

APPLICATION FORM
CUBIC PROPERTY FUND LIMITED “the Fund” – UK AND EUROPEAN FUND “the Class Fund”

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Section 1 : Investment Details

INVESTMENT DETAILS

Investment Amount in £ _____

IMPORTANT: Please ensure your minimum investment amount is £25,000. The minimum subsequent investment is £5,000.

An upfront fee of up to 5% may be charged by the Directors.

Section 2: Investor(s) – Natural Persons

Your investment will be registered in accordance with the particulars below

a) Individuals/Joint Applicants

Title: Mr/Mrs/Miss/Ms/Dr Surname _____ Forename(s) _____

Previous or Alternative name(s) (if applicable) _____

Marital Status (please tick where appropriate) Single Married Divorced Other

If other please specify _____ Passport Number/I.D. _____

Date of Birth: ____/____/____ Sex: Male Female Nationality _____

Place of Birth: _____ Tax Residence: _____

National Insurance no. _____ Personal tax reference/tax identification no. _____

Residential Address: _____

_____ Post Code _____

Mailing Address (if different from Residential) _____

_____ Post Code _____

Telephone Number (inc area code): _____ Mobile Number (inc area code): _____

Email Address*: _____ Fax Number (inc area code): _____

*For the purpose of receiving accounts and notices

b) Individuals/Joint Applicants

Title: Mr/Mrs/Miss/Ms/Dr Surname _____ Forename(s) _____

Previous or alternative name(s) (if applicable) _____

Marital Status (please tick where appropriate) Single Married Divorced Other

If other please specify _____ Passport Number/I.D. _____

Date of Birth: ____/____/____ Sex: Male Female Nationality _____

Place of Birth: _____ Tax Residence: _____

National Insurance no. _____ Personal tax reference/tax identification no. _____

Residential Address: _____

_____ Post Code _____

Mailing Address (if different from Residential) _____

_____ Post Code _____

Telephone Number (inc area code): _____ Mobile Number (inc area code): _____

Email Address*: _____ Fax Number (inc area code): _____

*For the purpose of receiving accounts and notices

Section 3: Investor(s) – Entities

Trust/Company/Close Corporation/Unincorporated Entity

Entity Name _____ Registration Number _____

Name of Corporate Trustee (if applicable)

N.B.: Applications from trusts and corporate investors must clearly identify the settlors, beneficial owners or Protectors of the structure and provide the appropriate details. Please refer to Annexure 1 regarding the documentation that will be required.

Physical Address: _____
_____ Post Code _____

Registered Address (if different from physical) _____
_____ Post Code _____

Is this entity regulated by the FCA or equivalent jurisdiction? (Please tick appropriate box) No Yes

(If yes then please provide supporting documentation)

Contact Details of Entity

Title: Mr/Mrs/Miss/Ms/Dr Surname _____ Forename(s) _____

Telephone Number (inc area code): _____ Fax Number (inc area code) _____

Email Address* 1: _____

Email Address* 2: _____

*For the purpose of receiving accounts and notices

Section 4: Investor(s) Bank Account Details (all fields must be completed) (For the purpose of paying Distributions and Redemptions)

*Account Name (must be the same name as the investor) _____

*IBAN Number _____

* Bank Name and Address _____

*Branch Sort Code _____ *SWIFT Code: _____

Country _____

The Administrator will not be responsible for late payments if these sections are not fully completed.

Section 5: Financial Information

Your Occupation (individual investors to complete): _____

Name and Address of Employer _____

Nature of Business (entities to complete) _____

Source of Wealth (eg Earnings, investments etc) Specify below the origin of monies being invested:

Source of Funds _____

Section 6: For South African Investors Only

What is the Exchange Control classification of funds? Please tick appropriate box

- Foreign Allowance Asset Swap Existing Offshore Amnesty Funds

Section 7: Self Certification Form

- If you are a new investor or you have not completed the Self Certification Form please refer to Appendix 1 for Individual Self-Certifications or Appendix 2 for Entity Self-Certifications
- If you are an existing investor please confirm by ticking the box that no changes have occurred whereby information in your original Self Certification Form is no longer valid.
- If changes have occurred to the original Self Certification Form please ensure that you complete the Self Certification Form please refer to Appendix 1 for Individual Self-Certifications or Appendix 2 for Entity Self-Certifications.

Section 8: Terms and Conditions

1. Words and phrases

Words and phrases used in this application form shall have the same meaning ascribed to them as in the Fund's Prospectus and the Class Fund's Supplementary Memorandum (available in electronic format).

2. Incomplete application forms

If money is received in the Class Fund's account but the application form is incomplete either from a regulatory or legal standpoint, the Class Fund will be unable to proceed with the investment until all satisfactory information is received.

