

## PART A: SUBSCRIPTION AGREEMENT

To: The Directors,  
E2A Capital SICAV plc – Global Allocation Sub-Fund  
c/o Calamatta Cuschieri Fund Services Limited  
Ewropa Business Centre  
Dun Karm Street  
Birkirkara BKR 9034  
Malta

Email: transferagency@cc.com.mt  
Tel: +356 2568 8688

A. Name of Subscriber:

Trading Name (if applicable):

Address of Subscriber:

Contact Name:

Telephone Number:

Email Address:

B. Name of Subscriber:

Trading Name (if applicable):

Address of Subscriber:

Contact Name:

Telephone Number:

Email Address:

C. Please send all correspondence (if different from above) to:

Address:

Contact Name:

Telephone Number:

Email Address:

1. I/We hereby irrevocably subscribe for the equivalent number of Investor Shares in:

- Global Allocation Sub-Fund Class A Investor Shares USD (ISIN: MT7000012639)**
- Global Allocation Sub-Fund Class B Investor Shares EUR (ISIN: MT7000015764)**
- Global Allocation Sub-Fund Class C Investor Shares EUR (ISIN: MT7000024626)**

Currently available for an investment of:

\_\_\_\_\_ ( \_\_\_\_\_ )  
**(Amount in figures) (Amount in words)**

in the Company, an investment company established in Malta in accordance with the terms and conditions of the current Offering Memorandum of the Company and this Subscription Agreement.

2. I/We will pay the full Offer Price in cleared funds by not later than 10am (CET) one Business day prior to the relevant Subscription Day.
3. I/We have read and understand the Offering Memorandum and have read and understood and agree to abide by the Subscribers Undertakings and Warranties specified in the said Memorandum.
4. I/We acknowledge and understand that this subscription may be accepted or rejected in whole or in part in the sole and absolute discretion of the Company.
5. I/We understand that subscriptions or redemptions paid in currencies other than the designated currency of the Sub-Fund will be exchanged for the designated currency and I/we agree that any exchange losses or costs will be for my/our account.
6. I/We hereby undertake to comply with the minimum age requirements, as stipulated in the section 'Undertakings and Warranties' in the Offering Memorandum.
7. I/We hereby apply to purchase the Investor Shares in registered form and I/we do not require a certificate for the same Investor Shares.
8. I/We understand that if the Subscriber is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Subscription Agreement, the authorised officer(s) hereby confirm and warrant that the corporation is so empowered to invest in the Company and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.
9. I/We understand and agree that, if I/we do not supply all of the information required under the "Client Verification Requirements" shown herein below, then the Company may accept and invest my subscription, at my/our risk on the next Dealing Day following receipt of the subscription monies. Furthermore, if I/we subsequently decide to redeem my/our holding, prior to receipt, by the Company, of the information, that redemption instruction will be executed, but the redemption proceeds will be retained in the Company bank account, pending receipt of said information.
10. If this form, or any other communication, is sent to the Company and/or the Administrator by fax, e-mail or verbally will not be deemed to have been received by the Company or Administrator unless receipt is acknowledged in writing by the Administrator. Exceptions are made where the delivery of the communication has been acknowledged by a signed receipt.

