APPLICATION FORM

SITELY FoodTech Hospitality Consolidation Growth Fund a Sub-Fund of **Anderton SICAV plc**

This Form duly completed, together with all the relevant anti-money laundering documents, should be sent by e-mail, with the original to follow by courier to:

Anderton SICAV plc – SITELY FoodTech Hospitality Consolidation Growth Fund
Fexserv Fund Services Limited
Nu Bis Centre, Mosta Road, Lija LJA 9012,
Malta
Telephone: +356 2576 2121
Email: investorservices@fexservfunds.com

APPLICATION:

The Subscriber irrevocably subscribes for the Investor Shares as specified in the Subscription Application, as may be determined in accordance with the Memorandum and Articles and the Offering documentation at the Initial Offering Price or, if this Application is made after the Closing Date, at the prevailing Offering Price per Share on the next Subscription Day following acceptance of this application by Anderton SICAV plc (the "Company") on behalf of SITELY FoodTech Hospitality Consolidation Growth Fund (the "Fund"). The Subscriber understands that fractional shares may be issued.

The Subscriber acknowledges the Investor Shares will be issued on the applicable Subscription Day following receipt of both the Subscription Application and the Subscription monies in cleared funds, the former of which must be received by the Company at the office of the Fexserv Fund Services Limited (the "Administrator") and the latter of which must be received by the Company, no later than the Closing Date and thereafter within the deadlines stated in the relevant Offering Supplement.

As an Agent / a Direct Investor, we/I hereby confirm, that our principal/we/I wishes/wish to subscribe in

- ☐ Class A EUR shares (Anchor/Strategic Investor Class) (**MT7000040093**)
- ☐ Class B EUR (Investor Class) (**MT7000040101**)

for the amount of:

EUR:

The Subscription fee to be applied to this subscription shall be _____%

Subscription Fee of up to 3.00% of total Subscription Value of the relevant Share Class may be applicable, subject to any waiver agreed by the Board of Directors.

Subscription funds are to be paid in as follows:

BANK DETAILS:

Account Name:	Anderton SICAV plc – SITELY FoodTech Hospitality Consolidation Growth Fund
Bank:	Sparkasse Bank Malta plc
Account Number:	10.00.2206330.374
IBAN:	MT51SBMT55050000100022063303 74
SWIFT:	SBMTMTMT

In payment thereof, I/we confirm that I/we have requested our bankers to make payment by wire transfer for the above mentioned amount. I/We further confirm that I/We have requested our bankers to ensure that my/our name is/are included in the payment instructions as the remitters.

Initials: _____

SUBSCRIBER DETAILS - (Complete in block capital please)

(a) Registration details

Name of Subscriber: _____

Registered Address: _____

_____

_____

Country of Birth / Incorporation: _____

Country of Citizenship (if different from country of birth) _____

Telephone No: _____ Contact Name: _____

Email address: _____

(b) Correspondence details

If you wish your correspondence to be sent to an address other than the registered address in (a) above, please state below.

Name: _____

Address: _____

_____

Telephone No: _____ Contact Name: _____

Email Address: _____

Note: In the case of joint Subscribers, please use separate sheets for each joint Subscriber.

Please also proceed in completing one of the below forms:

- **Annex I: Individual Self-Certification Form** in case of Subscriber being an individual (please note that separate Individual Self-Certification Forms are to be completed in case of joint Subscribers);

OR

- **Annex II: Entity Self-Certification Form** in case of Subscriber not being an individual

Intended Business and Future Investments (Tick as applicable):

A. Intended Business Relationships
- ❑ Direct Investor
- ❑ Nominee (investing on behalf of an individual)
- ❑ Other (please specify) _____

B. Future Investments
- Please indicate an estimated amount you are willing to invest in the future and give an approximation of the applicable timeline in which you intend to do so. *(This value is for indicative purposes only)*

Total amount Interested to Invest					
☐ <50,000	☐ 50,000 – 100,000	☐ 100,000 – 1,000,000	☐ 1,000,000 – 1,000,000,000	☐ >1,000,000,000	☐ Other (Please indicate below)
Timeline for the Investment					
☐ <1 year	☐ 1 - 3 years	☐ 4 - 5 years	☐ 6 – 9 years	☐ 10 years+	☐ Other (Please indicate below)