3. Transfer of funds

The Fund, the Directors, the Class Fund and the Administrator accept no responsibility for the transfer of investors' funds to the Class Fund's nominated bank account. It is the investor's responsibility to ensure that the funds are received by the Class Fund in its nominated account.

4. Refusal of applications

The Directors and the Administrator reserve the right to refuse applications for investment in this subscription at their discretion.

5. Abandonment of offering

The Directors reserve the right to abandon the subscription offering without reason and the Fund, the Directors, the Class Fund and the Administrator accept no liability in this eventuality. The Class Fund will return funds as soon as practicable less any bank transaction charges. The Fund, the Directors, the Class Fund and the Administrator accept no liability for loss or opportunity loss arising.

6. Receipt of Instructions

Email and faxed instructions cannot be acted upon. All instructions must be received in original, signed written form.

7. Exchange rate fluctuations

Where the remitting bank account is denominated in a currency other than £ the investor must ensure that any charges are deducted before conversion to the £ value. Neither the Fund, the Directors, the Class Fund or, the Administrator accepts responsibility for exchange rate fluctuations upon transfer and thus any funds received that do not meet the minimum investment criteria are in breach of the terms of this offering and may not be invested.

Section 9: Declaration (all types of investors to sign this declaration)

1. I/We warrant that all the information given in this application, and in all documents which have been or will be signed by me/us in connection with the proposed investment, whether in my/our handwriting or not, is true and complete.
2. I/We agree that all the statements in this application and the documents stated above shall be the basis of the proposed contract, that any mis-statement or omission made by myself/ourselves therein may lead to any contract made being declared void by the Fund and/or the Administrator, and the Fund shall be entitled to deduct all costs and expenses incurred by the Fund and/or the Administrator in connection with any mis-statement or omission made by myself/ourselves, from all monies paid by myself/ourselves.
3. I/We agree that no statement, whether made by myself/ourselves or by the person canvassing for or handling this application or by any other person, shall be binding upon the Fund and/or the Administrator unless the same be reduced to writing, submitted to the Fund and the Administrator and made part of the contract.

4. I/We also agree that should this application be accepted by the Fund and the Administrator it will be conditional upon there having been no material alteration to the facts on which the acceptance was based.
5. I/We have read and understood the Prospectus and Supplementary Memorandum relating to the Fund and the Class Fund and acquainted myself/ourselves with the charges of the Investment Adviser, the Custodian, the Administrator, and the Fund.
6. I/We have read and understood and accept the risks outlined in the Prospectus and Supplementary Memorandum.
7. I am/we are not a Prohibited Person or resident in any jurisdiction where investments in the Fund or the Class Fund would be unlawful or otherwise not permitted.
8. I am/we are aware that taxation consequences might be relevant to the acquisition, holding or disposal of Class Fund Shares and that I/we will take appropriate tax advice in this regard and ensure that I/we comply with all laws applicable to my country of residence. I/We agree that the Fund and the Class Fund cannot be held responsible for any tax liability that arises as a result of investing in the Class Fund.
9. I/We agree that the Distributor (if any) acts as my/our agent and not as agent of the Fund or Class Fund.
10. I/We have read and understood all the terms and conditions outlined in the Prospectus and Supplementary Memorandum and above, (including but not limited to the Applicant undertakings set out therein), and agree to be bound thereby and warrant the terms thereof.
11. I/We acknowledge that the accounts and notices of the Fund and Class Fund may be sent electronically and may be sent to the email address provided in this application form.
12. I/We the undersigned confirm that I/we have read and understood this declaration and understand its implications.

I/We acknowledge and agree that:

(a) Information provided to the Fund or the Administrator by me/us will be stored on the Administrator's computer system and manually;

(b) For the purposes of the Data Protection (Bailiwick of Guernsey) Law, 2001 (as amended) (the "Data Protection Law") and other relevant data protection legislation which may be applicable, the Administrator is required to specify the purposes for which it will hold personal data. The Administrator will only use such information for the purposes set out below (collectively, the "Purposes"), being to:

- i) process my/our personal data (including sensitive personal data) as required by or in connection with my/our investment in the Class Fund including processing personal data in connection with credit and money laundering checks on me/us;
- ii) communicate with me/us as necessary in connection with my/our affairs and generally in connection with my/our investment in the Class Fund;
- iii) provide personal data to such third parties as the Administrator may consider necessary in connection with my/our affairs and generally in connection with my/our investment in the Class Fund or as the Data Protection Law may require, including to third parties outside the Bailiwick of Guernsey;
- iv) process my/our personal data for the Fund's, the Investment Adviser's, the Custodian's and the Administrator's internal administration.

