

**SUBSCRIPTION  
APPLICATION  
PACKAGE  
FOR NATURAL PERSONS**

**C.Q.I. CYPRUS QUALITY INVESTMENT  
AIFLNP V.C.I.C. LTD**

**PRICEWATERHOUSECOOPERS FUND SERVICES LIMITED**

PwC Central, 4th Floor, 43 Demostheni Severi Avenue CY-1080, Nicosia, Cyprus  
Tel: +357-22555000

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# INTRODUCTION

## PURPOSE

This Subscription Application Package is provided to all potential Investors wishing to invest in **C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD** (hereafter the “Company”) for completion of the sections below and acknowledgment of the Representations and Warranties. Guidelines to the necessary documentation required for submission are also provided. The requested information and accompanied documents are essential for the performance of Investor acceptance and anti-money laundering procedures. Any Natural wishing to invest in the Company must comply with the provisions of this Subscription Application Package.

## DISCLAIMER

In order to invest in the Company, the prospective Account Holder/s should be eligible for classification as either a Well Informed or Professional Investor/s. For further specifications as to the eligibility of Investors, please refer to section titled “Eligible Investors” within the Prospectus of the Company.

The Company reserves the right to reject any application in which event the application monies will be returned to the applicant without interest and at his/her own risk.

## INSTRUCTIONS

- Please read the latest version of the Prospectus, the Memorandum & Articles of Association, the Subscription Application Package, including the Representations and Warranties within the latter carefully and ensure that you fully understand their content.
- Please complete all the required and applicable sections of this Subscription Application Package electronically. If an electronic completion is not possible, completion by hand is also acceptable as long as the information provided is clear and understandable.
- Upon completion of the required sections, please print and sign the Representations and Warranties and respective CRS & FATCA Self-Certification Form included in Appendix 1.
- If you have any queries while completing any section contained in this Subscription Application Package, please contact PricewaterhouseCoopers Fund Services Limited at [cy\\_investor\\_funds@pwc.com](mailto:cy_investor_funds@pwc.com) for assistance.
- Please return this Subscription Application Package, completed and signed, at the following address: PwC Central, 4<sup>th</sup> Floor, 43 Demostheni Severi Avenue CY-1080, Nicosia, Cyprus, for the attention of PricewaterhouseCoopers Fund Services Limited.
- Prior submission of the original, the completed and signed Subscription Application Package may be sent via email to [cy\\_investor\\_funds@pwc.com](mailto:cy_investor_funds@pwc.com) for confirmation of good order, provided the original version of the executed Subscription Application Package is also received at the address stated above in a timely manner.
- Delivery via fax will not be accepted as received.

## MEANING OF TERMS

Any words, phrases or abbreviations used in this Subscription Application Package shall have the meaning attributed to them in section “Definitions” of the Prospectus of the Company. Irrespective of the above and for the purposes of this Subscription Application Package, the term “Account Holder” shall mean the prospective holder of Investment Shares (including any co-owners/additional Account Holders as prescribed below and to the extent applicable) whose name will be registered in the Company’s Register.

# SUBSCRIPTION APPLICATION FORM

## 1. ACCOUNT HOLDER:

Name and Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Passport Issue Date: \_\_\_\_\_  
Passport Expiry Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Please tick one of the following classifications:

- Private individual       Director/senior staff member of the Company/appointed Fund Manager

## 2. ADDITIONAL ACCOUNT HOLDERS:

### ADDITIONAL ACCOUNT HOLDER 1

Name and Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Passport Issue Date: \_\_\_\_\_  
Passport Expiry Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

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**ADDITIONAL ACCOUNT HOLDER 2**

Name and Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Passport Issue Date: \_\_\_\_\_  
Passport Expiry Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

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**ADDITIONAL ACCOUNT HOLDER 3**

Name and Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Passport Number: \_\_\_\_\_  
Passport Issue Date: \_\_\_\_\_  
Passport Expiry Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

### 3. BENEFICIAL OWNER:

For the purpose of this Subscription Application Package, the Beneficial Owner is considered to be the Natural Person(s) to be registered as a holder(s) of Investment Shares, or whose holdings in a Compartment of the Company are held by a nominee or any other intermediary.

You are required to disclose at least the number of Beneficial Owner/s as described above:

Number of Beneficial Owner/s: \_\_\_\_\_

For identification purposes, please provide the following requested information in relation to the Beneficial Owner(s) (other than yourself, if applicable).