Total amount Interested to invest: Other _____

Timeline for the investment: Other _____

Furthermore, taking into account your liquidity needs, what is the expected duration of your investment

- ❑ Short (up to 6 months)
- ❑ Medium (up to 2 years)
- ❑ Long (over 2 years)

(c) Investor bank details

In order to comply with anti-money laundering regulations applicable to the Company and the Administrator, the Subscriber acknowledges that Shares will not be issued until such time that the Administrator or the Company is satisfied that evidence regarding the source of the subscription amounts, the identity of the Subscriber and the payment instructions for redemptions, is satisfactory. Wire confirmation subscriptions from the Subscriber must match the information provided below. Redemption proceeds will only be made to the account identified below. Subscriptions may be rejected if this information is incomplete or the wire confirmation does not match the information given below.

Account Name: _____

Bank: _____

Account Number: _____

IBAN: _____

SWIFT: _____

PROFESSIONAL INVESTOR DECLARATION FORM

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

- ☐ I hereby confirm that I am eligible to be treated as a "Professional Investor", since I satisfy the definition thereof as prescribed in Paragraph I of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time;

- ☐ I hereby confirm that I possess the experience, knowledge and expertise to make my own investment decisions and properly assess the risks involved in investing in the Notified AIF;

- ☐ I hereby confirm that I have read and understood the Offering Document including the mandatory risk warnings and that even though I have been warned that I may request non-professional treatment, I have still opted to be treated as a professional investor.

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

- ☐ I hereby confirm that I have been properly appointed as a duly authorised agent of a prospective investor in the Notified AIF described above.

- ☐ I hereby confirm that my principal:
  - is eligible to be treated as a "Professional Investor", since he/she satisfies the definition thereof as prescribed in Paragraph I of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time;
  - possesses the experience, knowledge and expertise to make his/her own investment decisions and properly assess the risks involved in investing in the Notified AIF;
  - has read and understood the Offering Document including the mandatory risk warnings and that even though he/she has been warned that he/she may request non-professional treatment, my principal has still opted to be treated as a professional investor.

Section A

I qualify/My Principal qualifies *(tick as applicable)* as a "Professional Investor", as I am/he/she/it is:

An entity which is required to be authorised or regulated to operate in financial markets. The list below should be understood as including all authorised entities carrying out the characteristic activities of the entities mentioned: entities authorised by a Member State under a Directive; entities authorised or regulated by a Member State without reference to a Directive; and entities authorised or regulated by a non-Member State: I. Credit Institutions; II. Investment Firms; III. Other authorised or regulated financial institutions; IV. Insurance Companies; V. Collective investment schemes and management companies of such schemes; VI. Pension funds and management companies of such funds; VII. Commodity and commodity derivatives dealers; VIII. Locals; IX. Other institutional investors.	Yes	No
An entity which meets two of the following requirements: a. Balance sheet total: EUR 20,000,000 b. Net turnover: EUR 40,000,000 c. Own funds: EUR 2,000,000	Yes	No
A National or regional government, a public body that manages public debt, a Central bank, and international or supranational institution such as the World Bank, the IMF, the ECB, the EIB or another similar international organisation;	Yes	No
Another type of institutional investor, whose main activity is to invest in financial instruments, including entities dedicated to the securitisation of assets or other financing transactions.	Yes	No

Section B

A prospective Investor who does not fall under any of the above categories listed above in Section A may also be treated as a Professional Investor upon request if further to an assessment, such prospective investor is found to possess sufficient experience, knowledge and expertise to enable him/her to make his/her own investment decisions and properly assess the risks that such investment incurs.

In this respect, I/My Principal *(tick as applicable)* by ticking the box below this statement, hereby request the scheme to carry out such an assessment to be treated as a "Professional Investor".

☐ I hereby confirm that I have requested to be treated as a "Professional Investor", in terms of Paragraph II of Annex II of Directive 2004/39/EC of the European Parliament and of the Council of 21 April 2004 on markets in financial instruments as may be amended from time to time, since I fulfill at least two of the following criteria:

I/he/she/it invest/s at an average frequency of ten transactions per quarter during the previous four quarters, subject to the transactions being of a significant size;	Yes	No
My/his/her/its financial instrument portfolio exceeds EUR 500,000;	Yes	No
I/he/she/it has worked in the financial sector for at least one year in a professional position.	Yes	No

The Fund may request further information and/or documentation in order to be in a position to make an assessment as to whether the prospective investor possesses sufficient experience, knowledge and expertise to enable him/her to make his/her own investment decisions and properly assess the risks that such investment incurs.