11. Is any investor / director / shareholder a Politically Exposed Person (PEP)<sup>1</sup>

Yes  No

12. By executing this Subscription Application, I/we waive any provision under applicable laws and regulations that would prevent or inhibit the Company's compliance with applicable law as described in this paragraph, including but not limited to by preventing either (i) me/us from providing any requested information or documentation, or (ii) the disclosure by the Company and its Administrator of the provided information or documentation to applicable regulatory authorities. In particular, but without limitation, I/we agree to provide any documentation or other information regarding myself, my beneficial owners and controlling persons requested by the Company or Administrator in connection with FATCA and any guidance, relating thereto and published from time to time, as well as any legislation, rules or practices adopted pursuant to any applicable intergovernmental agreement entered into in connection with the implementation of FATCA. Finally, should any similar legislation and regulations be issued by any other jurisdictions at any time in the future, I/we agree to the same provisions as outlined above.
13. I/we agree to complete and return, with this application form, the appropriate form(s), as included in the section 'FATCA Forms' along with all related documentation, to the Fund at the offices of the Administrator.
14. I/We hereby indemnify and hold harmless the Company and the Administrator and each of their respective directors, officers and employees from any losses or damages suffered due to incorrect statement or information provided by us in respect of these matters.
15. I/We acknowledge that my/our personal information will be processed by the Company and/or its delegates and/or its service providers and/or duly authorised agents and/or any of their respective related, associated or affiliated companies (including, without limitation, the Administrator and/or the Investment Manager) (each a "Fund Party" and, collectively the "Fund Parties") in accordance with their respective legal obligations, including obligations under the General Data Protection Regulation 2016/679 (the "Data Protection Legislation"). Kindly refer to Offering Memorandum/ Prospectus of the Company for further details in this respect. For the avoidance of doubt, the Company shall be considered to be a data controller in accordance with the Data Protection Legislation and each of the Fund Parties may act on behalf of and to the instruction of the Company as data processors.
16. I/We acknowledge that my/our personal data will be processed for the purposes of: (a) managing and administering my/our participation in the Sub-Fund (including, without limitation, administering an application for Investor Shares in the Sub-Fund, administering a request for conversion or redemption of Investors Shares in the Sub-Fund; transfer agency; administering the payment of distributions (if any) declared by the Company in respect of the Sub-Fund; maintaining the register of Investor Shareholders; circulating periodic reports, notices of meetings and other circulars relating to the Company/ Sub-Fund); (b) updating and maintaining records and providing NAV and other calculations; (c) carrying out statistical analysis, research and disclosure to the Company, its delegates and/or agents; (d) managing and maintaining our relationship with you and for ongoing customer services; (e) complying with legal, tax and regulatory obligations; (f) any legitimate business interests of the Company; and (g) any other specific purpose to which I/We give specific consent.
17. I/We acknowledge that the processing of my/our personal data may include the disclosure of my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the auditors, agents and/or delegates of the Company or Fund Parties and other third parties identified in the Offering Memorandum/ Prospectus of the Company or the Offering Supplement of the Sub-Fund, who process the data for anti-money laundering purposes or for compliance with other regulatory requirements.

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<sup>1</sup> Politically Exposed Person is defined as a natural person who is or has been entrusted with prominent public functions (e.g. Head of State or of Government, Members of Parliament, Member of the Judiciary, Ambassadors etc.) and including his/her immediate family members (spouse, partners, children or parents) or persons known to be close associates of such persons (e.g. business associates). A PEP is considered as such for up to a period of 12 months after termination of office.

18. I/We acknowledge that my personal information may be disclosed by the Company or any Fund Party as follows:
  - a. to their affiliates and third party service providers engaged in connection with the oversight, safekeeping, administration, distribution or operation of the Company and Sub-Fund, in order to process the data for the above mentioned purposes;
  - b. to competent authorities (including tax authorities), courts and bodies as required by applicable law or requested by such entities or to affiliates for internal investigations and reporting.
19. I/We hereby acknowledge that the Company and/or a Fund Party may process my/our information, which may include: (1) the recording of telephone calls with the Fund Parties for the purpose of confirming data; (2) the disclosure of my/our information as outlined above to third parties; (3) the disclosure of my/our information where necessary for the Company's legitimate interests, to the parties identified above; or (4) the disclosure of my/our information to agents of a Fund Party, including entities situated in countries outside of the European Economic Area (the "EEA") which may not have the same data protection laws as in Malta. In the event of any such data transfers to locations outside of the EEA, the Fund Parties will take reasonable steps so that my/our data is treated securely and in accordance with the Data Protection Legislation.
20. I/We acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We also acknowledge my/our rights to be forgotten (right of erasure of personal data) and restrict processing.
21. I/We acknowledge that the Company and Fund Parties will retain my/our personal information for the duration of my/our investment. In determining appropriate retention periods, the Company shall have regard to the purpose(s) for which it was collected, the prescriptive periods under Maltese law (statutes of limitation) and any statutory obligations to retain information, including anti-money laundering, revenue and tax legislation.
22. I/We acknowledge that where the Company or a Fund Party requires my/our personal information to comply with AML or other legal requirements, failure to provide this information means the Company may not be able to accept me/us as an investor in the Sub-Fund and/or may be unable to process or release my/our investment in the Sub-Fund. This may result in the Company terminating its relationship with me/us.

The Undersigned has executed this Subscription Agreement as of the date set forth below.