#### Beneficial Owner 1

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
 Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

#### Beneficial Owner 2

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
 Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

#### Beneficial Owner 3

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
 Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

#### Notes:

- **The present section should always be completed in cases where the investment is performed through an intermediary investing in his/her own name, an “Intermediary”.**
- **If the present section remains unaltered, the Natural Person(s) to be registered as the Account Holder(s) is(are) considered as being the sole Beneficial Owner(s).**

#### 4. INVESTMENT DETAILS:

**C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD – Investment Compartment “QUALITY - FIXED INCOME SUB-FUND”**

**Subscription Amount:** EUR .00 ~ Class A Investment Shares (EUR)

Applicable provisions to QUALITY - FIXED INCOME SUB-FUND:

- Minimum Initial Subscription Amount for a new Investor: EUR 500,000.
- Minimum Subsequent Subscription Amount for an existing Investor: EUR 500,000.
- Subscription fee of 0.1% applies.

**C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD – Investment Compartment “QUALITY – HIGH YIELD SUB-FUND”**

**Subscription Amount:** EUR .00 ~ Class A Investment Shares (EUR)

Applicable provisions to QUALITY – HIGH YIELD SUB-FUND:

- Minimum Initial Subscription Amount for a new Investor: EUR 125,000.
- Minimum Subsequent Subscription Amount for an existing Investor: EUR 125000.
- Subscription fee of 0.1% applies.

#### 5. BANK DETAILS:

**If you wish to proceed with the payment of the Participation Amount in –specie instead of transfer of cleared funds, then please contact the Fund’s Administrator and request the “In-Specie Subscription Form” in which further instructions are stated therein.**

**C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD – Investment Compartment “QUALITY - FIXED INCOME SUB-FUND”:  
Bank Account Details**

Please transmit cleared funds of the Subscription Amount so as to be received before the applicable Valuation Day, 5pm local Cyprus time, GMT +2. If cleared funds are not received by this time, the subscription will be carried over to the next Dealing Day following the receipt of cleared funds. Please ensure that in total amount transferred, consideration is taken in relation to any bank charges incurred.

**IBAN:** CY750140010101010022558011

**Bank SWIFT code:** CYDBCY2N

**Name of Bank:** The Cyprus Development Bank Public Company Ltd

**Account Number:** 101010022558011

**Account Name:** QUALITY – FIXED INCOME SUB-FUND

**C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD – Investment Compartment “QUALITY – HIGH YIELD SUB-FUND”: Bank Account Details**

Please transmit cleared funds of the Subscription Amount so as to be received before the applicable Valuation Day, 5pm local Cyprus time, GMT +2. If cleared funds are not received by this time, the subscription will be carried over to the next Dealing Day following the receipt of cleared funds. Please ensure that in total amount transferred, consideration is taken in relation to any bank charges incurred.

**IBAN:** CY74014001010101010022558029  
**Bank SWIFT code:** CYDBCY2N  
**Name of Bank:** The Cyprus Development Bank Public Company Ltd  
**Account Number:** 101010022558029  
**Account Name:** QUALITY – HIGH YIELD SUB FUND

**Payment Account Details**

Please state bank details of the account from which the transfer of the Subscription amount will be arranged:

**IBAN:** \_\_\_\_\_  
**Bank SWIFT code:** \_\_\_\_\_  
**Name of Bank:** \_\_\_\_\_  
**Branch:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Account Name:** \_\_\_\_\_

Accepted application funds shall be held as pending for allotment until actual allotment is processed on the applicable Dealing Date.

**6. REPORTING COMMUNICATION**

Valuation Statements are emailed to all Account Holders upon the publication of the NAV. Upon request, Valuation Statements can also be sent to an additional named contact or interested party such as your auditor, custodian etc.

Please note that the information to be disclosed is confidential and sensitive, therefore this named contact or interested party must be classified as one of the parties described in the box.

Please tick one of the following classifications best describing the interested party:

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Intermediary | <input type="checkbox"/> Auditor            | <input type="checkbox"/> Secretary          |
| <input type="checkbox"/> Custodian    | <input type="checkbox"/> Pension Fund       | <input type="checkbox"/> Investment Advisor |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Fund Administrator |   |

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Number: \_\_\_\_\_  
 Town / City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_



Additional Holders can also receive frequent NAV statements, as long as their emails have been disclosed in section "Additional Account Holders" and you tick the box below:

- I, the Account Holder, hereby consent for the Fund Administrator of the Company to send periodic NAV statements to the Additional Account Holders and confirm that their emails have been provided in section "Additional Account Holders".