In providing the Fund and the Administrator with information, I/we hereby represent and warrant to the Administrator that I/we have obtained the consent of any data subjects other than myself/ourselves to the Fund and the Administrator holding and using their personal data for the purposes (including the explicit consent of the data subjects for the processing of any sensitive personal data for the purpose set out in paragraph (i) above).

For the purposes of this Application Form, "data subject", "personal data" and "sensitive personal data" shall have the meanings attributed to them in the Data Protection Law.

_____ Signature (Client/Authorised Signatory)	_____ Date	_____ Place
_____ Signature (Client/Authorised Signatory)	_____ Date	_____ Place
_____ Signature (Client/Authorised Signatory)	_____ Date	_____ Place
_____ Signature (Client/Authorised Signatory)	_____ Date	_____ Place

Important

Application form needs to be supported by relevant due diligence, as detailed on Annexure 1.

CUBIC PROPERTY FUND LIMITED - UK AND EUROPEAN FUND

Payment by SWIFT or Telegraphic Transfer

Please complete and tick the appropriate box (note payment should be made net of charges)

<i>Amount Remitted</i>	<i>Bank Transfer</i>
£	<input type="checkbox"/>
Minimum Subscription - £25,000	
Additional subscriptions may be made in any amounts subject to a minimum of £5,000	
If payment is to be made by cheque or bankers draft contact Cannon Asset Management Limited, PO Box 393, St Peter Port, Guernsey, GY1 3FN , Tel +44 (0) 1481 726141, email: Cannonfunds@cannonhouse.com to determine when payment needs to be received in order to allow funds to clear. <u>IN ANY EVENT CLEARED FUNDS MUST BE RECEIVED BY 4.00 PM (GUERNSEY TIME) 3 BUSINESS DAYS BEFORE THE RELEVANT VALUATION DAY.</u>	

Payment Information

Wiring Instructions

Your bank should wire transfer only £ via telegraphic transfer to:

THE INSTRUCTION BELOW DETAILS MUST BE QUOTED IN FULL

Correspondent Bank: National Westminster Bank Plc, London	
Correspondent Swift: NWBKGB2L	Swift: 60-00-01
Receiving Bank: ABN AMRO (Guernsey) Limited	
Beneficiary Bank Swift: MEESGGSP	Account number: 83677186
Beneficiary a/c name: Cannon Asset Management re Cubic Property Fund Limited Client Account	
Beneficiary a/c no: 1050 3584	
Reference:	Cubic Property Fund Limited "Name of Investor"

IMPORTANT

1. Please instruct your bank to include your name as it appears in these subscription materials in the reference.
2. Please make sure that the full subscription amount is paid without any deduction of wiring fees.

Money Laundering Compliance

To comply with applicable anti-money laundering rules and regulations, the Subscriber is required to provide the following information (please note that if the money is being transferred from an account not held by the applicant further details may be required):

- (a) Name, address and sort code (including country) of the bank from which Subscriber's payment to the Class Fund is being wired (the "**Wiring Bank**"): _____

- (b) Is Subscriber a customer of the Wiring Bank?

Yes No

ANNEXURE 1

DUE DILIGENCE DOCUMENTS

In all other instances, applicants must provide due diligence documents as detailed below. The documentation required from prospective investors will vary depending on the type of applicant and whether the applicant is an Appendix C country or territory as defined in the Handbook for Financial Services Businesses on Countering Financial Crime and Terrorist Financing, issued by the Guernsey Financial Services Commission.

Appendix C Jurisdictions are:-

Australia, Austria, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Jersey, Luxembourg, Malta, Netherlands, New Zealand, Norway, Portugal, Singapore, South Africa, Spain, Sweden, Switzerland, United Kingdom, United States of America

Please refer to relevant section/s as below, to ensure the following due diligence documentation accompanies the application form;

SECTION A – INDIVIDUAL APPLICANT

a. If introduced by an “Introducer” in an “Appendix C Jurisdiction”

- An original completed General Introducer Certificate (refer to Annexure 2)
- Confirmation of regulated status
- Original certified true copy of Authorised Signatory List

OR

b. In all other cases

- Original certified copy of valid passport national identity or Armed Forces ID card with clear photograph (please ensure copies of IDs are signed)
- Original certified copy of utility account not more than three months old and reflecting main physical residential address ⁽¹⁾
- Investors applying from ‘high risk’ jurisdictions will be required to provide additional documentation on request.

Important;

- Should any other party retain signing authority over the investment (e.g. financial advisor) then due diligence documentation in respect of such other party will also be required by the Company.
- A suitable certifier must certify that he has seen original documentation verifying identity and residential address. The certifier must also sign and date the copy identification data and provide adequate information so that contact can be made with the certifier in the event of a query.

