

APPLICATION / REDEMPTION FORM

in respect of the offer of Investor Shares in

A3E EM High Yield Fund
a sub-fund of

A3E Capital SICAV PLC (the "Company")

(a collective investment scheme organised as a multi-fund company with variable share capital under the laws of the Republic of Malta and licensed by the Malta Financial Services Authority ("MFSA") under the Investment Services Act (Chapter 370 of the Laws of Malta) as a Professional Investor Fund promoted to Qualifying Investors)

9 September 2022

Application Form approved on 3 October 2022

Application Form

The Fund

A3E EM High Yield Fund (the “Fund”) is a sub-fund of A3E Capital SICAV PLC which is collective investment scheme organised as a multi-fund company with variable share capital under the laws of the Republic of Malta and licensed by the Malta Financial Services Authority (“**MFSA**”) under the Investment Services Act (Chapter 370 of the Laws of Malta) as a Professional Investor Fund promoted to Qualifying Investors.

The Fund is established as a self-managed scheme and is managed by the Investment Committee as detailed in the scheme Offering Supplement.

Fund Documents

Please ensure you read the Funds current Offering Memorandum, Offering Supplement and the most recent Financial Statements (“**Fund Documents**”) before you complete this Application Form.

If you have any queries about the information contained within this Application Form or the Fund Documents, you should consult an investment advisor or independent financial advisor.

The Application Form and Fund Documents (“**Application Documents**”) are current as at the date of publication but are subject to change without notice. If you would like to receive a copy of the current Application Documents please contact the Administrator.

The Administrator

Sanne Fund Administration (Malta) Limited,
Quad Central, Q3 Level 9, Triq I-Esportaturi, Zone 1, Central Business District, B’Kara, CBD1040, Malta.
Telephone: +356 2778 4012 Facsimile: +356 2705 0474
Email: malta@sannegroup.com Web: www.sannegroup.com

Application Process

Please complete and return the following documents by email/fax* or mail to the Administrator;

1. Signed and completed Application Form (please ensure you sign page 14)
2. Signed and completed FATCA Declaration Form (please ensure you sign page 15-17 as applicable)
3. Signed and completed CRS Self Certification Forms (please ensure you sign pages 18-23 as applicable)
4. Signed and completed Investor Declaration Form (please ensure you sign page 9)
5. Due Diligence Documents (please ensure documents are correctly certified in accordance with the requirements detailed on pages 10 to 12)

*If you email or fax the Application Documents, please mail the originals (clearly marked “**Duplicate**”) to the Administrator to arrive within seven business days of the date of the email/fax. Please note that contract notes will only be issued on receipt of original documents.

Application Cut-Off Time

Please note that Application Documents and related subscription monies should be received by the Administrator five (5) business days prior the relevant Valuation Day.

Please Note: applications received during the Initial Offer Period will be dealt as and when received. Applications will be dealt on every dealing day as stated in the Fund Documents.

Redemption Process

Please complete and return the signed and completed Redemption Instruction by email/fax* or mail to the Administrator;

*If you email or fax the Redemption Instruction, please mail the originals (clearly marked “**Duplicate**”) to the Administrator to arrive within seven business days of the date of the email/fax. Note, redemption proceeds will only be paid when the Redemption Instruction is received by the Administrator in original form.

Redemption Cut-Off Time

Redemption Instructions should be received by the Administrator no later than 5.00 p.m. (GMT), fifteen (15) business days prior to the relevant Valuation Day. If a redemption request is received after the above indicated time and date, and subject to the overall right of the Company to defer all or part of the redemptions, the redemption request shall, if valid be processed and the relevant Fund Shares will be redeemed on the next following Redemption Day.

Section 1 – To be completed by Individual Investors

All Individuals Investors to complete this page in BLOCK CAPITALS

REGISTERED NAME *	
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* For direct investors the registered name should be their name and/or surname.

Shares will be registered exactly in accordance with the Registered Name given above

REGISTRATION DETAILS	FIRST APPLICANT	JOINT APPLICANT (if applicable)
TITLE (MR/MRS/MISS)		
SURNAME		
FORENAMES		
ANY PREVIOUS NAMES		
DATE AND PLACE OF BIRTH		
NATIONALITY		
CURRENT RESIDENTIAL ADDRESS (PO Box only address is not sufficient)		
RESIDENTIAL COUNTRY		
RESIDENTIAL POST CODE		
SOURCE OF FUNDS (please state the economic activity that generated the wealth rather than one word answers (inheritance) or remitting bank name)		
OCCUPATION		
CORRESPONDENCE DETAILS		
CORRESPONDENCE ADDRESS (if different to residential address)		
CORRESPONDENCE COUNTRY		
CORRESPONDENCE POST CODE		
DAYTIME TEL No		
FAX No		
EMAIL		

Please note that all correspondence will be sent to the first applicant unless specific alternative instructions are received
If there are more than two applicants please re print this page and enclose with the Application Documents

Section 2 – To be completed by Entities (Corporates/Trusts & Partnerships)

All Entities to complete this page in BLOCK CAPITALS

REGISTERED NAME *	
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* For direct corporate investors the registered name should be the name of the Legal Entity. For Professional Intermediaries the registered name should be the client name, a code or any other identifier.

Shares will be registered exactly in accordance with the Registered Name given above

REGISTRATION DETAILS	
NAME OF ENTITY	
ACCOUNT DESIGNATION (IF APPLICABLE)	

	REGISTERED OFFICE ADDRESS	CORRESPONDENCE ADDRESS (IF DIFFERENT FROM THE REGISTERED ADDRESS)
ADDRESS (PO Box only address is insufficient)		
COUNTRY		
POST CODE		

COUNTRY OF REGISTRATION	
REGISTRATION NUMBER	
DATE OF REGISTRATION	
STATEMENT OF ENTITY'S ACTIVITY	

	PRIMARY CONTACT DETAILS	SECONDARY CONTACT DETAILS
NAME		
TEL NO		
FAX NO		
EMAIL		

Section 3 – To be completed by Trusts

All Trusts to complete this page in BLOCK CAPITALS

DETAILS OF TRUST	
NAME, DATE OF ESTABLISHMENT AND JURISDICTION OF TRUST	
SOURCE OF TRUST FUNDS	

DETAILS OF SETTLOR AND PROTECTOR		
	SETTLOR	PROTECTOR (IF APPLICABLE)
FULL NAME		
NATIONALITY		
DATE AND PLACE OF BIRTH		
CURRENT RESIDENTIAL ADDRESS (PO Box only address is insufficient)		
POST CODE		

DETAILS OF TRUSTEES		
	TRUSTEE	TRUSTEE
FULL NAME OF TRUSTEE		
NATIONALITY		
DATE AND PLACE OF BIRTH		
CURRENT RESIDENTIAL ADDRESS (PO Box only address is insufficient)		
POST CODE		

DETAILS OF BENEFICIARIES		
	BENEFICIARY	BENEFICIARY
FULL NAME OF BENEFICIARY		
NATIONALITY		
DATE AND PLACE OF BIRTH		
CURRENT RESIDENTIAL ADDRESS (PO Box only address is insufficient)		
POST CODE		

If there is not enough space on this form please attached additional documents to identify all the Trust parties

Section 4 – Payments & Authorised Signatories

I/We the undersigned having received and read a copy of the Fund Documents and hereby apply to subscribe for Shares in A3E EM High Yield Fund as a sub-fund of A3E Capital SICAV PLC. Application documents and related funds should be received by the Administrator five (5) business days prior the relevant Valuation Day.