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

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

Position (if any): \_\_\_\_\_

Date and Place of Execution: \_\_\_\_\_

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

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

Position (if any): \_\_\_\_\_

Date and Place of Execution: \_\_\_\_\_

*Signing Instructions: All joint applicants must sign.*

*If the applicant is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Subscription Agreement and Application Form, the authorised officer(s) thereby confirm and warrant that the corporation is so empowered to invest in the Company and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.*

*If an agent or attorney signs on behalf of the person named as the Subscriber, a copy of the relevant power of attorney or other document appointing the agent or power of attorney must be attached and the agent/attorney hereby accepts full responsibility for the obligations undertaken by his principal in subscribing for Investor Shares on such principal's behalf.*

## PART B: QUALIFYING INVESTOR DECLARATION FORM 2

Scheme: **E2A Capital SICAV plc – Global Allocation Sub-Fund**

This section should be completed by the Qualifying Investor or his/ her duly authorised agent *[tick as appropriate]*

**Name of Investor/ duly authorised agent:** \_\_\_\_\_

***The investment is being made directly by the investor (not through a duly authorised agent)***

I hereby confirm that I am eligible to be treated as an “Qualifying Investor”, since I satisfy the definition thereof in light of the positive response(s) that I have given to the question(s) below or the reasons supplied. I certify that I have read and understood the Offering Document including the mandatory risk warnings.

***The investment is not being made directly by the investor but through a duly authorised agent***

I hereby confirm that I have been properly appointed as a duly authorised agent of a prospective investor in the Scheme described above. I certify that my principal is eligible to be treated as a “Qualifying Investor” since my principal satisfies the definition thereof in light of the positive response(s) that I have given to the question(s) below in respect of my principal or appropriate reasons provided. I certify that my principal has read and understood the Offering Document including the mandatory risk warnings.

I qualify / My Principal qualifies as a “Qualifying Investor”, as I am/ he/ she it is <i>[delete as applicable]</i> :	<u>YES</u>	<u>NO</u>
i. A body corporate which has net assets in excess of EUR 750,000 (or the equivalent amount in any other currency) or which is part of a group which has net assets in excess or EUR750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>
ii. An unincorporated body of persons or associated which has net assets in excess of EUR 750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>
iii. A trust where the net value of the trust’s assets is in excess of EUR 750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>
iv. An individual, or in the case of a body corporate, the majority of its Board of Directors or in the case of a partnership its General Partner, who has reasonable experience in the acquisition and/or disposal of funds of a similar nature or risk profile; or property of the same kind as the property, or a substantial part of the property, to which the Scheme in question relates;	<input type="checkbox"/>	<input type="checkbox"/>
v. An individual whose net worth or joint net worth with that person’s spouse, exceeds EUR750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>
vi. A senior employee or director of service providers to the Scheme;	<input type="checkbox"/>	<input type="checkbox"/>
vii. A relation or close friend of the holders of the Founder Shares;	<input type="checkbox"/>	<input type="checkbox"/>
viii. An entity with (or which are part of a group with) EUR3.75 million (or the equivalent in any other currency) or more under discretionary management investing on its own account;	<input type="checkbox"/>	<input type="checkbox"/>
ix. A PIF promoted to Qualifying or Extraordinary Investors; or	<input type="checkbox"/>	<input type="checkbox"/>
x. An entity (body corporate or partnership) wholly by persons or entities satisfying any of the criteria listed above which is used as an investment vehicle by such persons or entities.	<input type="checkbox"/>	<input type="checkbox"/>

**Name of investor/ Duly Authorised Agent** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title/Capacity in which signed** \_\_\_\_\_