SECTION B – TRUST APPLICANT

a. Where the trust application is made by a Guernsey Financial Services Business

- An original completed Intermediary Letter and Authorised Signatory List (refer to Annexure 3)
- Confirmation of regulated status
- Original certified true copy of Authorised Signatory List

b. Where the trust application is made by a recognised Financial Services Business domiciled within an “Appendix C Jurisdiction”

- An original completed General Introducer Certificate detailing the identities of the Settlor, Beneficiaries and any Protector. Please note that if these are other than individuals, we must identify the principals of that legal entity or body. (refer to Annexure 2)
- Confirmation of regulated status
- Original certified true copy of Authorised Signatory List

OR

c. For Individual Trustees domiciled outside an “Appendix C Jurisdiction”

- Original certified copy of Trust Deed pages showing name of Trust, parties to the Trust and signature pages
- Original certified copy of Trustees, Settlor, Beneficiaries and any Protectors valid passport or ID with clear photograph, please see Section A(b)
- Original certified copy of utility bill of Trustees, Settlor, Beneficiaries and any Protectors not more than three months old and reflecting residential address ⁽¹⁾

OR

d. For Corporate Trustee domiciled outside a “Appendix C”

- Original certified copy of Trust Deed pages showing name of Trust, parties to the Trust and signature pages
- Original certified copy of Certificate of Incorporation and/ or Certificate of Name Change (if necessary)
- Original certified copy of Memorandum & Articles of Association
- Original certified copy of authorised signature list and certified due diligence for all signatories on whose on whose instruction we will act
- Original certified copy of valid passport or ID, for all directors with clear photograph (please ensure copies of IDs are signed)
- Original certified copy of utility bill not more than three months old and reflecting residential address for all directors ⁽¹⁾
- Original certified copy of Trustees, Settlor, Beneficiaries and any Protectors valid passport or ID with clear photograph, please see Section A(b)]
- Original certified copy of utility bill of the Settlor, Beneficiaries and any Protectors not more than three months old and reflecting residential address⁽¹⁾

Important;

A suitable certifier must certify that he has seen original documentation verifying identity and residential address. The certifier must also sign and date the copy identification data and provide adequate information so that contact can be made with the certifier in the event of a query.

SECTION C – CORPORATE APPLICANT

a. If a regulated Financial Services Business domiciled within an “Appendix C Jurisdiction” and applying in its own name or a wholly owned subsidiary company of such FSB, acting solely as a nominee shareholder

- An original completed Intermediary Letter and Authorised Signatory List (refer to Annexure3)
- Confirmation of regulated status
- Original certified true copy of Authorised Signatory List

OR

b. If a regulated Financial Services Business domiciled within an “Appendix C Jurisdiction” and applying on behalf of its client and holding in the client name

- An original completed General Introducer Certificate and Authorised Signatory List.(refer to Annexure 2)
- Confirmation of regulated status
- Original certified true copy of Authorised Signatory List

OR

c. If a legal body quoted on a regulated market

- Copy of evidence that body is quoted
- Copy of authorised signature list
- Original certified due diligence for all signatories on whose instruction we will act, see section A (b)

OR

d. If a Financial Services Business or Nominee, domiciled outside an “Appendix C Jurisdiction” and applying in its own name or is a non Financial Services Business in any jurisdiction

- Original certified copy of Certificate of Incorporation and/or Change of Name Certificate (if applicable)
- Original certified copy of Memorandum and Articles of Association
- Original certified copy of valid passport or ID for directors with clear photograph (please ensure copies of IDs are signed)
- Original certified copy of utility account not more than three months old and reflecting residential address for directors ⁽¹⁾
- Provide an original signed letter, detailing all parties having beneficial interest of 25% or more (including directors, trustees, beneficiaries etc) including due diligence for each in accordance with Section A Part b above
- Provide certified due diligence for any underlying investor, on whose behalf the investment is being made, in accordance with Section A Part b above
- Original certified copy of authorised signature list and certified due diligence for all signatories on whose on whose instruction we will act
- Provide an original certified copy of any Power of Attorney providing individuals the right to act on behalf of the business
- Original certified copy of a valid passport or ID (with clear photo) for such individuals.
- Original or original certified copy of utility bill, which must not be older than 3 months.
- Original certified copy of a valid passport or ID for directors with clear photograph, please see section A(b)
- Original certified copy of utility bill not more than three months old and reflecting residential address for all directors ⁽¹⁾

Important;

- Where the applicant is a company and is part of a group, a group structure chart should be provided.
- A suitable certifier must certify that he has seen original documentation verifying identity and residential address. The certifier must also sign and date the copy identification data and provide adequate information so that contact can be made with the certifier in the event of a query.