<p>I/we wish to invest the following amount into the USD Investor Share Class ISIN – MT7000006052.</p> <p>The subscribed amount is subject to a Subscription Fee of 2.0%, in accordance with the Offering Supplement.</p> <p>For USD Investor Shares - The initial minimum subscription amount is \$100,000 or currency equivalent. Subsequent subscriptions are subject to a minimum of \$25,000 or currency equivalent.</p>		USD
<p>I/we wish to invest the following amount into the EUR Investor Share Class ISIN – MT7000006128.</p> <p>The subscribed amount is subject to a Subscription Fee of 2.0%, in accordance with the Offering Supplement.</p> <p>For EUR Investor Shares - The initial minimum subscription amount is \$100,000 or currency equivalent. Subsequent subscriptions are subject to a minimum of \$25,000 or currency equivalent.</p>		EUR
Please confirm expected number of transactions per year		
Please confirm total expected value of investments per year		

INVESTORS BANK ACCOUNT DETAILS

Please note that additional information will be requested if monies are being transferred from an account held other than in the name of the Applicant

BANK NAME	
SORT / SWIFT CODE	
BANK ADDRESS	
ACCOUNT NAME	
IBAN / ACCOUNT NUMBER	

SIGNING INSTRUCTIONS	Tick <input checked="" type="checkbox"/>	
	<input type="checkbox"/>	All Authorised Signatories to Sign
	<input type="checkbox"/>	Any Authorised Signatories to Sign
	<input type="checkbox"/>	To Sign in accordance with the attached Authorised Signatory List

AUTHORISED SIGNATORIES		The following individuals are authorised to give instructions on the account in accordance with the Signing Instructions
NAME (in BLOCK CAPITALS)		SIGNATURE
1		
2		

Section 4 – Payments & Authorised Signatories (Continued)

ROUTING INSTRUCTIONS FOR THE FUND SUBSCRIPTIONS ACCOUNT

USD INVESTOR SHARES

CORRESPONDENT BANK:	
BANK NAME	Raiffeisen Bank International
SWIFT/BIC	RZBAATWWXXX
IN FAVOUR OF:	
BANK NAME	SPARKASSE BANK MALTA P.L.C.
BANK'S ADDRESS	101 Townsquare, Ix Xatt ta'Qui-si-Sana, Sliema SLM 3112, Malta
SWIFT ADDRESS	SBMTMTMT
FOR FURTHER CREDIT:	
BENEFICIARY ACCOUNT NAME	A3E Capital SICAV p.l.c. – A3E EM High Yield Fund - CLT
ADDRESS	Quad Central, Q3 Level 9, Triq l-Esportaturi, Zone 1, Central Business District, B'Kara, CBD1040, Malta.
IBAN / ACCOUNT NUMBER	MT27 SBMT 5550 5000 0090 0002 7485 040
PAYMENT NARATIVE	Purchase of A3E EM HY FUND USD Shares : ISIN MT700006052

EUR INVESTOR SHARES

BANK:	
BANK NAME	SPARKASSE BANK MALTA P.L.C.
BANK'S ADDRESS	101 Townsquare, Ix Xatt ta'Qui-si-Sana, Sliema SLM 3112, Malta
SWIFT ADDRESS	SBMTMTMT
FOR FURTHER CREDIT:	
BENEFICIARY ACCOUNT NAME	A3E Capital SICAV p.l.c. – A3E EM High Yield Fund - CLT
ADDRESS	Quad Central, Q3 Level 9, Triq l-Esportaturi, Zone 1, Central Business District, B'Kara, CBD1040, Malta.
IBAN / ACCOUNT NUMBER	MT40 SBMT 5550 5000 0090 0002 7485 000
PAYMENT NARATIVE	Purchase of A3E EM HY FUND EUR Shares : ISIN MT700006128

Section 5 – Subscription Fee

SUBSCRIPTION FEE	%
Please insert/write agreed Subscription Fee:	
<p>I/We acknowledge that the Directors are entitled to deduct a subscription fee of up to 2% from the amount subscribed prior to applying the subscription monies to the purchase of shares in order to meet marketing and commission costs for administering the subscription.</p>	

INTRODUCERS DETAILS <i>(if applicable)</i>	
NAME	
COMPANY NAME	
ADDRESS	
SIGNATURE	
TEL	
FAX	
EMAIL	

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory *(if applicable)*

Full Name and Surname / Capacity	Authorised Signature	Date
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Section 7 – Customer Due Diligence Documentation (Continued)

INVESTOR DECLARATION FORM – QUALIFYING INVESTORS

This section must be completed by **ALL** applicants to confirm their status as a Qualifying Investor

EITHER

If the Investment is being made directly by the Investor (not through a authorised agent) :	
I hereby confirm that I am eligible to be treated as a “Qualifying Investor”, since I satisfy the definition thereof in light of the positive responses that I have given to the questions below.	Tick <input checked="" type="checkbox"/>
	<input type="checkbox"/>
I certify that I have read and understood the Fund Documents including the mandatory risk warnings.	<input type="checkbox"/>

OR

If the Investment is NOT being made directly by the Investor BUT through a authorised agent :	
I hereby confirm that I have been properly appointed as an authorised agent of a prospective investor in the Scheme described above.	Tick <input checked="" type="checkbox"/>
	<input type="checkbox"/>
I certify that my principal is eligible to be treated as a “Qualifying Investor”, since I satisfy the definition thereof in light of the positive responses that I have given to the questions below.	<input type="checkbox"/>
I certify that my principal has read and understood the Fund Documents including the mandatory risk warnings.	<input type="checkbox"/>

I qualify as a “Qualifying Investor” as I am (one or more of the following): OR my principal qualifies as a “Qualifying Investor” as he/she is (one or more of the following):		Please Tick <input checked="" type="checkbox"/>
Individuals	An individual whose net worth or joint net worth with that person’s spouse exceeds Euro 750,000 (seven hundred and fifty thousand) (or currency equivalent)	<input type="checkbox"/>
	A senior employee or director of service providers to the Fund	<input type="checkbox"/>
Corporates/Trusts & Partnerships	An unincorporated body of persons or association which has net assets in excess of Euro 750,000 (seven hundred and fifty thousand) (or currency equivalent)	<input type="checkbox"/>
	A body corporate which has net assets in excess of Euro 750,000 (seven hundred and fifty thousand) (or currency equivalent) or which is a part of a group which has net assets in excess of Euro 750,000 (seven hundred and fifty thousand) (or currency equivalent)	<input type="checkbox"/>
	A trust where the net value of the trust’s assets is in excess of Euro 750,000 (seven hundred and fifty thousand) (or currency equivalent)	<input type="checkbox"/>

DECLARATION :

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
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Section 7 – Customer Due Diligence Documentation (Continued)

In order to comply with regulations for the avoidance of money laundering **ALL** applicants must be identified and verified by the Administrator and the Company.