## 7. ELIGIBLE INVESTOR DECLARATION:

Investment Shares can only be allotted to Investors qualifying as Well Informed or Professional. The Account Holder/s must read carefully the declarations below and confirm whether he/she qualifies as **Well-Informed or Professional Investor/s**. Please note that any Investor who does not qualify as one of the below, he/she is not eligible to invest in the Company.

### **Well-Informed Investor**

As defined in Section 2(1) of the Alternative Investment Funds Law 124(I)/2018, to the extent subsequently amended, a Well-Informed Investor is every Investor who is not a Professional Investor and fulfils the following conditions:

(a) confirms in writing that: (i) he possess sufficient knowledge and experience in financial and business matters in order to be able to evaluate the benefits and risks associated with the planned investment in the Company's Compartment(s) and he is aware of the risks associated with the planned investments of the Company's Compartment(s); or (ii) his business activities are related with the management, acquisition or disposal of assets, either on his own account or on behalf of third parties, which are of the same type as the investments of the Company's Compartment(s) he wishes to invest in; and

(b) (i) his investment in a Compartment of the Company is at least equal to the minimum of EUR 125,000 (one hundred twenty five thousand euro) (or currency equivalent); or (ii) he has been assessed as well-informed investor by a credit institution, or by an AIFM or by a UCITS Management Company or by an investment firm or by a manager which is licensed in the Republic of Cyprus or in another EU member state for the management of AIFs and AIFs with limited number of persons whose assets under management do not exceed the thresholds laid down in article 4(2) of the Alternative Investment Fund Managers Law 56(I)/2013, as amended, or the corresponding article 3 paragraph (2) of Directive 2011/61/EU, and the above mentioned assessment indicates that he possess sufficient knowledge and experience in financial and business issues to be able to evaluate the benefits and risks associated with the planned investments of the Company's Compartment(s) based on its (their) investment policy(ies); or (iii) he is employed by any of the entities mentioned in subparagraph (ii) of paragraph (b) above and receive total remuneration that takes them into the same remuneration bracket as Natural Persons who effectively conduct one of the business activities of the entities mentioned in subparagraph (ii) of paragraph (b) or as the executive members of their government body who effectively conduct one of their business activities; whereas

(c) without prejudice to paragraphs (a) and (b), persons who direct the management of the Company or they are assigned with portfolio management duties related with the Company.

- I/We the undersigned, consent to being treated as Well-Informed Investor/s for the purposes of investment in the Company and hereby confirm that I/we have complied with the requirements of the Alternative Investment Funds Law 124(I)/2018, to the extent subsequently amended, regarding Well-Informed Investors.

**Professional Investor**

A Professional Investor means an Investor which is considered to be a professional client or may, on request, be treated as a professional client within the meaning of Annex II of the Investment Services and Activities and Regulated Markets Law 87(I)/2017 as amended. In general terms, a Professional Investor is upon request treated to be so if certain identification criteria are fulfilled and the prescribed procedure is followed as per the aforesaid Annex II.

Specifically, as a minimum, two (2) of the following three (3) criteria must be satisfied by the submission of relevant supporting documentation:

1. The Investor has carried out transactions, in significant size, on the relevant market at an average frequency of ten (10) per quarter over the previous four (4) quarters;
2. The Investor owns an investment portfolio, defined as including cash deposits and financial instruments, the size of which exceeds EUR 500,000; and
3. The Investor works or has worked in the financial sector for at least one (1) year in a professional position, which requires knowledge of the transactions or services envisaged.

I/We, the undersigned, request to being treated as Professional Investor/s for the purposes of investment in the Company and hereby confirm that I/we are eligible to be classified as Professional Investors. I/We also commit to provide sufficient proof that I/we qualify as Professional Investor/s.

# MANDATORY DOCUMENTS FOR SUBMISSION

## 1. LIST OF DOCUMENTS FOR SUBMISSION:

As per the applicable law, any new Account Holder and Additional Account Holder(s), if any, must provide true copies of the identification documents listed below. For the acceptable forms of certification please refer below to point 2 'Acceptable True Copies' of this section.

If you are an existing Account Holder/s, please confirm that the following documents have been previously provided:

- I/We are existing Account Holder/s in the Company and the below have already been provided during my/our assessment which took place on previous Subscriptions.