⁽¹⁾ The following are acceptable utility bills; a telephone, water and electricity invoice or a bank or credit card statement. Please note that a mobile telephone account statement is not acceptable. In all instances the invoice should not be more than three months old. The Administrator will be pleased to safe keep or if requested review and return any original document to its owner.

All applications from non-Appendix C jurisdictions will be considered on a case-by-case basis and additional due diligence documentation may be requested.

The Administrator reserves the right to request additional documentation as and when required. If an applicant is unable to supply any of the documentation described, they should contact the Administrator to discuss mutually acceptable alternative arrangements.

Definitions:

- Intermediary or Nominee - an Appendix C Jurisdiction Financial Services Business acting on behalf of an underlying client and the Intermediary itself is the registered holder.
- Introducer or Distributor - the registered holder is the underlying client introduced by an Appendix C Jurisdiction Financial Services Business.

The following persons can be considered suitable to certify CDD of natural persons and trust documents;

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity;
- a lawyer who is a member of a recognised professional body
- a notary public **who is a member of a recognised professional body**
- an accountant who is a member of a recognised professional body
- an actuary who is a member of a recognised professional body;
- a member of the Institute of Chartered Secretaries and Administrators; or
- a director or officer of an Appendix C financial services business (see the definition in Appendix C to the Handbook) or of a financial services business subject to group/parent policy where the Head Office is situated in a country or territory listed in Appendix C to the Handbook

**ANNEXURE 2
GENERAL INTRODUCER CERTIFICATE
GIC1**

To: Name of accepting financial services business

Name of Introducer

Account name (in full)

**Details of associated account/s
(which are part of the same structure)**

Introducer's contact details

Address:

Telephone:

Fax:

Email:

We Confirm;

1. That we have appropriate risk-grading procedures in place to differentiate between the CDD requirements for high and low risk relationships; and conduct appropriate and effective CDD procedures in respect of our customers, including enhanced CDD measures for PEP and other high risk relationships.
2. That in respect of "Account Name" given above, we have completed the following CDD process:
 - i) Identified the customer by name and verified that customer's identification using identification data;
 - ii) Identified any beneficial owner and underlying principal, (in the case of a trust, the beneficiaries and beneficial owners and settlors, trustees and the protector as underlying principals) and taken reasonable measures to verify the identity of any beneficial owner or underlying principal by name such that we are satisfied that we know who the beneficial owner is. For legal persons and legal arrangements this includes financial institutions taking reasonable measures to understand the ownership and control structure of the customer;
 - iii) Determined whether the customer is acting on behalf of another person and taken reasonable steps to obtain sufficient identification data to identify and verify the identity of that other person; and
 - iv) Obtained information on the purpose and intended nature of the business relationship.
3. That we will keep customer verification records for a period of 5 years after the termination of our business relationship.
4. That we will provide copies of such verification records to Cannon Asset Management Limited upon request and without delay and we acknowledge the requirement placed upon Cannon Asset Management Limited by Guernsey legislation to test this undertaking periodically.

Signature:	
Full name (in full):	
Official Position:	(Please provide authorised signatory list)
Date:	

Please identify the number of pages being submitted GIC2 GIC3T GIC3B GIC3D GIC4

**GENERAL INTRODUCER CERTIFICATE
GIC2**

IDENTIFICATION INFORMATION

From: Name of Introducer	
Account name (in full)	

To be completed for applicants for businesses who are individuals or partners in a partnership only

(Please complete the section below and attach additional copies of this sheet as required)

	1	2
Full Name		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Role of individual and date relationship commenced		
Does the Introducer consider the related party to be, or to be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

To be completed for applicants for businesses who are companies, partnerships, trusts or foundations

(if a Company or Partnership): Date and place of incorporation and registration number		Are bearer shares currently in issue? Yes <input type="checkbox"/> No <input type="checkbox"/>
(if a Company or a Partnership): Current registered office address		If no, can bearer shares be issued? Yes <input type="checkbox"/> No <input type="checkbox"/>
(if a Trust or Foundation): Date of establishment and legal jurisdiction		
Type of trust/foundation/company		Is it a trading company? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please now complete GIC3B detailing ownership of the business and EIC3D detailing Directors. To be completed for all applicants for business.

Nature of activities or purpose and intended nature of business relationship (please provide full description)	
(for all PEP relationships and, where appropriate, for high risk relationships): Source of wealth (and identify the period over which this has been derived)	
Account activity	

Should the space provided be insufficient, please continue using GIC4.