**Date** \_\_\_\_\_

<sup>2</sup> to be returned with Subscription Agreement

## PART C: CLIENT VERIFICATION REQUIREMENTS<sup>\*3</sup>

		<u>Enclosed</u>	<u>To Be Provided</u>
<b>1.</b>	<b>Individual Person</b>		
1.1	Notarised (or certified by your bank, attorney or accountant) copy of Passport/ Drivers Licence or other form of identity with photograph included;	<input type="checkbox"/>	<input type="checkbox"/>
1.2	2 recent confirmations of address in your name (original, notarised or certified as above) – at least 1 must be a utility bill, which must be dated within the last 6 months;	<input type="checkbox"/>	<input type="checkbox"/>
1.3	All account details as per the Bank Transfer Instruction, plus a contact name and a written confirmation giving the Administrator authority to request a reference, if required.	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Written confirmation of employment status, certified by your employer, or written details of current employment, if self-employed.	<input type="checkbox"/>	<input type="checkbox"/>
1.5	In respect of E.U. Residents only, a Notarised (or certified by your bank, attorney or accountant) copy of your Tax Identification Number (“TIN”) or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
1.6	<b><u>Note that, in all instances where bank details are required, if the bank is from a country that is not a full member of the FATF group or the EU, information may be required concerning the bank, or the subscription may be rejected.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
	In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form duly completed and signed		
1.7	In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form;	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<b>Corporate Entity (excluding Entities in Sections 3, 6 &amp; 7 below)</b>		
2.1	Notarised (or certified by the relevant company registrar) copy of, or original Certificate of Incorporation and any Change of Name Certificate;	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Notarised (or certified by the relevant company registrar) copy of, or original Memorandum and Articles of Association;	<input type="checkbox"/>	<input type="checkbox"/>
2.3	A list, giving all directors, beneficial owners of 10%+ of share capital, all authorised signatories and copies of signatures;	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Personal information on at least 2 directors and anyone authorised as a signatory for this application (as per 1.1 and 1.2), plus copies of signatures;	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Personal information on any beneficial owners holding 10% or more of the share capital (as per 1.1 and 1.2);	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Details and confirmation as per 1.3;	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Minutes, resolutions or declaration confirming the power to invest;	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Certificate of Good Standing from relevant company registrar, or equivalent document, may be required;	<input type="checkbox"/>	<input type="checkbox"/>
2.9	If other corporate entities own more than 25% each of the entity which is the investor, the information as per 2.1 to 2.5 must be given for these entities;	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Most recent audited accounts, or written details on the nature of business conducted, signed by at least 2 directors.	<input type="checkbox"/>	<input type="checkbox"/>
2.11	In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed;	<input type="checkbox"/>	<input type="checkbox"/>
2.12	In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form.	<input type="checkbox"/>	<input type="checkbox"/>

<sup>3</sup> to be returned with Subscription Agreement

**3. Corporate Entities Listed on A Recognised Exchange**

- |     |                                                                                                                                                                                                    |                          |                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3.1 | The original or notarised copy of the Certificate of Incorporation or the Certificate to Trade ( <i>copies may alternatively be certified by the relevant company registrar</i> );                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | A list of Directors names, occupations, residential and business addresses and dates of birth;                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | A properly authorised mandate of the Directors to open/operate an account or establish the business relationship; and                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | A list of authorised signatories;                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.5 | Details and confirmation as per 1.3;                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.6 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed;              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.7 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. | <input type="checkbox"/> | <input type="checkbox"/> |

**4. Partnerships or Other Unincorporated Businesses**

- |     |                                                                                                                                                                                                    |                          |                          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4.1 | A list, giving all directors, or partners, beneficial owners of 10%+ of the business and all authorised signatories plus copies of the signatures;                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | Personal information on at least 2 directors, or partners, and anyone authorised as a signatory for this transaction (as per 1.1 and 1.2);                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | Personal information on the beneficial owners as per 4.1 (as per 1.1, 1.2 and 1.4);                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | Copy of partnership agreement (if any), or other agreement establishing the unincorporated business;                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 | All information required for a Corporate Entity, as per 2.6 to 2.10 above;                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed;              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. | <input type="checkbox"/> | <input type="checkbox"/> |

**5. Trust**

- |      |                                                                                                                                                                                                    |                          |                          |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5.1  | Notarised ( <i>or certified as in 1.1</i> ) copy of, or original Trust Deeds;                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2  | Notarised ( <i>or certified as in 1.1</i> ) copy of or original Letter of Wishes;                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3  | List of trustees, beneficiaries and authorised signatories, plus copies of the signatures;                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4  | Personal information on the Trustees, or anyone authorised to sign for this application (as per 1.1 and 1.2);                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.5  | Personal information on the beneficial owners (as per 1.1, 1.2 and 1.4);                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.6  | Details of settlor of the Trust;                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7  | A mandate to invest as per 2.7;                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.8  | Details and confirmation as per 1.3;                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.9  | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form [or equivalent] duly completed and signed;              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.10 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form. | <input type="checkbox"/> | <input type="checkbox"/> |