Otherwise, if you are new Account Holder/s, please confirm that the following documents have been collected and they are accompanying this Subscription Application Package:

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### FOR NATURAL PERSONS

- True copy of international passport showing signature and photo.
- Recent (up to 6 months) utility bill, local authority tax bill or a bank statement or any other document same with the aforesaid showing permanent residential address. A true copy is required where the documents provided are not the originals.
- Completed and signed original CRS & FATCA Individual Self-Certification Form (Appendix 1).
- Two (2) of the following three (3) supporting documentation (Applicable to upon request Professional Investors only)
- (d) Supporting evidence that you have carried out investment transactions of significant size at an average frequency of ten (10) per quarter over the previous four (4) quarters (with other providers). For example, you may provide us with (an) account statement(s) indicating that you placed the said transactions over a period of at least one (1) year and which clearly show(s) your full name and the reference period;
- (e) Supporting evidence that you have worked or currently work in the financial sector for a period of at least one (1) year and in a position that has granted you the appropriate knowledge. For example, you may provide us with a reference letter from your employer in the financial sector, including the position you held or currently hold and the duration in this position.
- (f) Supporting evidence that the value of your savings and/or investments (e.g. cash deposits, financial instrument portfolio, shares, trading accounts, mutual funds, etc.) are in excess of EUR 500.000 (or currency equivalent). For example, you may provide us with screenshot(s) or scanned copy/copies of your holdings that clearly show your full name and a recent date.
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## 2. ACCEPTABLE TRUE COPIES:

Documents/data obtained shall only be acceptable if obtained in one of the following formats:

- i. Original; or
- ii. True copy of the original, where the certification is made by the appointed Fund Manager of the Company in cases where it establishes the proposed Account Holder's identity itself, once the original is presented thereto; or
- iii. True copy of the original, where the certification is made by a third party, with which the appointed Fund Manager of the Company has concluded an agreement for the performance of due diligence and the establishment of the proposed Account Holder's identity; or
- iv. True copy of the original, where the certification is made by a competent authority or a person that, pursuant to the relevant provisions of the laws of their country, are responsible to certify the authenticity of documents or information. In this case, documents must be notarized or apostilled;

### ***Translation of Identification Documents***

According to the local AML requirements, in case of true copies of documents provided are in a language other than Greek or English, they should be accompanied by their "true translation", i.e. be performed by an official/authorised translator.

Please contact us if you need guidance on official translators.

PricewaterhouseCoopers Fund Services Limited, as the appointed Fund Administrator of the Company, reserves the right to request additional documents after the review of the documents provided if deemed necessary.

# ***FINANCIAL SITUATION AND BACKGROUND FORM***

In accordance with the provisions of the Prevention and Suppression of Money Laundering Activities and Financing of Terrorism Law 188(I)/2007, as amended, (hereafter the “Law”), the Company must act honestly, fairly and professionally in accordance with the best interest of its Holders of Investment Shares and obtain the relevant information regarding all potential Investors financial situation and background.

The section "**Financial Situation and Background Form**" must be completed by the Account Holder of the subscription amount to be invested in the Company. In case of Additional Account Holders, each one must complete, and submit a separate "**Financial Situation and Background Form**", if he/she has also contributed to the subscription amount.

## 1. PURPOSE OF INVESTING:

Please specify the purpose and reason for requesting Investment in the Company:

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## 2. FINANCIAL INFORMATION:

Estimated Annual Income		Estimated Wealth	
<input type="checkbox"/>	Up to 100,000	<input type="checkbox"/>	Up to 1,000,000
<input type="checkbox"/>	100,001 – 200,000	<input type="checkbox"/>	1,000,001 – 2,500,000
<input type="checkbox"/>	200,001 – 300,000	<input type="checkbox"/>	2,500,001 – 5,000,000
<input type="checkbox"/>	300,001 – 400,000	<input type="checkbox"/>	5,000,001 – 7,500,000
<input type="checkbox"/>	400,001 – 500,000	<input type="checkbox"/>	7,500,001 – 10,000,000
<input type="checkbox"/>	Above 500,000	<input type="checkbox"/>	Above 10,000,000