Where due diligence documents have already been supplied to the Administrator please supply;

Fund Name	Registered Name

Alternatively, the identification and verification evidence required is detailed below. **ONE** of the following sections will apply and the documents detailed will need to be supplied to the Administrator.

Notes at the end of the section should be used when completing this section of the Application Form.

Special consideration needs to be given to the correct certification of the required documents.

Section 1 Individual Investors	<input type="checkbox"/> Certified* true copy of Passport / ID Card	Please note that all individual investors applying jointly must provide the required documentation for each individual.
	<input type="checkbox"/> Certified* true copy of a recent Utility Bill or Bank Statement confirming residential address [Utility bills must be less than three months old when received by the Administrator] [Note, mobile phone bills are not deemed acceptable form of verification]	
	<input type="checkbox"/> FATCA Declaration and CRS Self Certification – Please refer to Sections 9 and 10	
	<input type="checkbox"/> Politically Exposed Person Declaration – Please refer to Section 11	
	<input type="checkbox"/> Please confirm source of wealth	

Section 2 Corporate Investors	<input type="checkbox"/> Structure chart showing all related parties	
	<input type="checkbox"/> Certified* true copy of the Certificate of Incorporation (and certificate evidencing change of name, where applicable).	
	<input type="checkbox"/> Certified* true copy of the Memorandum and Articles of Association	
	<input type="checkbox"/> Certified* true copy of the Authorised Signatory List [Each Individual on whose instructions or requests we will be expected to act must also produce all the due diligence documents specified for Individual Investors]	
	<input type="checkbox"/> List of all Directors and Company Secretary with full name and specimen signatures [Each Individual on the list must also produce all the documents specified for 'Individual Investors']	
	<input type="checkbox"/> Please enclose a certified true copy of the Shareholders Register signed by the Director(s) or Company Secretary [Each beneficial owner who directly or indirectly holds 10% or more of the issued share capital must also produce all the documents specified for Individual Investors]	
	<input type="checkbox"/> FATCA Declaration and CRS Self Certification – Please refer to Sections 9 and 10 [If necessary, please print multiple copies of such pages]	
	<input type="checkbox"/> Politically Exposed Person Declaration – Please refer to Section 11 [If necessary, please print multiple copies of such pages]	
<input type="checkbox"/> Please confirm source of wealth, providing evidence thereof [Evidence could be audited financials, tax declarations, references from tax or companies registers, etc.]		

Section 7 – Customer Due Diligence Documentation (Continued)

Section 3 Professional Intermediaries	<p>Under certain circumstances (as detailed in Section 13 - Professional Intermediary Letter) Professional Intermediaries can be treated as a Principal and customer due diligence is required on the Principal rather than on the Intermediary's customers.</p> <p>Professional Intermediaries must be a financial services business from a recognised jurisdiction but not a trust and corporate service provider. This category should be used where the Principal invests the customers' money on a discretionary or advisory capacity, is the sole operator of and retains ultimate effective control over the account.</p> <p>The Administrator has the right to request the end customer's documents at any time to check their compliance with the requirements of the Law, therefore we highly recommend the Professional Intermediary to obtain and keep the documents of each customer in accordance with the requirements specified in this Section.</p>	
	<input type="checkbox"/>	Certified* true copy of Regulators Licence, or regulator's website address where the regulated status can be verified
	<input type="checkbox"/>	Certified* true copy of Certificate of Incorporation.
	<input type="checkbox"/>	Politically Exposed Person Declaration – Please refer to Section 11 <i>[If necessary, please print multiple copies of such pages]</i>
	<input type="checkbox"/>	Professional Intermediary Letter (refer to Section 13 for a sample letter)
	<input type="checkbox"/>	Official certified copy of the Authorised Signatory List
<input type="checkbox"/>	<p>Please provide a general overview of the Entity's client base, and the jurisdictions such originate from. <i>[Where the client base is "Global", please indicate the jurisdiction/s of those clients investing in the Fund]</i></p>	
Section 4 Trusts, Nominees & Fiduciary clients	<input type="checkbox"/>	Structure chart showing all trust parties
	<input type="checkbox"/>	Extract of the Trust deed reflecting the parties to the Trust [i.e., Trustees, Settlor, Principal, Beneficiaries, Protector] and the signatures / seal pages <i>[Each Trustee/Settlor/Beneficiary/Protector must produce all the documents specified for Individual Investors or Corporate Investors]</i>
	<input type="checkbox"/>	Full names and specimen signature on any individual from the Trustees on whose instructions or request we are expected to act <i>[Each Individual on the list must also produce all the documents indicated in the Section 1 'Individual Investors']</i>
	<input type="checkbox"/>	FATCA Declaration and CRS Self Certification – Please refer to Sections 9 and 10 <i>[If necessary please print multiple copies of such page]</i>
	<input type="checkbox"/>	Politically Exposed Person Declaration – Please refer to Section 11 <i>[If necessary please print multiple copies of such pages]</i>
	<input type="checkbox"/>	<p>Please confirm source of wealth, providing evidence thereof <i>[Evidence could be audited financials, tax declarations, references from tax or companies registers, etc.]</i></p>
<input type="checkbox"/>	<p>Please provide a general overview of the Entity's client base, and the jurisdictions such originate from. <i>[Where the client base is "Global", please indicate the jurisdiction/s of those clients investing in the Fund]</i></p>	

Section 7 – Customer Due Diligence Documentation (Continued)