Initial of signatory/ies completing GIC2	□	□
--	---	---

RELATED PARTIES

From: Name of Introducer	
Account name (in full):	

Details of all underlying customers/introduced customers (see GIC5 for definition) – trustees, protectors & settlors (GIC3T), beneficiaries & beneficial owners (GIC3B) and directors (GIC3D), excluding officers of the Introducer
 (Please complete the section below and attach additional copies of this sheet as required)

Trustees & Protectors <small>(please state which role)</small>	1	2
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Date of appointment		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Settlors	1	2
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Initial of signatory/ies completing GIC3T		
---	--	--

**GENERAL INTRODUCER CERTIFICATE
GIC3B**

RELATED PARTIES

From: Name of Introducer Group Company	
Account name (in full):	

Details of all underlying customers/introduced customers (see GIC5 for definition) trustees, protectors & settlors (GIC3T), beneficiaries & beneficial owners (GIC3B) and directors (GIC3D), excluding officers of the Introducer
(Please complete the section below and attach additional copies of this sheet as required)

Beneficiary of Trust,(principals likely to benefit) or beneficial owner of company (principals with interest of 25% or more)	1	2
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Date relationship commenced		
Percentage holding (beneficial owner of the company only)		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Beneficiary of Trust,(principals likely to benefit) or beneficial owner of company (principals with interest of 25% or more)	3	4
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Date relationship commenced		
Percentage holding (beneficial owner of company only)		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Should any related party be a legal body or a trust please complete additional copies of GIC2, GIC 3T, GIC 3B AND GIC 3D as appropriate. Refer to GIC5 under definition of underlying customers/introduced customers and beneficiary to ensure information is completed fully.

Initial of signatory/ies completing GIC3B	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
---	---	---

**GENERAL INTRODUCER CERTIFICATE
GIC3D**

RELATED PARTIES

From: Name of Introducer	
Account name (in full):	

Details of all underlying customers/introduced customers (see GIC5 for definition) – trustees, protectors & settlors (GIC3T), beneficiaries & beneficial owners (GIC3B) and directors (GIC3D), excluding officers of the Introducer
(Please complete the section below and attach additional copies of this sheet as required)
Corporate Directors: where a director is a Limited Company please also completed GIC2, gic3, and GIC31

Director	1	2
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Date of appointment		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Director	3	4
Full name:		
Nationality, date and place of birth		
Current residential address (please include postcode). Note: A PO Box only address is insufficient		
Date of appointment		
Does the Introducer consider the related party to be, or be associated with a PEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Initial of signatory/ies completing GIC3D	□	□
---	---	---

**GENERAL INTRODUCER CERTIFICATE
GIC4**

ADDITIONAL INFORMATION

From: Name of Introducer	
Account name (in full)	

This section is to be used by the financial services business to identify any additional information or documentation that they require over and above the stated minimum and/or for the Introducer to provide additional information to supplement the details contained in GIC1, GIC2, GIC3T, GIC3B and/or GIC3D.

Initial of signatory/ies completing GIC4	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

NOTES AND GUIDANCE

These notes and the definitions below are intended to assist the Introducer in completing the required forms and to enable greater consistency to be achieved.

“Associated accounts”	Refers to an account where any of the individuals named are connected with an account in the same group or structure.
“Account activity”	An estimate of the total flow of funds in and out of the account should be provided. An estimated maximum account turnover should also be provided. For a trading operation, the scale and volume of transactions should be explained.
“Bearer shares”	Should bearer shares be subsequently issued (after the opening of the account) such that the “Yes” box needs ticking in GIC2, an updated form should be supplied to the accepting financial services business without delay.
“Certified copy”	An officer or authorised signatory of a regulated financial services business will be an acceptable certifier. An acceptable “certified copy” document should be an accurate and complete copy of the original such that the certifier will sign and date the copy document printing his position, capacity and company name.
“Introducer”	Is a regulated financial service provider that satisfies the accepting Company requirements to be classified as an equivalent jurisdiction following a suitable risk assessment.
“Nature of activities or purpose and intended nature of business relationship”	A sufficient description should be provided to enable the accepting financial services business to properly categorise the underlying nature of the arrangements. If the activity is of a commercial nature, then additional information may be required.
“PEP”	<p>A politically exposed person which means:</p> <p>(i) a person who has, or has had at any time, a prominent public function or who has been elected or appointed to such a function in a country or territory other than the Bailiwick including, without limitation –</p> <ul style="list-style-type: none"> (a) heads of state or heads of government, (b) senior politicians and other important officials of political parties, (c) senior government officials, (d) senior members of the judiciary, (e) senior military officers, and (f) senior executives of state owned body corporate, <p>(ii) an immediate family member of such a person including, without limitation, a spouse, partner, parent, child, sibling, parent-in-law or grandchild of such a person and in this subparagraph “partner” means a person who is considered by the law of the country or territory in which the relevant public function is held as being equivalent to a spouse, or</p> <p>(iii) a close associate of such a person, including, without limitation a person who is widely known to maintain a close business relationship with such a person, or a person who is in a position to conduct substantial financial transactions on behalf of such a person.</p>