### 3. ECONOMIC BACKGROUND:

<input type="checkbox"/> <b>Employed</b>	
Employer:	_____
Industry:	_____
Job Position:	_____
Address:	_____
<input type="checkbox"/> <b>Self-Employed</b>	
Name of Company:	_____
Industry:	_____
Address:	_____
<input type="checkbox"/> <b>Retired</b>	
Last Employment:	_____
Industry:	_____
Address:	_____
<input type="checkbox"/> <b>Unemployed</b>	
<input type="checkbox"/> <b>Student</b>	
<input type="checkbox"/> <b>Other</b>	
Please specify:	_____

<input type="checkbox"/> <b>Please indicate if any of the below applies to you:</b>	
<input type="checkbox"/>	Senior politician
<input type="checkbox"/>	Appointed at a senior governmental position
<input type="checkbox"/>	Judicial or military official
<input type="checkbox"/>	Senior executive of state owned corporation
<input type="checkbox"/>	Important political party official
<input type="checkbox"/>	Close associate or family member of one of the above

Please indicate in case you operate in one of the following sectors:

- Armaments
- Gambling and casino industry
- Antiques and trading in art object
- Traders in precious and non-precious metals (scrap metal, spare parts)
- Trading of merchandise with high risk countries
- Building and public works

#### 4. MAIN SOURCE OF FUNDS:

**As per the applicable law, true copies of the supporting documents listed below need to be provided, where applicable. For the acceptable forms of certification please refer to point 2 ‘Acceptable True Copies’ of section titled ‘Mandatory Documents for Submission’.**

Main Source of Invested Funds:

- Gift/Inheritance/Distribution** *(please enclose a true copy of the relevant duly executed gift deed and/or certificate of inheritance and/or dividend confirmation respectively or any other equivalent document which confirms the source of the funds)*
- Sale of Business/Real Estate** *(please enclose a true copy of the relevant duly executed sale agreement respectively and/ or any other true copy of equivalent document which confirms the source of the funds)*
- Lifetime Earnings/Salary/Bonus** *(please enclose a true copy of the relevant salary confirmation (i.e. payslip) and/or the previous year’s tax return as submitted to the relevant competent authority and/or a bonus confirmation respective or any other equivalent document which confirms the source of the funds)*
- Investment Profits** *(please enclose a true copy of a list of the investments that generated the concerned profit accompanied with written confirmations (i.e. issued by the relevant credit institution) indicating clearly that such profits have been transferred into your bank account or any other equivalent document which confirms the source of the funds)*
- Loan** *(please enclose a true copy of the relevant duly executed loan agreement and any subsequent amendments made to it and/or any assignment agreements by which receivables have been assigned to you or any other equivalent document which confirms the source of the funds)*
- Savings** *(please enclose a true copy of a duly signed confirmation attesting the amount of savings which are deposited in your bank account or any other equivalent document which confirms the source of the funds)*
- Pension/Retirement Income** *(please enclose a true copy of your pension payment confirmation form and/or any other official document indicating your monthly/yearly pension allowance or any other equivalent document which confirms the source of the funds)*

- Maturity of Insurance Policy or Fixed Term Investment** *(please enclose a true copy of the Maturity of Insurance Policy or Fixed Term Investment Agreement you are party into and/or any other equivalent document which confirms the source of the funds)*
- Other** *(please enclose relevant document which confirms the source of funds)*

**Please specify (i) business activities and (ii) origin of incoming funds in detail:**

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# ***REPRESENTATIONS AND WARRANTIES***

## ***Signing Instructions***

1. Upon completion of the necessary sections and comprehension of the all the provisions found throughout this Subscription Application Package, please print the Subscription Application Package and sign the Representations and Warranties and respective CRS & FATCA Self-Certification Form, where appropriate.
2. If an agent or attorney signs on behalf of the person named as the Account Holder, 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 Investment Shares on such principal's behalf.
3. In case of Additional Account Holders, their signature must also be included below or else their participation as Additional Account Holders will not be valid.

## ***Declarations***

By signing the Representations and Warranties, the Account Holder and any Additional Account Holders (references as to the Account Holder below shall include any Additional Account Holders), if any:

1. Accept that they have been provided with all the relevant materials relating to the Company, its operations, and investment experience of the management of the Company and any other matters relating to the Company and its Compartment(s);
2. Confirm that they been afforded the opportunity to ask any questions and obtain any additional information necessary to verify the accuracy of any representation or information set forth in the Prospectus, the Offering Supplement(s), and any other related material;
3. Confirm that they have received satisfactory answers to all inquiries and questions posed to the Company;
4. Acknowledge that the Redemption, Conversion and Transfer of Investment Shares might be subject to restrictions as described in the Prospectus and relevant Offering Supplement(s);
5. Confirm that the information provided throughout this Subscription Application Package is complete and correct;
6. Authorize PricewaterhouseCoopers Fund Services Limited to contact the Account Holder's bankers and/or other relevant persons in order to give effect to the terms of the Subscription Application Package;
7. Confirm that they have read and fully understood the Prospectus and relevant Offering Supplement(s) of the Company;
8. Confirm that they have read and accepted the Memorandum and Articles of the Company;
9. Confirm that the monies transferred to give effect to the investment in the Company are not associated with crime, terrorism, money laundering or terrorism financing nor will monies the monies received from their account have any such association;
10. Confirm that they have the power and authority to sign;
11. Confirm their non-bankruptcy status;
12. Confirm that they are not considered legally as a minor pursuant to any applicable legislation;
13. Confirm their clean criminal record (minor motoring offences are not considered for the purposes of the Representations and Warranties);
14. Confirm that they have never been declared the subject of an investigation by a governmental, professional or other regulatory or statutory body;
15. Confirm that the monies transferred to the Company for investment purposes either have or will be properly declared for tax purposes and no part of such monies represent the proceeds of fiscal crime or evasion;

16. Acknowledge that no Natural or Legal Person representing the Company and its related entities, directors or officers have guaranteed or made any representation as to the performance or success of the Company or any of its Compartments, or the repayment of capital.
17. Acknowledge that an investment in the Company is subject to investment risk, including delays in repayment and loss of income or principal invested;
18. Acknowledge the obligation of the Company under the applicable legislation combatting money laundering and terrorist financing to ensure that it holds appropriate up to date information on its Account Holder(s) and agree to provide additional information in relation to their status when requested;
19. Agree to indemnify and hold harmless the Company against any and all loss, liability, claim, damage and expense whatsoever (including, but not limited to, any and all expenses whatsoever reasonably, incurred in investigating, preparing or defending against any litigation or any claim whatsoever commenced or threatened) arising out of or based upon any false representation or warranty, misinformation or breach or failure herein or hereunder or under any other document provided to the Company in connection with the investment in the Company;
20. Acknowledge that certain personal data of the Account Holder(s) (including, but not limited to, the name, address and subscription amount) may be collected, recorded, stored, adapted, transferred or otherwise processed and used by the Company and the service providers such as the Fund Administrator or distributors, as appropriate;
21. Acknowledge that the Company has the right to initiate legal proceedings against the Account Holder(s) should the latter breaches any of the aforesaid Representations and Warranties;
22. Acknowledge that the Company intends to take such steps as may be required to satisfy any imposed obligations based on the Organization for Economic Co-operation and Development (“OECD”) Common Reporting Standard (“CRS”), the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information, the Administrative Cooperation in the field of Taxation Law 205(I)/2012, as amended, as well as the Decree issued by the Cyprus Ministry of Finance relating to the implementation of the OECD Common Reporting Standard;
23. Acknowledge that the Company intends to take such steps as may be required to satisfy any imposed obligations based on the Agreement between the Government of the Republic of Cyprus and the Government of the United States of America to improve international tax compliance and to implement the Foreign Account Tax Compliance Act (“FATCA”), as well as the Decree issued by the Cyprus Ministry of Finance relating to the implementation of FATCA;
24. Acknowledge and agree, by virtue of the obligations on the Company in respect of the FATCA and CRS exchange of information framework as described in the abovementioned Appendixes, to provide the Company the necessary supporting documentation (the “Supporting Documentation”) in the prescribed format and certification as communicated by the Company to the undersigned and when requested by the Company in order for the Company to discharge its obligations as aforesaid. In the event that the content of the Supporting Documentation becomes non-compliant with the FATCA and CRS obligations by virtue of being inaccurate and/or misleading for any reason whatsoever and the undersigned has direct, implied and/or constructive knowledge of such inaccuracy and/or misrepresentation, then the undersigned shall immediately report this to the Company;
25. Confirm that the CRS & FATCA Self-Certification Form provided in Appendix 1 has been duly completed and executed and to the best knowledge of the undersigned;
26. Warrant the Company that the content of the CRS & FATCA Self-Certification Form is true and accurate;
27. Acknowledge the obligations pursuant to paragraphs 23 and 24 above imposed on the undersigned to immediately report the Company if, at any point of time after the execution of the CRS & FATCA Self-Certification Form its content becomes inaccurate and/or misleading for any reason whatsoever and the undersigned has direct, implied and/or constructive knowledge of such inaccuracy and/or misrepresentation;
28. Agree to facilitate the Company’s compliance with the aforesaid FATCA and CRS obligations if at any point of time the Company wishes to access any sort of personal information of the undersigned, unless such action is forbidden by virtue of any applicable legislation;
29. Confirm that the undersigned has not received any sort of legal and/or tax and/or any other sort of professional advice by the Company in respect of the completion and execution of the CRS & FATCA Self-Certification Form and that the undersigned has only relied to professional advisors other than the Company.