Section 3 Listed Company	<input type="checkbox"/>	Evidence that the Company is listed on a recognised Stock Exchange	Please note that the Company needs to be listed on a Recognised Stock Exchange
	<input type="checkbox"/>	Full names and specimen signatures of any individuals from the investing company on whose instructions or requests we might be expected to act. <i>[Each Individual listed must also produce all the documents indicated in the 'Individual Investors' section]</i>	
	<input type="checkbox"/>	FATCA Declaration and CRS Self Certification – Please refer to Sections 9 and 10 <i>[If necessary, please print multiple copies of such pages]</i>	
	<input type="checkbox"/>	Politically Exposed Person Declaration – Please refer to Section 11 <i>[If necessary, please print multiple copies of such pages]</i>	
	<input type="checkbox"/>	Please confirm source of wealth, providing evidence thereof <i>[Evidence could be audited financials, tax declarations, references from tax or companies registers, etc.]</i>	
Section 6 Partnership	<input type="checkbox"/>	Structure chart showing all related parties	
	<input type="checkbox"/>	Certified true copy of the Partnership Certificate/Agreement identifying the General/Limited Partners	
	<input type="checkbox"/>	Full names and specimen signature on any individual from the Partnership on whose instructions or request we are expected to act <i>[Each Individual listed must also produce all the documents specified for 'Individual Investors']</i>	
	<input type="checkbox"/>	List of all Partners' names with specimen signatures <i>[Each Individual listed must also produce all the documents indicated in the 'Individual Investors' section. Where partners are not individuals, the applicable legal body or legal arrangement requirements will apply]</i>	
	<input type="checkbox"/>	FATCA Declaration and CRS Self Certification – Please refer to Sections 9 and 10 <i>[If necessary, please print multiple copies of such pages]</i>	
	<input type="checkbox"/>	Politically Exposed Person Declaration – Please refer to Section 11 <i>[If necessary, please print multiple copies of such pages]</i>	
	<input type="checkbox"/>	Please confirm source of wealth, providing evidence thereof <i>[Evidence could be audited financials, tax declarations, references from tax or companies registers, etc.]</i>	

*) Certification requirements please see in the following page.

Section 7 – Customer Due Diligence Documentation (Continued)

Certification Requirements (required for the completion of identification of applicants under anti-money laundering regulations)

***PLEASE NOTE** that certified copies of documents can only be accepted if they comply with the following:
[if they do not comply, we will need to return them to you for re-certification and this is likely to result to delay your application]

Certification must be by one of the following (“Certifiers”):

an embassy, consulate or high commission of the country of issue of documentary evidence of identity; a member of the judiciary, a senior civil servant, or a serving police or customs officer; a lawyer or notary public; an actuary; an accountant holding a recognised professional qualification; or a director, officer or manager of a regulated financial services business operating in an “equivalent jurisdiction” to Malta. Please note that countries that fall within the term “equivalent jurisdiction” may vary, from time to time, if you require updated information in this regard, please contact the Administrator.

The Certifier must have seen the original document and photocopy, the Certifier will compare the documents and must write the following words on the photocopy:

For photographic ID “Certified a True Copy of the original document, which I have seen, and that the photograph shown is a true likeness of the person named therein, who I have met.”

For other ID “Certified a True Copy of the original document, which I have seen.”

The Certifier must sign and record in block capitals his/her full name, the capacity in which he/ she is signing and the date of certification and provide contact details in case of any queries.

It some circumstances certified true translations of documents will be required. The Certifier must sign and record in block capitals his/her full name, the capacity in which he/ she is signing and the date of translation.

Section 8 – Investor Declarations

<p>I/We confirm that I am/we are 18 years of age or over, aware of the risks involved in investing in the Company, and as a Qualifying Investor (as defined in the Offering Memorandum) and am/are not acquiring Shares as a nominee for, a person who is not an Qualifying Investor nor do I/we intend selling or transferring any Shares which I/we may purchase to any person who is not an Qualifying Investor.</p>
<p>I/We will not offer, sell or deliver any of such Shares in the Fund directly or indirectly to a U.S. Person (as defined in the Offering Memorandum).</p>
<p>I/We confirm that I was/we were not in the U.S. at the time any Shares were offered to me/us or when I/we executed this Application Form.</p>
<p>I/We agree to provide these confirmations to the Administrator and the Company at such times as the Administrator/Company may request, and to provide on request such certifications, documents or other evidence as the Administrator/Company may reasonably require to substantiate such representations.</p>
<p>I/We agree to notify the Company immediately if I/we become aware that any of the confirmations are no longer accurate and complete in all respects and agree immediately either to sell or to tender to the Company for redemption a sufficient number of Shares to allow the confirmation to be made.</p>
<p>I/We having received, understood and considered a copy of the Offering Memorandum and Offering Supplement and hereby confirm that this application is based solely on the Offering Memorandum and Offering Supplement for the Company current at the date of this subscription and the material contracts therein referred together (where applicable) with the most recent audited annual report of the Company and that I/we are not relying on any representations made by placement agents or other third parties.</p>
<p>The Administrator and the Company are each hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form by mail or by email/facsimile. If the instructions are given by me/us by email/facsimile, I/we undertake to confirm them in writing by mail. I/We hereby agree to indemnify each of the Administrator and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon email/facsimile instructions. The Administrator and the Company may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.</p>
<p>I/We acknowledge that due to anti-money laundering requirements the Company/Administrator may require additional documents and information before the application can be processed and the Administrator and Company shall hereby be held harmless and indemnified by the undersigned against any loss arising as a result of a failure to process the application if such information has not been supplied.</p>
<p>I/we am/are aware of the requirement to immediately notify the Company and/or the Administrator of any changes in regard to the any due diligence documents and information provided at the time of the original subscription. Also, I/we confirm that I/we will respond and provide all confirmations and any further documents required for the Company to ensure that the information held on file is up to date, in a timely manner.</p>
<p>I/We acknowledge that the Company may compulsorily redeem my/our Investor Shares in certain circumstances as laid down in the Offering Memorandum and Offering Supplement.</p>
<p>I/We, agree to indemnify and hold harmless the Administrator and Company 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 the Investor Declaration Form attached herewith or in any other document delivered by the undersigned to the Administrator/Company.</p>
<p>I/We warrant that I/We am/are an Eligible Investor (as defined in the Offering Memorandum and Offering Supplement) and that I/We have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the Fund, and I/We am/are aware of the risk inherent in investing in the Fund.</p>
<p>I/We acknowledge that an investment in the Company involves special risks that could lead to a loss of all or a substantial portion of any investment made.</p>
<p>I/We acknowledge that the Company will process the Personal Data, and in turn the Company will implement appropriate, technical and organisational measures to protect Personal Data against unauthorised or unlawful processing and accidental destruction or loss in accordance with the General Data Protection Regulation of the European Union, Malta Data Protection Act or other applicable regulations of the European Union. Personal Data may be transferred for any reason that the Company and/or its data processors consider it necessary, to comply with applicable law of that time. I/We acknowledge that I/We are familiar with the terms of the Data Protection Section of the Offering Memorandum, have accepted and agreed them.</p>

Section 8 – Investor Declarations

I/We acknowledge and accept responsibility for informing any third-party individual to whom the Personal Data relates of the disclosure and use of such data in accordance with provisions of Data Protection section of the Offering Memorandum and agrees to ensure that the privacy notice is brought to their attention.

I/We acknowledge that by subscribing for Investor Shares I/we are agreeing to the processing and transferring of personal data for the purposes and in the manner set out in the section entitled “Data Protection” in the Offering Memorandum carried out for any of the reasons given above or in the Offering Memorandum, or for any reason that the Company and/or its data processors deem necessary to comply with legislation in force at the time.