“Principal”	This might include, for example, a beneficial owner, a shareholder owning 25% or more, beneficiary or party likely to benefit, Settlor, partner, director, protector etc.
“Underlying customer/introduced customer (and any beneficial owners and controllers)”	<p>Individuals who ultimately own or control the relationship which;</p> <p>For a trust, beneficial owners and controllers include:</p> <ul style="list-style-type: none"> • Settlor(s), Trustee(s), Protector(s); • Beneficiaries who have received or who are likely to receive a benefit; <p>For legal bodies and foundations beneficial owners and controllers include:</p> <ul style="list-style-type: none"> • The individuals with ultimate effective control over the legal bodies assets including the individuals comprising the mind and management of the legal body whether under a power of attorney or otherwise; • The individuals ultimately holding a 25% or more interest in the capital of the legal body; and; • The individuals ultimately holding a material interest in the capital of the legal body. <p>Note: where the introducing financial services business is in control of the assets held with the Accepting Company and where an underlying customer/introduced customer (and any beneficial owners and controllers) changes or is to receive a distribution subsequent to the supply of this certificate the introducing financial services business undertakes to identify and verify the individual and to inform the accepting Company accordingly.</p>
“Signature”	The Introducer’s Certificate may only be signed and initialled (where appropriate) by an officer of the regulated financial services business authorised to do so on the Introducer’s current mandate / authorised signature list .
“Source of wealth”	Necessary for all PEP relationships and where appropriate for high risk relationships. The origins of the wealth of the individuals named (and over what period) should be identified. Generally, simple one word answers will be unacceptable, for example, “income”, “dividends”, “Bill Smith”, or “work”. A brief description to give a fuller picture is expected, for example, “sale of UK private company in 1997”, “life time savings of settler who was a doctor”, “inheritance from parents’ UK estate” and “UK property development over the last 10 years”. Information concerning the geographical sphere of the activities that have generated the customer’s wealth may also be relevant.
“Trading”	Implies commercial activity which may include a business, invoicing or re-invoicing operations. For clarity, a “trading company” does not include a personal service/employment company.

Please refer to the accepting Company should you have any doubt or queries about completing the Introducer Certificate Forms.

ANNEXURE 3

INTERMEDIARY LETTER

The Directors
Cannon Asset Management Limited
P O Box 393
Kingsway House
Havilland Street
St Peter Port
Guernsey
GY1 3FN

Dear Sir

We understand that in accordance with Guernsey legislation, in order to treat us as the client principal, you require us to give the following confirmations to yourselves:

1. That we are an Appendix C* regulated financial services business, other than a trust and corporate service provider; or
2. a wholly owned subsidiary of an Appendix C regulated financial services business offering nominee or pensioner trustee services to our regulated parent company for no charge; or
3. a person licensed under the Regulation of Fiduciaries, Administration Businesses and Company Directors, etc. (Bailiwick of Guernsey) Law, 2000 (as amended); and
4. we hereby provide written confirmation to Cannon Asset Management Limited that:
 1. 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;
 2. we conduct all necessary CDD procedures in respect of our customers, including enhanced CDD measures for PEP and other high risk relationships;
 3. the account will only be operated by ourselves and that we have ultimate, effective control over the account.
5. 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.

* Please refer to Appendix C of the Handbook for Financial Services Businesses on Countering Financial Crime and Terrorist Financing issued by the Guernsey Financial Services Commission for details of recognised regulated jurisdictions (www.gfsc.gg)

Specify Country or Jurisdiction

Specify name of Regulatory Authority

Authorised Signatory**

Authorised Signatory**

** 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.

APPENDIX 1

Individual Self-Certification

Instructions for completion

We are obliged under the intergovernmental agreements (“IGAs”) entered into by the States of Guernsey to Improve International Tax Compliance and in relation to the automatic exchange of information for tax matters (collectively “FATCA”) and any laws, regulations or guidance issued by the States of Guernsey enacted or to be enacted to implement such agreements, to collect certain information about each account holder’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we 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, Regulations and/or Guidance Notes.

If any of the information below about your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Please note that where there are joint account holders each investor is required to complete a separate Self-Certification form.