# ***APPENDIX 1: FATCA & CRS INDIVIDUAL SELF - CERTIFICATION FORM***

## **WHY YOU ARE BEING ASKED TO COMPLETE THIS FORM**

Based on the Agreement between the Government of the Republic of Cyprus and the Government of the United States of America to improve international tax compliance and to implement the Foreign Account Tax Compliance Act (“FATCA”), the OECD Common Reporting Standard (“CRS”), the Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information, the Administrative Cooperation in the field of taxation Law 205(I)/2012, as amended, (“the Law”) as well as the Decrees issued by the Cyprus Ministry of Finance relating to the implementation of FATCA and the OECD Common Reporting Standard (“the Decrees”), Financial Institutions such as C.Q.I. CYPRUS QUALITY INVESTMENT AIFLNP V.C.I.C. LTD (hereafter, the “Company”) are required to collect and report certain information relating to an Account Holder’s tax residency(ies). In certain cases we may be obliged to share information relating to your account with the Cyprus Tax Department that in turn will pass this information to the tax authorities of the relevant jurisdictions.

**This FATCA & CRS self-certification form is for Individual Account Holders (“AH”) only. Please complete, sign and return the form.**

To assist you in completing this form, a glossary of terms is attached for information purposes only. Q.C.M. QUALITY CAPITAL MANAGEMENT LIMITED (hereafter, the “External Manager”) does not provide any tax advice and will not be liable for any errors contained in this form or the accompanying glossary. If you have any questions on how to complete this form, you should contact your tax advisor. The External Manager may not be able to proceed with account opening in case a FATCA & CRS self-certification form is not provided.

**Please carefully complete in BLOCK CAPITALS Parts A, B and C of this form.**

**PART A: IDENTIFICATION OF ACCOUNT HOLDER**

Name and Surname:			
Permanent Residence Address			
Street name:		Number:	
Town / City:		Post code:	
Country:			
Date of Birth:			
Place of Birth:			
Passport Number:			
Country of Issue:			
Additional Passport Number (if any):			
Country of Issue:			

**PART B: COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER (“TIN”)**

I hereby certify that I, the AH, am a resident for tax purposes in the following country(ies) and the respective Taxpayer Identification Number (“TIN”) for each country is listed below:

	Country/Jurisdiction of Residence for Tax purposes	TIN or Functional Equivalent	If a TIN or Functional Equivalent is unavailable, please indicate the appropriate reason using the key below*
1.			
2.			
3.			
* <b>Key</b> - Please indicate one of the below reasons in the box above to specify the reason the TIN or Functional Equivalent is unavailable:			
<b>Reason A</b> - The country/jurisdiction where the AH is resident for tax purposes does not issue TINs or Functional Equivalents to its residents.			
<b>Reason B</b> - The AH is otherwise unable to provide a TIN or Functional Equivalent. Please also explain the reason in the box above.			
<b>Reason C</b> - No TIN is required. Only select this reason if the domestic law of the relevant jurisdiction of tax residence does not require disclosure of the TIN issued by such jurisdiction.			
<b>Notes:</b>			
1. If the AH is a resident of Cyprus for tax purposes and has no tax residency in any other country, the TIN is not required.			
2. If a TIN or Functional Equivalent has not been provided for the AH’s country(ies) of tax residence above, the signatory of this form undertakes to promptly inform the External Manager as soon as a TIN or Functional Equivalent is obtained.			
<b>If the United States is not indicated above as one of the countries of tax residence, I, the AH, certify that I am not a citizen or resident of the United States for tax purposes.</b>			

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**PART C: DECLARATIONS AND SIGNATURE**

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the AH's relationship with the External Manager setting out how the External Manager may use and share the information supplied by me.

I certify that I am the AH (or authorised to sign for the AH) as identified in Part A of this form.