I/We acknowledge that the Company may require from me/us any information in connection with me/us being a Specified U.S. Person and to provide such information to the Maltese competent authority.

By signing below:

- (a) I/We confirm that the application is made on the terms and conditions set out in the Application Documents.
- (b) I/We certify the above information to be true and correct and that I/We will supply the required information with my/our application (all applicants to sign).
- (c) I/We confirm that there have been no alterations to my/our particulars as detailed on my/our previous application/s and if there are changes I/We will inform the Administrator and arrange to complete and return the respective amended section or a new application form to the Administrator.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
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NOTES:

Note 1: Application Form must be received by -

Sanne Fund Administration (Malta) Limited,

Quad Central, Q3 Level 9, Triq I-Esportaturi, Zone 1, Central Business District, Birkirkara, CBD1040, Malta.

Email: malta@sannegroup.com

Fax: +356 2705 0474

Note 2: To be valid, the Application Form must be signed by each applicant if there is more than one applicant. In the case of a partnership, subscriptions should be in the name(s) of and signed by all the partners.

Note 3: If this Application Form is signed under a power of attorney, such power of attorney or a duly certified copy thereof must accompany this Application Form.

Note 4: Measures aimed towards prevention of money laundering will require a subscriber to verify their identity. This obligation is absolute but may vary in accordance with the applicable criteria set by the Malta Financial Services Authority from time to time in accordance with the Prevention of Money Laundering Act regarding (1) applications being made via a recognised financial intermediary, or (2) payment made through a banking institution in a country with comparable safeguards against money laundering to those in the Republic of Malta. Shares will not be allocated to any application not including the required anti-money laundering documentation.

Note 5: If this form is not fully completed to the satisfaction of the Administrator and the Company, the Application may not be accepted.

Section 9A – The Foreign Account Tax Compliance Act (“FATCA”) Declaration - Individuals

This declaration needs to be filed by all individuals.

If necessary, please print multiple copies of this page.

A number of jurisdictions are adopting legislation designed to prevent tax evasion through the use of offshore accounts. In order to comply with international obligations there is a requirement to identify and report to the respective revenue service all persons identified as being subject to such legislation.

In order to facilitate this process, please complete the declaration below (please note that it is the investor’s responsibility to determine in which jurisdiction/s he or she is a tax payer and the Company and the Administrator accept no liability or responsibility for any incorrect declarations).

INDIVIDUALS

[Please tick and complete **ONE** as appropriate. A declaration per individual must be submitted. If you are joint investors, please provide a separate form on each investor. If necessary please print multiple copies of this page.]

<input type="checkbox"/>	<p>I, _____ hereby declare and agree that I am <u>NOT</u> a U.S. person for U.S. federal tax purposes.</p> <ul style="list-style-type: none"> I understand that the Company and Administrator believing that this statement is true, will rely and act on it. In the event this statement is wrong the Company reserves the right and shall be entitled to redeem my holdings in the scheme. I also agree to notify the Company of any change in my status as a non-U.S. person within 30 days.
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<input type="checkbox"/>	<p>I, _____ hereby declare and agree that I am a U.S. person for U.S. federal tax purposes.</p> <ul style="list-style-type: none"> I also agree to notify the Company of any change in my status as a U.S. person within 30 days. <p>Please advise the Tax Identification Number and supply a completed W-9 Form.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
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Section 9B – The Foreign Account Tax Compliance Act (“FATCA”) Declaration – Financial Institutions

This declaration needs to be filed by Financial Institutions.

If necessary, please print multiple copies of this page.

A number of jurisdictions are adopting legislation designed to prevent tax evasion through the use of offshore accounts. In order to comply with international obligations there is a requirement to identify and report to the respective revenue service all persons identified as being subject to such legislation.

In order to facilitate this process, please complete the declaration below (please note that it is the investor’s responsibility to determine in which jurisdiction/s he or she is a taxpayer and the Company and the Administrator accept no liability or responsibility for any incorrect declarations).

FINANCIAL INSTITUTIONS

[Please complete and sign as appropriate]

I/We confirm that *[insert name of the financial institution]* _____,

whose Global Intermediary Identification Number (GIIN) is _____

and the financial institution is responsible for the FATCA Reporting for the registered holder identified on

Sections 2 to 3 *[insert name of registered holder]* _____,

or

the financial institution has no Global Intermediary Identification Number (GIIN).

SIGNATORIES [Authorised signatories to sign in accordance with the powers of their signatory list]

I/We declare that I am authorised to make this certification and I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I/We agree to notify Sanne Fund Administration (Malta) Limited immediately in the event that any changes of the information in this self-certification.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory *(if applicable)*

Full Name and Surname / Capacity	Authorised Signature	Date
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Section 9C – The Foreign Account Tax Compliance Act (“FATCA”) Declaration – Entities

This declaration needs to be filed by non-financial entities. All Controlling Persons (Beneficial Owners) holding 10% ownership or more must be identified below.

If necessary, please print multiple copies of this page.

A number of jurisdictions are adopting legislation designed to prevent tax evasion through the use of offshore accounts. In order to comply with international obligations there is a requirement to identify and report to the respective revenue service all persons identified as being subject to such legislation.

In order to facilitate this process, please complete the declaration below (please note that it is the investor’s responsibility to determine in which jurisdiction/s he or she is a taxpayer and the Company and the Administrator accept no liability or responsibility for any incorrect declarations).

ENTITIES

[Please complete and sign as appropriate]

I/We confirm that [insert name of entity] _____,

I. Global Intermediary Identification Number (GIIN) is _____,

or

The entity has no GIIN.

II. The Entity is an Active Non-Financial Entity,

or

The Entity is a Passive Non-Financial Entity.

No.	Name of Beneficial Owner	Country of Tax Residency	Taxpayer Identification Number / Equivalent ID Number	% of Beneficial Interest	Place & County of Birth
1.					
2.					
3.					
4.					

SIGNATORIES [Authorised signatories to sign in accordance with the powers of their signatory list]

I/We declare that I am authorised to make this certification and I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I/We agree to notify Sanne Fund Administration (Malta) Limited immediately in the event that any changes of the information in this self-certification.

FIRST SIGNATORY

Full Name and Surname / Capacity	Authorised Signature(s)	Date
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SECOND SIGNATORY (if applicable)

Full Name and Surname / Capacity	Authorised Signature(s)	Date
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Section 10 – Common Reporting Standard (“CRS”) Self Certification Forms

A number of jurisdictions are adopting legislation designed to prevent tax evasion through the use of offshore accounts (e.g. the USA has introduced FATCA and the OECD, the Common Reporting Standard (“CRS”). In order to comply with the international obligations, the Administrator must identify and report all persons identified as being subject to such legislation to its Director of Income tax, who may transfer this information to the government of another territory in accordance with the relevant agreement.