**6. Designated Body (“DB”) acting as principal**

- |     |                                                                                                                                                                                                                    |                          |                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6.1 | Confirmation that the DB is a “Designated Body”, to include confirmation of membership or association with appropriate regulatory body;                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | Contact name and details at regulatory body, or web address to confirm regulatory status;                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | Confirmation that the DB is investing and is allowed to invest as principal for its own account;                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | Authorised signatories list, plus copies of signatures;                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.5 | Details and confirmation as per 1.3;                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.6 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form or W-8IMY form [or equivalent as applicable] duly completed and signed; | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.7 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form.                 | <input type="checkbox"/> | <input type="checkbox"/> |

**7. Designated Body acting as Nominee**

- |     |                                                                                                                                                                                                                    |                          |                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7.1 | Same information as requested under 6.1 and 6.2 above;                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2 | Written confirmation that the DB complies with appropriate anti-money laundering regulations with regard to verifying identity and residence of investor(s);                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.3 | Details of anti-money laundering regulations that DB complies with;                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4 | Undertaking that DB will provide its anti-money laundering due diligence files to the Administrator on demand;                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5 | Authorised signatories list, plus copies of signatures;                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.6 | Details and confirmation as per 1.3                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.7 | In order for the Fund to comply with its FATCA obligations, we require the following information from prospective investors: W-8BEN-E form or W-8IMY form [or equivalent as applicable] duly completed and signed; | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.8 | In order for the Fund to comply with its OECD Common Reporting Standard (CRS) obligations, we require the following information from prospective investors: Tax Residency Self Certification Form.                 | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE: THE ADMINISTRATOR RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION ON ANY OF THE ABOVE, IF DEEMED NECESSARY.**

## PART D: REDEMPTION REQUEST FORM

To: The Directors,  
E2A Capital SICAV p.l.c. – Global Allocation Sub-Fund  
c/o Calamatta Cuschieri Fund Services Limited  
Ewropa Business Centre  
Dun Karm Street  
Birkirkara BKR 9034  
Malta

Email: transferagency@cc.com.mt

Tel: +356 2568 8688

I/We hereby would like to **redeem** the following:

\_\_\_\_\_ ( \_\_\_\_\_ )  
(Amount in figures) (Amount in words)

- Global Allocation Sub-Fund Class A Investor Shares USD (ISIN: MT7000012639)
- Global Allocation Sub-Fund Class B Investor Shares EUR (ISIN: MT7000015764)
- Global Allocation Sub-Fund Class C Investor Shares EUR (ISIN: MT7000024626)

Name of Subscriber: \_\_\_\_\_

Investor ID: \_\_\_\_\_

Account ID: \_\_\_\_\_

I/We undertake to notify the Fund Administrator of our order to redeem by not later than 10am (CET) one business day prior to the relevant Redemption Day.

Kindly remit redemption proceeds as follows:

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

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

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

Account Number/IBAN: \_\_\_\_\_

Swift Code: \_\_\_\_\_

The Undersigned has executed this Redemption Agreement as of the date set forth below.

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

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

Position (if any): \_\_\_\_\_

Date and Place of Execution: \_\_\_\_\_

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

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

Position (if any): \_\_\_\_\_

Date and Place of Execution: \_\_\_\_\_

*Signing Instructions: All joint applicants must sign.*

*If the applicant is a corporation, an authorised officer(s) of that corporation must sign in compliance with its Charter or Memorandum and Articles of Association and, by signing this Subscription Agreement and Application Form, the authorised officer(s) thereby confirm and warrant that the corporation is so empowered to invest in the Company and that, if required, the relevant corporate resolution has been passed and executed by the Board of Directors of the corporation.*

*If an agent or attorney signs on behalf of the person named as the Subscriber, a copy of the relevant power of attorney or other document appointing the agent or power of attorney must be attached and the agent/attorney hereby accepts full responsibility for the obligations undertaken by his principal in subscribing for Investor Shares on such principal's behalf.*

## **PART E: BANK WIRING DETAILS via MT103**

### **Class A**

**Account Name:** E2A Capital SICAV p.l.c. – Global Allocation Sub-Fund Class A Clients A/c  
**Bank Name:** Bank of Valletta  
**Account Number:** 40024742621  
**IBAN:** MT73VALL22013000000040024742621  
**SWIFT CODE:** VALLMTMT  
**Currency:** USD