With respect to the Law and the Decrees, I acknowledge the following:

- The External Manager will act as controller for the purpose of the Law and the Decrees and will be responsible for the processing of my personal data;
- My personal data is intended to be processed for the purpose of the Law and the Decrees and will be stored for a period of 5 years as required by the Law and Decrees. Further information about processing of my personal data including inter-alia, the purpose of processing, the lawful basis of processing, my respective rights as a data subject under the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (the "GDPR"), and the External Manager's retention policy can be found by contacting the External Manager.
- If I qualify as a Reportable Person (i.e. tax resident in a Reportable Jurisdiction and/or US citizen or resident for tax purposes) under the Law and/or the Decrees, the External Manager will be required to report my personal data to the Cyprus Tax Department, which will forward the data to the tax authorities of all Reportable Jurisdictions in which I am a resident for tax purposes, and/or, as the case may be, to the U.S. Internal Revenue Service. The information to be collected and reported in such a case, includes the name, address, Tax Identification Number, date and place of birth of each individual AH, the account number, the account balance or value as at the end of the relevant calendar year or other appropriate reporting period, as well as certain payments made with respect to the account during the calendar year or other appropriate reporting period;
- For each information request for the purpose of the Law or the Decrees which is sent to me, my answer will be mandatory. Failure to respond within the prescribed timeframe may result in (incorrect or double) reporting of the account to the Cyprus Tax Department;
- I have a right to access any data reported to the Cyprus Tax Department for the purpose of the Law and the Decrees and, as the case may be, to have this data rectified in case of error. Further, I have the right to request erasure of personal data, restriction of processing of such personal data, as well as the right to data portability and the right to lodge a complaint with a supervisory authority.

I authorise the External Manager to provide, directly or indirectly, a copy of this form and personal information including information regarding income paid or credited to, or for the benefit of, my account(s) to: (i) the Cyprus tax authorities, that may provide the information to the tax authorities of another country or countries in which I am a resident for tax purposes; (ii) any person that has control, receipt, or custody of income to which this form relates; (iii) any person that can disburse or make payments of income to which this form relates; or (iv) any party authorised to audit or conduct a similar control for tax or other purposes.

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

I undertake to advise the External Manager promptly of any change in circumstances which affects the tax residency status of the individual identified in Part A of this form or causes the information contained herein to become incorrect or incomplete, and to provide the External Manager with a suitably updated self-certification within thirty (30) days of such change in circumstances. If I fail to comply with these obligations or refuse to provide the requested documentation, the External Manager retains the right to suspend, or even close, accounts I hold.

<b>Signature</b>	<b>Date (DD-MM-YYYY)</b>
<b>Name of Signatory in Block Capitals or Type</b>	<b>Capacity</b>
<p><b>Note:</b> If you are not the AH, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.</p>	

**Glossary**

*The definitions provided herein are for information purposes only and should not be construed as legal or tax advice. These definitions are based on the Agreement between the Government of the Republic of Cyprus and the Government of the United States of America to improve international tax compliance and to implement FATCA, the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information and the associated Commentary to the CRS, the Decrees issued by the Cyprus Ministry of Finance relating to the implementation of the OECD Common Reporting Standard and the Foreign Account Tax Compliance Act, as well as the FATCA Final Regulations (sections §1.1471 - §1.1474 of the Internal Revenue Code).*

*Please refer to the aforementioned documents for the full definitions. Official definitions of terms within the CRS and FATCA Decrees are in the Greek language.*

*The External Manager will not be responsible for any changes in the definitions provided herein. If you have any questions or require further detail then please contact your tax advisor.*

<b>ACCOUNT HOLDER</b>	The term “Account Holder” means the person listed or identified as the holder of a Financial Account by the Financial Institution that maintains the account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as agent, custodian, nominee, signatory, investment advisor, intermediary, is not treated as holding the account, and such other person is treated as holding the account. With respect to a jointly held account, each joint holder is treated as an AH.
<b>TIN / FUNCTIONAL EQUIVALENT</b>	<p>The term “TIN” means Taxpayer Identification Number or a Functional Equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers, however described, assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction.</p> <p>Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification (a “Functional Equivalent”). Examples of that type of number include, for Individuals, a social security/insurance number, citizen/personal identification/service code/number and resident registration number, and for Entities, a business/company registration code/number.</p>
<b>REPORTABLE JURISDICTION</b>	A Reportable Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which there is an obligation to exchange information and which is identified in a list published on the official website of the Cyprus Tax Department.