In order to facilitate this process, these declarations must be completed in full and signed by every natural person who is considered a beneficiary or controller of the Applicant. This includes persons making an Individual or Joint Applicant, all controllers and/or ultimate beneficial owners of corporations or companies and beneficiaries of a Trust who have benefited from that Trust, and where there is more than one beneficiary this declaration can be photocopied and used.

PLEASE NOTE: It is the Applicant’s responsibility to determine in which jurisdiction/s s/he is a taxpayer and the Administrator accepts no liability or responsibility for any incorrect declarations made.

SELF CERTIFICATION FORMS

There are three self-certification forms:

Section 10A – Individuals Self Certification on page 19

Section 10B – Financial Institutions Self Certification on page 20

Section 10C – Non-Financial Institutions Self Certification on page 21 and relative Self Certification Forms for Controlling Persons on pages 22 and 23.

Kindly complete the Section relevant with your individual or entity classification.

DEFINITIONS

Financial Institution means an entity that collects funds from the public and places them in financial assets such as a deposit or loan etc., a Custodial Institution, a Depository Institution, an Investment Entity or a Specified Insurance Company.

Active Non-Financial Entity (Active NFE) includes:

- Entities with less than 50% of the gross income is passive income and less than 50% of the assets are assets that produce or are held for the production of passive income.
- Entity whose stock is regularly traded on established securities market.
- Governmental entities, International Organisations, Central banks.
- Holding of active non-financial subsidiaries, except holding of SPVs.
- Start-up entities, with the intent to operate non-financial business.
- Entities in process of liquidation assets, intent non-financial business.
- Treasury center: Financing, hedging only for related non-fin entities
- Entities that are not-for-profit organisations, exempt from tax and make no distributions

Passive Non-Financial Entity (Passive NFE) includes any entities which are not Active, that is, entities with 50% or more of income which is passive income or 50% or more of assets produce passive income, such as dividends, interest, rents etc. A Passive NFE also includes certain Investment Entities located in non-Participating Jurisdictions. It excludes however publically traded entities (and entities related to them), government entities and holding NFEs of non-financial groups.

Controlling Person is the natural person who exercises control over an entity which corresponds to the term “beneficial owner” (as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations) which means the individual(s) who holds 25% or more of shares in the company. In the case of a Trust, the Controlling Person(s) are the settlor(s), the trustee(s), the protector(s) (if any) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust.

Note: Further definitions can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (“the CRS”), the associated Commentary to the CRS, and domestic guidance at the following link:

<http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>.

If you have any questions, please contact your tax adviser or domestic tax authority.

Section 10A – Common Reporting Standard (“CRS”) Individuals Self Certification

This self-certification form needs to be filled and signed by all **INDIVIDUAL APPLICANTS** to confirm their status in accordance with CRS.

COUNTRY OF TAX RESIDENCE AND TIN CONFIRMATION

[As Account Holder, please indicate the place of tax residence for **EACH** country/jurisdiction in which you are resident, and the taxpayer identification number (“TIN”) for each country/jurisdiction indicated.]

	Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)
1		
2		
<input type="checkbox"/>	I/we confirm that for the purposes of taxation, I am / we are tax resident in a sole one country.	

If you are unable to obtain a TIN, please provide the appropriate reason and explain why such TIN is unavailable for each country/jurisdiction in which this applies.

(E.g. The country/jurisdiction does not issue TINs to residents, No TIN is required)

I am unable to obtain a TIN or equivalent number because:

1	
2	

DECLARATION

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with A3E Capital SICAV Plc (“the Company”) setting out how the Company may use and share the information supplied by me.

I acknowledge the processing of personal data regarding the Account Holder, any Controlling Person and any Reportable Account (s) given in relation to this application and I/we accept that the Administrator may, in order to fulfil its duties to the Company and comply with the amended Cooperation with other Jurisdictions on Tax Matters Regulations or to facilitate compliance with, any law, regulation, court order or requirement of a governmental, regulatory, supervisory, law enforcement, prosecuting, tax or similar authority or industry body in any jurisdiction existing currently or in the future, or for the purposes of ongoing cooperation with such governmental, regulatory and statutory authority, or to comply with any agreement or arrangement with such authority or between such authorities in any jurisdiction existing currently or in the future: (i) retain such personal data for prescribed periods after the redemption of the Participating Shares subscribed for; (ii) transfer such information to the Director of Income Tax - who may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information - the Directors, Manager, Investment Manager, Custodian and legal adviser or any agent of the Company entitled to receive such information; and (iii) transfer such personal data to any person or entity to which the Administrator has a legal obligation to disclose such information.

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

I undertake to advise you, the Financial Institution, that maintains the account **within 30 days** where any change in circumstances occurs, which affects the tax residency status of the Account Holder identified and which causes any of the information contained in this form to be inaccurate or incomplete. I commit myself to provide you with a suitably updated self-certification and Declaration **within 30 days from such alteration.**

First Signatory

Full Name and Surname / Capacity*	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity*	Authorised Signature	Date
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* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

Section 10B – Common Reporting Standard (“CRS”) Financial Institutions Self Certification

This self-certification form needs to be filled and signed by all FINANCIAL INSTITUTIONS to confirm their status in accordance with the CRS.

FINANCIAL INSTITUTION CONFIRMATION

[Please tick **ONE** as appropriate]

<input type="checkbox"/>	<p>We confirm that we are a Reporting Financial Institution resident in a Participating Jurisdiction under CRS.</p> <p>Furthermore, we confirm that:</p> <ul style="list-style-type: none"> We, the Intermediary, are classified as a Reporting Financial Institution in a Participating Jurisdiction in accordance to the provision of CRS introduced by the amended Directive on administrative cooperation (2014/107 EU amending 2011/16/EU); We, the Intermediary, have in place appropriate procedures in order to collect and report the information due under the CRS requirements.
<input type="checkbox"/>	<p>We confirm that we are a Non-Reporting Financial Institution under CRS.</p> <p><u>Please specify the type of Non-Reportable Institution:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Governmental Entity, International Organisation or Central Bank <input type="checkbox"/> Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Pension Fund of a Governmental Entity, International Organisation or Central Bank or Qualified Credit Card Issuer. <input type="checkbox"/> Any other Entity that presents a low risk of being used to evade tax <input type="checkbox"/> Exempt Collective Investment Vehicle <input type="checkbox"/> A trust to the extent that the trustee of the trust is a Reporting Financial Institution and reports all information required to be reported pursuant to Section I with respect to all Reportable Accounts of the trust.
<input type="checkbox"/>	<p>We confirm that we are a Financial Institution resident in a Non-Participating Jurisdiction under CRS.</p>

DECLARATION

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with A3E Capital SICAV Plc (“the Company”) setting out how the Company may use and share the information supplied by me.