Section C

This section should be completed if the AIFM/ Sales Agent/ Third party selling Units of the Scheme.

I hereby confirm that:

☐ I have satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved;

OR

☐ I have not satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved and that I have warned the investor/ duly authorised agent accordingly.

Name of investor/Duly authorized agent:	
Name of AIFM/Sales agent/Third party:	
Signature:	
Date:	

QUALIFYING INVESTOR DECLARATION FORM

Section A

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

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

Where applicable:

☐ I hereby confirm that I have been warned by the AIFM/ Sales Agent/ Third Party selling Units of the Notified AIF that I do not possess the necessary experience and knowledge in order to understand the risks involved in investing in the Scheme.

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

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

Where applicable:

☐ I hereby confirm that I have been warned by the AIFM/ Sales Agent/ Third Party selling Units of the Notified AIF that my principal does not possess the necessary experience and knowledge in order to understand the risks involved in investing in the Notified AIF and that I have informed my principal accordingly.

I qualify / My Principal qualifies *(tick as applicable)* as an "Qualifying Investor", as I/ he/ she possess(es) the necessary expertise, experience and knowledge to be in a position to make my/ his/ her own investment decisions and understand the risks involved as:

A body corporate which has net assets in excess of Euro 750,000 (or equivalent) or which is a part of a group which has net assets in excess of Euro 750,000 (or equivalent)	Yes	No
An unincorporated body of persons or association which has net assets in excess of Euro 750,000 (or equivalent)	Yes	No
A trust where the net value of the trust's assets is in excess of Euro 750,000 (or equivalent)	Yes	No
An individual, or in the case of a body corporate, the majority of its Board of Directors or in the case of a partnership its General Partner, who has reasonable experience in the acquisition and/or disposal of funds of a similar nature or risk profile, or property of the same kind as the property, or a substantial part of the property, to which the Scheme in question relates	Yes	No
An individual whose net worth or joint net worth with that person's spouse exceeds Euro 750,000 (or equivalent)	Yes	No
A senior employee or Director of service providers to the Notified AIF	Yes	No
A relation or close friend of the promoters	Yes	No
An entity with (or which are part of a group with) Euro 3.75 million (or equivalent) or more under discretionary management investing on its own account	Yes	No
A Notified AIF promoted to Qualifying or Extraordinary Investors; or	Yes	No
An entity (body corporate or partnership) wholly owned by persons or entities satisfying any of the criteria listed above which is used as an investment vehicle by such persons or entities	Yes	No

Section B

This section should be completed by the AIFM/ Sales Agent/ Third party selling Units of the Scheme

I hereby confirm that:

☐ I have satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved;

OR

☐ I have not satisfied myself that the investor has the necessary experience and knowledge in order to understand the risks involved and that I have warned the investor/ duly authorised agent accordingly.

Name of investor/Duly authorized agent:	
Name of AIFM/Sales agent/Third party:	
Signature:	
Date:	

GENERAL

(a) In this Application Form, unless the contrary intention appears:

(i) references to any statute include references to that statute as amended or re-enacted or as other statutes modify its application from time to time and to any subordinate legislation made or to be made under that statute; and
(ii) references to the singular include the plural and vice versa; and
(iii) references to the masculine gender include the feminine and neuter genders and vice versa; and
(iv) references to persons include individual, companies, firms, partnerships, government bodies or agencies and corporations sale and aggregate; and
(v) any obligations entered into by more than one person in this Application Form are entered into jointly and severally; and
(vi) the headings shall not affect the interpretations of this Application Form.

(b) This Application Form shall be binding upon the Subscriber and its successors and permitted assigns and shall inure to the benefit of the Fund's successors and assigns. This Application Form shall survive the acceptance of the subscription.

(c) If any provision shall be found invalid or unenforceable under any applicable law, it shall be deemed inoperable to that extent and its invalidity or inoperability shall not affect any other provision hereof.