Section 1: Account Holder Identification

Account Holder Name _____ Date of Birth (dd/mm/yyyy) _____ Country of Birth _____

Permanent Residence Address:

Number & Street _____ City/Town _____

State/Province/County _____ Post Code _____ Country _____

Mailing address (if different from above):

Number & Street _____ City/Town _____

State/Province/County _____ Post Code _____ Country _____

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 identifying number (U.S. TIN) is as follows: _____.
- (b) I confirm that I was born in the U.S. (or a U.S. territory) but 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 residencies.

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

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Country/countries of tax residency	Tax reference number type	Tax reference number

Section 4: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature: _____

Date: (dd/mm/yyyy): _____

APPENDIX 2

Entity Self-Certification

Instructions for completion

We are obliged under the intergovernmental agreements (“IGAs”) entered into by the States of Guernsey to Improve International Tax Compliance and in relation to the automatic exchange of information for tax matters (collectively “FATCA”) and any laws, regulations or guidance issued by the States of Guernsey enacted or to be enacted to implement such agreements, to collect certain information about each account holder’s tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we 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, Regulations and/or Guidance Notes.

If any of the information below regarding your tax residence or FATCA classification changes in the future, please ensure you advise us of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Section 1: Account Holder Identification

Account Holder Name	Date of Incorporation/Organization	Country
---------------------	------------------------------------	---------

Registered Address:

Number & Street	City/Town
-----------------	-----------

State/Province/County	Post Code	Country
-----------------------	-----------	---------

Mailing address (if different from above):

Number & Street	City/Town
-----------------	-----------

State/Province/County	Post Code	Country
-----------------------	-----------	---------

Section 2: U.S. or United Kingdom Persons

Please tick and complete as appropriate.

- (a) The entity is a **Specified U.S. Person** and the entity’s U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
_____.
- (b) The entity is a U.S. Person that is not a Specified U.S. Person. Indicate exemption¹ _____.
- (c) The entity is a **Specified United Kingdom Person** and the entity’s United Kingdom identifying tax number is as follows:
_____.
- (d) The entity is a United Kingdom Person that is not a Specified United Kingdom Person. Indicate exemption²
_____.

Complete Section 3 if you have non-U.S. or non-UK tax residencies.

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

Please indicate the Entity’s place of tax residence (if resident in more than one country please detail all countries and associated tax reference number type and number).

¹ 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.

² Under the UK IGA, Specified UK Person does not include: A corporation the stock of which is regularly traded on one or more established securities markets or a member of the same EAG; A depository Institution; A broker or dealer in securities, commodities, or derivative financial instruments that is registered as such under the laws of the United Kingdom; or a Non-Reportable United Kingdom Entity as defined in Annex II paragraph V.

Country/countries of tax residency	Tax reference number type	Tax reference number

Complete Section 4 and proceed to Section 5: Declaration and Undertakings.

Section 4: Entity FATCA Classification

4.1 If you are a **Registered Financial Institution**, please tick one of the below categories, and provide your **FATCA GIIN** at 4.1.1.

- (a) Guernsey Islands or IGA Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

4.1.1 Please provide your *Global Intermediary Identification number (GIIN)*: _____

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

- (a) The Entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.
- (b) The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity’s name and GIIN.
Sponsoring Entity’s Name: _____ Sponsoring Entity’s GIIN: _____
- (c) The Entity is a Trustee Documented Trust. Please provide your Trustee’s name and GIIN.
Trustee’s Name: _____ Trustee’s GIIN: _____
- (d) The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).
Indicate exemption: _____
- (e) The Entity is an Excepted Foreign Financial Institution. Indicate exemption: _____
- (f) The Entity is a Non-Participating Foreign Financial Institution
- (g) The Entity is a US Financial Institution

4.3 If you are not a Foreign Financial Institution, please confirm the Entity’s FATCA status below:

- (a) The Entity is an **Exempt Beneficial Owner** Indicate status: _____
- (b) The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)
- (c) The Entity is a **Passive Non-Financial Foreign Entity** (please complete table below providing details of any **Controlling Persons**³)

Full Name	Date of birth	Full residence address	Details of controlling person’s beneficial interest*	Country(ies) of tax residence	Tax reference type and number

**Natural persons that are Controlling Persons should also complete the Individual Self-Certification*

Section 5: Declaration and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

Authorised Signature: _____ Authorised Signature: _____

Position/Title: _____ Position/Title: _____

Date: (dd/mm/yyyy): _____ Date: (dd/mm/yyyy): _____

³ Means the natural persons who exercise control over an Entity. For companies and similar legal persons, it depends on the ownership structure of the company and will include any person owning 25% or more of the company (or legal person). For trusts and other similar legal arrangements, it will include the settlor, the trustee(s), the protector (if any), the beneficiaries, and any other natural person exercising ultimate effective control over the trust.