I acknowledge the processing of personal data regarding the Account Holder, any Controlling Person and any Reportable Account (s) given in relation to this application and I/we accept that the Administrator may, in order to fulfil its duties to the Company and comply with the amended Cooperation with other Jurisdictions on Tax Matters Regulations or to facilitate compliance with, any law, regulation, court order or requirement of a governmental, regulatory, supervisory, law enforcement, prosecuting, tax or similar authority or industry body in any jurisdiction existing currently or in the future, or for the purposes of ongoing cooperation with such governmental, regulatory and statutory authority, or to comply with any agreement or arrangement with such authority or between such authorities in any jurisdiction existing currently or in the future: (i) retain such personal data for prescribed periods after the redemption of the Participating Shares subscribed for; (ii) transfer such information to the Director of Income Tax - who may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information - the Directors, Manager, Investment Manager, Custodian and legal adviser or any agent of the Company entitled to receive such information; and (iii) transfer such personal data to any person or entity to which the Administrator has a legal obligation to disclose such information.

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

I undertake to advise you, the Financial Institution, that maintains the account **within 30 days** where any change in circumstances occurs, which affects the tax residency status of the Account Holder identified and which causes any of the information contained in this form to be inaccurate or incomplete. I commit myself to provide you with a suitably updated self-certification and Declaration **within 30 days from such alteration.**

First Signatory

Full Name and Surname / Capacity*	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity*	Authorised Signature	Date
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* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

Section 10C – Common Reporting Standard (“CRS”) NFEs Self Certification

This self-certification form needs to be filled and signed by all **NON-FINANCIAL ENTITIES** to confirm their status in accordance with the CRS.

NON-FINANCIAL INSTITUTION CONFIRMATION

[Please tick **ONE** as appropriate]

We confirm that we are an **Active** Non-Financial Entity

We confirm that we are a **Passive** Non-Financial Entity

The following individuals are the identified **Controlling Person(s) of the Account Holder**:

[Please provide Full Name and Surname]

DECLARATION

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with A3E Capital SICAV Plc (“the Company”) setting out how the Company may use and share the information supplied by me.

I acknowledge the processing of personal data regarding the Account Holder, any Controlling Person and any Reportable Account (s) given in relation to this application and I/we accept that the Administrator may, in order to fulfil its duties to the Company and comply with the amended Cooperation with other Jurisdictions on Tax Matters Regulations or to facilitate compliance with, any law, regulation, court order or requirement of a governmental, regulatory, supervisory, law enforcement, prosecuting, tax or similar authority or industry body in any jurisdiction existing currently or in the future, or for the purposes of ongoing cooperation with such governmental, regulatory and statutory authority, or to comply with any agreement or arrangement with such authority or between such authorities in any jurisdiction existing currently or in the future: (i) retain such personal data for prescribed periods after the redemption of the Participating Shares subscribed for; (ii) transfer such information to the Director of Income Tax - who may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information - the Directors, Manager, Investment Manager, Custodian and legal adviser or any agent of the Company entitled to receive such information; and (iii) transfer such personal data to any person or entity to which the Administrator has a legal obligation to disclose such information.

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

I undertake to advise you, the Financial Institution, that maintains the account **within 30 days** where any change in circumstances occurs, which affects the tax residency status of the Account Holder identified and which causes any of the information contained in this form to be inaccurate or incomplete. I commit myself to provide you with a suitably updated self-certification and Declaration **within 30 days from such alteration.**

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date

Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date

* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

Section 10C – CRS Self Certification for Controlling Persons – (Continued)

This self-certification form needs to be filled and signed by all **PASSIVE NON-FINANCIAL ENTITIES** to confirm their status in accordance with the CRS.

NAME OF CONTROLLING PERSON			
Name			
Middle Name			
Surname			
CURRENT RESIDENCE			
Address			
Country		Postal Code/ ZIP Code	
MAILING ADDRESS (if different from Current Residence)			
Address			
Country		Postal Code/ ZIP Code	
DATE and PLACE OF BIRTH			
Date of Birth			
Town/City of Birth			
Country of Birth			

Please indicate the legal name of the relevant entity of which a Controlling Person is related and the type of control which is exercised (by ownership, by other means, senior managing official, settlor, trustee, protector, beneficiary, other)

	Legal Name Entity	Type of Ownership
1		
2		
3		

Section 10C – Common Reporting Standard (“CRS”) Self Certification Forms – (Continued)

This self-certification form needs to be filled and signed by all **PASSIVE NON-FINANCIAL ENTITIES** to confirm their status in accordance with the CRS.

COUNTRY OF TAX RESIDENCE AND TIN CONFIRMATION

[as Account Holder, please indicate the place of tax residence for **EACH** country/jurisdiction in which a Controlling Person is resident, and the taxpayer identification number (“TIN”) for each country/jurisdiction indicated.]

	Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)
1		
2		
<input type="checkbox"/>	I/we confirm that for the purposes of taxation, a Controlling Person is tax resident in a sole one country.	

If you are unable to obtain a TIN, please provide the appropriate reason and explain why such TIN is unavailable for each country/jurisdiction in which this applies.
(E.g., The country/jurisdiction does not issue TINs to residents, No TIN is required)

I am unable to obtain a TIN or equivalent number because:

1	
2	

DECLARATION

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with A3E Capital SICAV Plc (“the Company”) setting out how the Company may use and share the information supplied by me.

I acknowledge to the processing of personal data regarding the Account Holder, any Controlling Person and any Reportable Account (s) given in relation to this application and I/we accept that the Administrator may, in order to fulfil its duties to the Company and comply with the amended Cooperation with other Jurisdictions on Tax Matters Regulations or to facilitate compliance with, any law, regulation, court order or requirement of a governmental, regulatory, supervisory, law enforcement, prosecuting, tax or similar authority or industry body in any jurisdiction existing currently or in the future, or for the purposes of ongoing cooperation with such governmental, regulatory and statutory authority, or to comply with any agreement or arrangement with such authority or between such authorities in any jurisdiction existing currently or in the future: (i) retain such personal data for prescribed periods after the redemption of the Participating Shares subscribed for; (ii) transfer such information to the Director of Income Tax - who may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information - the Directors, Manager, Investment Manager, Custodian and legal adviser or any agent of the Company entitled to receive such information; and (iii) transfer such personal data to any person or entity to which the Administrator has a legal obligation to disclose such information.

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

I undertake to advise you, the Financial Institution, that maintains the account **within 30 days** where any change in circumstances occurs, which affects the tax residency status of the Account Holder identified and which causes any of the information contained in this form to be inaccurate or incomplete. I commit myself to provide you with a suitably updated self-certification and Declaration **within 30 days from such alteration**.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
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Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
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* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

Section 11 – Politically Exposed Person (“PEP”) Declaration

This section must be completed by ALL applicants to confirm their status as a Politically Exposed Person.

Please note: If an Investor is a legal entity or trust with one or more Individuals (either in the management body, a shareholder or beneficial owner) who meets the definition of the Politically Exposed Person, that person should fill and sign the Declaration himself.