(d) This Application Form shall be irrevocable and shall be governed by and construed in accordance with the laws of the Malta. Any dispute, action or proceeding initiated by the Subscriber arising out of or in connection with this Application Form or the Articles shall be subject to the exclusive jurisdiction of Malta

THE SUBSCRIBER HAS EXECUTED THIS APPLICATION ON _____, 20_____

If more than one Subscriber, please check the appropriate box:

☐ Joint Shareholders (all Shareholders must sign any Redemption Request Form)
☐ Joint and Several Shareholders (any one Shareholder can sign any Redemption Request Form)

Signature(s) of Subscriber(s)	Name(s) of Subscriber(s) in full and title
_____	_____
_____	_____
_____	_____

Notes:

(i) To be valid, Application Forms must be signed by each applicant, including all joint holders.
(ii) A corporation should complete this Application Form under seal or under the hand of a duly authorised corporate officer(s) who should state his capacity.
(iii) In the case of a firm or partnership (not a limited company), applications should be in the name of and signed by all partners.
(iv) If this Application Form is signed under power of attorney, such power of attorney or a duly certified copy thereof must accompany this Application Form.
(v) In respect of joint applicants only, on the death of one, the Shares will be held in the name of and to the order of the survivor or survivors or the executor or administrator of such survivor or survivors.

ANTI MONEY LAUNDERING REQUIREMENTS

DUE DILIGENCE DOCUMENTS

The Company and/or the Administrator may require documentation for applicants and (where applicable) their beneficial owner(s) as a result of anti-money laundering regulations operating in their jurisdiction. This will be used for compliance with these regulations and to verify the identity of investors and will remain confidential. Please note that the Company and Administrator, reserve the right to request further documentation or information. Failure to provide such documentation or information may result in rejection of this application and/or the withholding of redemption proceeds.

Investors are required to provide the full list of the applicable due diligence documentation to the Administrator upon subscription.

Originals or certified true copies of all the following documents are to be translated into English. The translation should be dated, signed and certified by an independent person of proven competence confirming that it is a faithful translation of the original.

Original documents should be certified to be true copies of the original by a legal professional, accountancy professional, a notary, a person undertaking relevant financial business (banking, insurance, collective investment, etc.) (the "certifier").

When certified documents are provided, these should include a written statement to the effect that: (i) the document certified is a true copy of the original document; (ii) the original document has been seen and verified by the certifier; and (iii) the photo visible on the document (where applicable) is a true likeness of the individual.

The certified copy must be signed and dated by the certifier and is to include the certifier's: name and surname; address; contact details; and profession, designation or capacity.

Direct investment

☐ **Direct Individual (natural persons) Investors from EEA States, Switzerland and countries who are not classed as high-risk and non-cooperative jurisdictions by the FATF – http://www.fatf-gafi.org (hereinafter, "Reputable Jurisdictions")**

1. Certified true copy of valid Passport/ID Card/Driving License;
2. Original or certified true copy of utility bill not more than 6 months old; and
3. Copy of recent curriculum vitae.

☐ **Direct Corporate (e.g. companies, partnerships, trustee etc.) Investors whose shares are not listed on a Regulated Exchange and who are incorporated in Reputable Jurisdictions.**

1. Original or certified true copy of signatory list or original or certified true copy of corporate resolution or equivalent permitting the corporate official(s) to sign the subscription form;
2. Certified true copy of valid Passport/ID Card/Driving License of official signing the subscription form on behalf of corporate investor;
3. Certified true copy of Memorandum and Articles of Association;
4. Certified true copy of Extract from Commercial Register;
5. Certified true copy of Certificate of Good Standing or Certificate of Incumbency (not more than 3 months old);
6. Bank statement not more than 6 months old;
7. Certified true copy of a valid Passport/ID Card/Driving License and a utility bill or bank statement not more than 6 months old of all holders of 25% or more of the shares or voting rights in the corporate investor; and
8. List of all directors of the corporate investor.

In addition to the above, the following must be supplied in case of a trustee on behalf of a trust: -

9. Certified true copy of certificate of registration (if applicable);
10. Certified true copy of trust deed or certified true copy of an extract or extracts of trust deed identifying the name of trust, the name(s) of trustees(s), the place of establishment of the trust, the name of the settlor(s), the name of the beneficiaries and any other natural person exercising control over the trust; and
11. Certified true copy of a valid Passport/ID Card/Driving License and a utility bill or bank statement not more than 6 months' old of the settlor(s) and beneficiaries.