### **Correspondent Bank Details:**

**Bank:** ING Bank Belgium SA/NV  
**SWIFT CODE:** BBRUBEBB  
**IBAN:** BE20301018854356USD

**Intermediary Bank:** Bank of America National Association, New York  
**BIC CODE:** BOFAUS3N  
**Account:** 6550453044

### **Class B & Class C**

**Account Name:** E2A Capital SICAV p.l.c. – Global Allocation Sub-Fund Class B Clients A/c  
**Bank Name:** Bank of Valletta  
**Account Number:** 40024742647  
**IBAN:** MT50VALL22013000000040024742647  
**SWIFT CODE:** VALLMTMT  
**Currency:** EUR

## PART F – INDIVIDUAL SELF-CERTIFICATION FORM

This self-certification form (the 'Form') must be completed by individual shareholders and other parties as noted on the entity self-certification form.

The information on this Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, to the US Foreign Account Tax Compliance Act (FATCA) and the OECD common reporting standard for the automatic exchange of financial account information.

Please note that in certain circumstances the Company and the Administrator may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA's, applicable regulations and guidance notes.

If any of the information below regarding your tax residency changes in the future you are obliged to notify the Company at the offices of the Administrator of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor. In situations where there are 'joint shareholders' each shareholder is required to complete a separate Form, along with any power of attorney (if appointed), on behalf of the shareholder(s).

### Section 1: Account Holder Identification

<b>Account Holder Name</b>	
<b>Date of Birth (dd/mm/yyyy)</b>	
<b>Country of Birth</b>	
<b>Country of Citizenship</b>	
<b>Permanent Residential Address</b> (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
<b>City or town, state or province</b> (include postal code where appropriate)	
<b>Country</b>	

### Section 2: Declaration of U.S. Citizenship or U.S. Residence for Tax purposes

Please tick either (a) or (b) or (c) and complete as appropriate.

(a) I confirm that **I am** a U.S. citizen and / or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identification number (U.S. TIN) is as follows:

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(b) I confirm that I was born in the U.S. (or a U.S. territory) but I am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) I confirm that **I am not** a U.S. citizen or resident in the U.S. for tax purposes.

**Complete section 3 if you have non U.S. tax residences.**

**Section 3: Declaration of Tax Residency (other than U.S.)**

I hereby confirm that I am, for tax purposes, resident in the following country/ies (indicate the tax identification number applicable in each country).

Country / Countries of tax residence	Tax Identification number

**Section 4: Declaration and Undertaking**

I declare the information provided in this form is, to the best of my knowledge, accurate and complete. I undertake to notify the Administrator immediately and provide an updated self-certification form within 30 days should there be a change of circumstance which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

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

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

Date and Place of Execution: \_\_\_\_\_

## PART G – ENTITY SELF-CERTIFICATION FORM

This self-certification form (the 'Form') is to be completed by all legal entities including, for this purpose, companies, partnerships, trusts and foundations.

The information on the Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, the Foreign Account Tax Compliance Act (FATCA) and the OECD common reporting standard for the automatic exchange of financial account information.

Please note that in certain circumstances the Company and the Administrator may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant IGA's, applicable regulations and guidance notes.

If any of the information below regarding your tax residency changes in the future you are obliged to notify the Company at the offices of the Administrator of these changes promptly.

If you have any questions about how to complete this form, please contact your tax advisor.

### Section 1: Entity Identification

<b>Entity Name</b>	
<b>Country of Organisation or Incorporation</b>	
<b>Registered Address</b> (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
<b>City or town, state or province</b> (include postal code where appropriate)	
<b>Country</b>	
<b>Mailing Address (if different)</b> (Street, apt or suite no, or rural route no). <i>Do not use a P.O. box or care-of address.</i>	
<b>City or town, state or province</b> (include postal code where appropriate)	
<b>Country</b>	

**Section 2: US Entities**

Please tick and complete as appropriate.

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

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(b) The entity is a **US Person** that is not a Specified US Person. Please indicate exemption<sup>4</sup>:

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Complete Section 3 if the entity is tax resident outside the US.

**Section 3: Declaration of Tax Residence (other than US)**

Country / Countries of Tax Residence	Tax Reference number

**Section 4: Entity FATCA Classification**

Please tick and complete as appropriate.

**A)** If you are a **Registered Financial Institution**, please tick **one** of the below categories, and provide your FATCA GIIN number:

- Reporting Model 1 Foreign Financial Institution.
- Reporting Model 2 Foreign Financial Institution.
- Participating Foreign Financial Institution (including a US Financial Institution that has registered and obtained a GIIN).
- Registered Deemed-Compliant Foreign Financial Institution (other than a Sponsored Foreign Financial Institution that has not obtained a GIIN).

