembourg Management Company S.A. and its affiliates that is required to be reported pursuant to subparagraph 2 (a) of Article 2 of the Luxembourg IGA in the time and manner described in Article 3 of such IGA or required to be reported pursuant to and in the time and manner described in subparagraph 1 (b) of Article 4 of such IGA. Where applicable, I/we acknowledge that I/we have been informed that the ACD will automatically pass the aforementioned information on to the U.S. Tax Administration (Internal Revenue Service – IRS) according to the terms of the Luxembourg IGA.

The consent to the communication of the relevant information set out in the foregoing paragraph will be valid for as long as _____ (account holder name/beneficial owner name) is a customer of Northern Trust Luxembourg Management Company S.A. and its affiliates and beyond in order to enable Northern Trust Luxembourg Management Company S.A. and its affiliates to fulfill its statutory obligations for the purpose of the Luxembourg IGA. It constitutes a waiver of applicable obligations relating to banking confidentiality with regards to _____ (account holder name/beneficial owner name).

Surname and forname(s): _____
Position / Title: _____
Date: (dd/mm/yyyy): _____
Authorised Signature(s): _____

4.2 Disclosure waiver/ Corporate investors

(To be completed by each Controlling Person of a Passive NFFE that is a Specified U.S. person as per section 4 above).

To the extent required under applicable Luxembourg law, I hereby consent to Northern Trust Luxembourg Management Company S.A. and its affiliates communicating to the ACD any information pertaining to any financial account held by _____ (account holder name/beneficial owner name) with Northern Trust Luxembourg Management Company S.A. and its affiliates that is required to be reported pursuant to subparagraph 2(a) of Article 2 of the Luxembourg IGA in the time and manner described in Article 3 of such IGA. I acknowledge that I have been informed that the ACD will automatically pass the aforementioned information on to the IRS according to the terms of the Luxembourg IGA and that the same information includes the following personal information:

- my name,
- my residence address for tax purposes and
- my U.S. tax identification number.

The consent to the communication of the relevant information set out in the foregoing paragraph will be valid for as long as _____ (account holder name/beneficial owner name) is a customer of Northern Trust Luxembourg Management Company S.A. and its affiliates and beyond in order to enable Northern Trust Luxembourg Management Company S.A. and its affiliates to fulfill its statutory obligations for the purpose of the Luxembourg IGA. It constitutes a waiver of applicable obligations relating to banking confidentiality with regard to me.

Surname and forename(s): _____
Date: (dd/mm/yyyy): _____
Authorized Signature(s): _____

4.3 To be filled out by Retail investors

I declare 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 of any change in circumstances occurring, which causes any of the information contained in this form to be inaccurate or incomplete.

a) Disclosure waiver / To be completed by NON-US Retail Investors

To the extent required under applicable Luxembourg law, I hereby consent to Northern Trust Luxembourg Management Company S.A. and its affiliates communicating to the ACD any information pertaining to any financial account held by _____ (name of the account holder/beneficial owner) with Northern Trust Luxembourg Management Company S.A. and its affiliates that is required to be reported pursuant to subparagraph 2 (a) of Article 2 of the Luxembourg IGA in the time and manner described in Article 3 of such IGA or required to be reported pursuant to and in the time and manner described in subparagraph 1 (b) of Article 4 of such IGA. Where applicable, I acknowledge that I have been informed that the ACD will automatically pass the aforementioned information on to the IRS according to the terms of the Luxembourg IGA.

The consent to the communication of the relevant information set out in the foregoing paragraph will be valid for as long as _____ (name of the account holder/beneficial owner) is a customer of Northern Trust Luxembourg Management Company S.A. and its affiliates and beyond in order to enable Northern Trust Luxembourg Management Company S.A. and its affiliates to fulfill its statutory obligations for the purpose of the Luxembourg IGA. It constitutes a waiver of applicable obligations relating to banking confidentiality with regards to _____ (name of the account holder/beneficial owner).

Surname and forename(s): _____
Date: (dd/mm/yyyy): _____
Signature account holder/
beneficial owner: _____

b) Disclosure waiver / To be completed by Retail U.S. investors

To the extent required under applicable Luxembourg law, I hereby consent to Northern Trust Luxembourg Management Company S.A. and its affiliates communicating to the ACD any information pertaining to any financial account held by _____ (name of account holder/beneficial owner) with Northern Trust Luxembourg Management Company S.A. and its affiliates that is required to be reported pursuant to subparagraph 2(a) of Article 2 of the Luxembourg IGA in the time and manner described in Article 3 of such IGA. I acknowledge that I have been informed that the Minister of Finance of the Grand Duchy of Luxembourg or his/her authorized representative will automatically pass the aforementioned information on to the IRS according to the terms of the Luxembourg IGA and that the same information includes the following personal information:

- my name,
- my residence address for tax purposes; and
- my U.S. tax identification number.

The consent to the communication of the relevant information set out in the foregoing paragraph will be valid for as long as _____ (name of account holder/beneficial owner) is a customer of Northern Trust Luxembourg Management Company S.A. and its affiliates and beyond in order to enable Northern Trust Luxembourg Management Company S.A. and its affiliates to fulfill its statutory obligations for the purpose of the Luxembourg IGA. It constitutes a waiver of applicable obligations relating to banking confidentiality with regard to me.

Surname and forename(s): _____
Date: (dd/mm/yyyy): _____
Signature account holder/
beneficial owner: _____