If necessary, please print multiple copies of this page.

ENTITY DECLARATION

[Please tick **ONE** as appropriate]

<input type="checkbox"/>	We do not have PEP(s) involved in our structure.
<input type="checkbox"/>	We do have PEP(s) involved in our structure. <i>In this case, please ensure to make the PEP(s) complete and sign the declaration in the following Individual Declaration.</i>

INDIVIDUAL'S DECLARATION

[Please tick as appropriate]

<input type="checkbox"/>	I am not a PEP according to the PEP definition.
<input type="checkbox"/>	I am a PEP according to the PEP definition. <i>If you are a PEP, please specify if:</i>
<input type="checkbox"/>	You are/you have been personally a PEP
<input type="checkbox"/>	Your Immediate Family member is/ has been PEP, or you are a close associate of a PEP. In this case provide the following information accordingly:
Name and Surname of the person classified as a PEP:	
Where applicable, specify the type of relationship:	
Where applicable, describe the nature of the close association:	

Entity's Representative Declaration:	I/We hereby declare that, as Legal Representative(s) of the Entity hereto, I/We am/are authorised to make this certification on behalf of the Account Holder and all statements made in this declaration are, to the best of my/our knowledge and belief, accurate and complete. I/We also agree to notify you immediately of any modification to any information provided.
Individual's Declaration	I hereby declare that all statements made in this declaration are, to the best of my knowledge and belief, accurate and complete. I also agree to notify you immediately of any modification to any information provided.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
----------------------------------	----------------------	------

Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
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* Please indicate capacity in which you are signing.

Section 11 – Politically Exposed Person (“PEP”) Declaration – (Continued)

POLITICALLY EXPOSED PERSON DEFINITION

In accordance with the Regulation 2 of the Prevention of Money Laundering and Funding of Terrorism Regulations (“PMLFTR”), a PEP is defined as a natural person who is or has been entrusted with prominent public functions and includes his immediate family members or persons known to be close associates of such persons but shall not include middle ranking or more junior officials.

A natural person who is or has been entrusted with a prominent public function shall include:

- (a) Heads of State, Heads of Government, Ministers and Deputy and Assistant Ministers and Parliamentary Secretaries.
- (b) Members of Parliament.
- (c) Members of the Courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances.
- (d) Members of courts of auditors, Audit Committees or of the boards of central banks.
- (e) Ambassadors, charge d'affaires and other high-ranking officers in the armed forces.
- (f) Members of the administration, management or boards of State-owned corporations; and where applicable, for the purposes of (a) to (e), shall include positions held at the Community or international level.

With respect to the term ‘immediate family members’ of PEPs, the PMLFTR provide that the term shall include:

- (a) the spouse, or any partner recognised by national law as equivalent to the spouse.
- (b) the children and their spouses or partners; and
- (c) the parents.

With respect to the term ‘persons known to be close associates’, the PMLFTR provide that the term shall include:

- (a) a natural person known to have:
 - (1) joint beneficial ownership of a body corporate or any other form of legal arrangement.
 - (2) or any other close business relations with that PEP.
- (b) a natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that PEP.

Section 12 – Redemption Instructions

REGISTERED HOLDER	
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TO : Sanne Fund Administration (Malta) Ltd re A3E Capital SICAV PLC – A3E EM High Yield Fund

Address	Quad Central, Q3 Level 9, Triq I-Esportaturi, Zone 1, Central Business District, Birkirkara, CBD1040, Malta.	Contact	Tel +356 2778 4012	Email malta@sannegroup.com
			Fax +356 2705 0474	Web www.sannegroup.com

Redemption of Shares ("Shares")

EITHER

At the next Redemption Day, please redeem sufficient Shares to realise the following amount:

USD

EUR

OR

At the next Redemption Day, please redeem the following number of Shares:

Class A-USD Shares
ISIN – MT7000006052

Class B-EUR Shares
ISIN – MT7000006128

Payment of Redemption Proceeds

[redemption proceeds will only be paid when this redemption instruction is received in original form by Sanne Fund Administration (Malta) Limited]

EITHER

Please pay the redemption proceeds to the bank account designated on the original Application Form:

Please Tick

In the event of the Applicant wishing the redemption proceeds to be paid to a bank account differing from that designated on the Application Form, the Applicant should submit with this form sufficient evidence to satisfy the Administrator that the change in the designated bank account is duly authorised and otherwise lawful and valid.

OR

Please pay the redemption proceeds to the following bank account:

BANK NAME

SORT/ SWIFT CODE

BANK ADDRESS

ACCOUNT NAME

IBAN / ACCOUNT NUMBER

Confirmation

I/we confirm that at the moment of redemption all my/our information in possession of A3E Capital SICAV p.l.c. is actual and I/we have provided the Administrator with the documents required for establishing of our current FATCA and CRS status.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
----------------------------------	----------------------	------

Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
----------------------------------	----------------------	------

* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

Section 13 – Professional Intermediary Letter

All Professional Intermediaries need to supply the following letter addressed to Sanne Fund Administration (Malta) Limited **on headed paper and signed by authorised signatories** of the regulated entity (electronic copies of this letter are available from the Administrator on request).

Dear Sir

Registered Name of Intermediary Company	
Specify Country or Jurisdiction where Regulated	
Specify Name of Regulatory Authority	

We understand that in accordance with relevant legislation, in order to treat us as the client principal, you require us to give the following confirmations to Sanne Fund Administration (Malta) Limited:

Please tick as appropriate:

1. that we are a regulated financial services business from a Reputable Jurisdiction*, other than a trust and corporate service provider, **OR**
2. a wholly owned subsidiary of _____ a regulated financial services business meeting the definition in 1 above, offering nominee or pensioner trustee services to our regulated parent company for no charge; **AND**
3. we hereby provide written confirmation to Sanne Fund Administration (Malta) Limited that:
 - a. we, the Intermediary, have appropriate risk-grading procedures in place to differentiate between the Customer Due Diligence (“CDD”) requirements for high and low risk relationships.
 - b. we conduct all necessary CDD procedures in respect of our customers, including enhanced CDD measures for PEP and other high-risk relationships.
 - c. the account will only be operated by ourselves and that we have ultimate, effective control over the account.
4. we confirm that the purpose and nature of the business relationship between us, yourselves, and our client(s) is the investment in investment trusts or companies.

First Signatory

Full Name and Surname / Capacity	Authorised Signature	Date
----------------------------------	----------------------	------

Second Signatory (if applicable)

Full Name and Surname / Capacity	Authorised Signature	Date
----------------------------------	----------------------	------

* Please indicate capacity in which you are signing.

If signing under Power of Attorney, please provide a certified copy of POA.

* for the current list of Reputable Jurisdictions defined by Malta Financial Intelligence Analysis Unit please contact the Administrator

** please ensure that this letter is signed by valid authorised signatories and a certified true copy of the relevant authorised signatory list is also provided.