Please provide your Global Intermediary Identification Number (GIIN):

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**B)** If you are a **Financial Institution but unable to provide a GIIN**, please tick **one** of the reasons below:

- The entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
- The entity is a Sponsored Financial Institution that has not obtained a GIIN. Please provide the Sponsoring Entity's name and GIIN:

Sponsoring Entity's Name:

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<sup>4</sup> Under the US IGA and in the U.S. Internal Revenue Code, Specified US Person does not include: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities; A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities; A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state; A real estate investment trust; A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940; A common trust fund as defined in section 584(a); A bank as defined in section 581; A broker; A trust exempt from tax under section 664 or described in section 4947; or A tax-exempt trust under a section 403(b) plan or section 457(g) plan.



Sponsoring Entity's GIIN:

- The entity is a Certified Deemed-Compliant Non-Registering Local Bank.
- The entity is a Certified Deemed-Compliant Foreign Financial Institution with only low value accounts.
- The entity is a Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle.
- The entity is a Certified Deemed-Compliant Limited Life Debt Investment Entity.
- The entity is a Certified Deemed-Compliant Investment Advisor or Investment Manager.
- The entity is a Non-Participating Foreign Financial Institution.
- The entity is an Owner-Documented Foreign Financial Institution.
- The entity is a Non-Reporting IGA Foreign Financial Institution.
- The entity is an Exempted Inter-Affiliate Foreign Financial Entity.
- The entity is a Territory Financial Institution.
- The entity is a US Financial Institution.

**C) If you are not a Financial Institution, please confirm the Entity's FATCA status below.**

- The entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name:

Trustee's GIIN:

- The entity is a Restricted Distributor.
- The entity is a Foreign Government, Government of a US possession, or Foreign Central Bank of issue.
- The entity is an International Organisation.
- The entity is a Non-Financial Group Entity.
- The entity is wholly owned by Exempt Beneficial Owners.
- The entity is a 501(c) Organisation.
- The entity is a Non-Profit Organisation.
- The entity is an Exempt Retirement Plan.
- The entity is an Exempted Non-Financial Start-Up Company.
- The entity is an Exempted Non-Financial Entity in Liquidation or Bankruptcy.
- The entity is an Excepted Territory Non-Financial Foreign Entity.
- The entity is a Publicly Traded Non-Financial Foreign Entity or Non-Financial
- Foreign Entity Affiliate of a Publically Traded Corporation.
- The entity is a Direct Reporting Non-Financial Foreign Entity.
- The entity is a Sponsored Direct Reporting Non-Financial Foreign Entity.
- The entity is an Active Non-Financial Foreign Entity.
- The entity is a Passive Non-Financial Foreign Entity (please complete table below providing details of any **Controlling Persons & Beneficial Owners**).

*Complete Section 5 & 6 if you are a Passive Non-Financial Foreign Entity.*

**Section 5: Details of the Controlling Persons<sup>5</sup> of the Entity**

Controlling Person\*

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

Controlling Person\*

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

Controlling Person\*

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

**Section 6: Details of the Beneficial Owners or Beneficiaries of 25% (or more) of the Entity**

Beneficial Owner\*

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

Beneficial Owner\*

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

Beneficial Owner\*

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

Details of beneficial owners' percentage: \_\_\_\_\_

\* Each natural person that is a Controlling Persons or Beneficial Owner must also complete the Individual Self-Certification Form.

**Section 7: Declaration and Undertaking**

I declare the information provided in this form is, to the best of my knowledge, accurate and complete. I undertake to notify the Company at the offices of the Administrator immediately and provide an updated self-certification form within 30 days should there be a change of circumstance which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

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

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

Date and Place of Execution: \_\_\_\_\_

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

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

Date and Place of Execution: \_\_\_\_\_

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<sup>5</sup> Means the natural persons who exercise control over the entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any) and any other natural person that exercising ultimate effective control over the trust and in the case of a legal arrangement other than a trust, such term means the persons in equivalent positions such as directors (corporation) or general partner (limited partnership). If the controlling person is another legal vehicle, the natural persons that exercise control over that entity are deemed to be the controlling persons and must specify their details in Section 5 of the Form.