☐ **Direct Corporate Investors whose shares are listed on a Regulated Exchange**

1. Original or certified true copy of signatory list or original or certified true copy of corporate resolution or equivalent permitting the corporate official(s) to sign the subscription form; and
2. Certified true copy of Extract from Commercial Register.

☐ **Direct Regulated Investors (banks, financial institutions, pension funds, etc.) from Reputable Jurisdictions.**

1. Original or certified true copy of signatory list; and
2. Evidence of regulation via webpage of the Supervisory Authority, or official evidence of regulation under the relevant law such as a certified true copy of the license.

In addition to the above, the following must be supplied in case of a regulated trustee on behalf of a trust: -

3. Certified true copy of certificate of registration (if applicable);
4. Certified true copy of trust deed or certified true copy of an extract or extracts of trust deed identifying the name of trust, the name(s) of trustees(s), the place of establishment of the trust, the name of the settlor(s), the name of the beneficiaries and any other natural person exercising control over the trust; and
5. Certified true copy of a valid Passport/ID Card/Driving License and a utility bill or bank statement not more than 6 months' old of the settlor(s) and beneficiaries.

☐ **Investors from Non-Reputable Jurisdictions**

Investors from non-Reputable must first seek clearance from the Company's Money Laundering Reporting Officer ("MLRO") before investing into the Fund. Please contact the Administrator (please see contract details below) for seeking such clearance.

Investment through an authorised agent / intermediary

☐ **Agents from Reputable Jurisdictions who are Companies whose shares are listed on a Regulated Exchange or who are Regulated Entities (banks, financial institutions, pension funds, etc.)**

1. Original or certified true copy of signatory list; and
2. Evidence of listing/ regulation via webpage of the Supervisory Authority, or official evidence of listing/ regulation under the relevant law such as a certified true copy of license.
3. Anti- Money Laundering Comfort Letter
4. Power of Attorney (if applicable)

Such agents are required to maintain all due diligence documentation listed in Section 3A (together with any other documentation required to be collected and held under any prevention of money laundering and terrorist financing legislation applicable to the said agent in their home country) on the ultimate investors on whose behalf they are acting. Furthermore, by signing this form, the said agent hereby agrees represents and warrants to supply all documentation specified in Section 3A to the Company's registered office within forty-eight (48) hours from receipt of such a request from the Company's MLRO.

☐ **Agents who are Companies whose shares are not listed on a Regulated Exchange and are incorporated in a Reputable Jurisdiction**

1. Original or certified true copy of documentary evidence showing that agent is authorised to act on behalf of principal (e.g. board resolution, certified true copy of power of attorney or agency agreement, etc.);
2. Original or certified true copy of signatory list or original or certified true copy of corporate resolution or equivalent permitting the corporate official(s) of the agent to sign the subscription form;
3. Anti- Money Laundering Comfort Letter
4. Certified true copy of valid Passport/ID Card/Driving License of official signing the subscription form on behalf of corporate investor;
5. Certified true copy of Memorandum and Articles of Association;
6. Certified true copy of Extract from Commercial Register;
7. Certified true copy of a valid Passport/ID Card/Driving License and a utility bill or bank statement not more than 6 months' old of all holders of 25% or more of the shares or voting rights in the corporate agent; and
8. List of all directors of the agent.

In addition to the above, the said agent must also supply the following depending upon the nature of the principal:

- **If Principal is a Natural Person resident of a Reputable Jurisdiction (N.B The investment is only permissible if the natural person falls within the definition of an 'Authorized Investor' as defined in the General Offering Memorandum)**
  Certified true copy of a valid Passport/ID Card/Driving License and a utility bill or bank statement not more than 6 months' old of the principal(s).

- **If Principal is a Corporate Entity from a Reputable Jurisdiction whose shares are not listed on a Regulated Exchange and/or is not a Regulated Entity.**
  All documents listed in the first paragraph of Section 4A in relation to the principal (and references to corporate investor shall be taken to refer to corporate agent).

- **If Principal is a Corporate Entity from a Reputable Jurisdiction whose shares are listed on a Regulated Exchange and/or is a Regulated Entity (banks, financial institutions, pension funds, etc.)**
  Name of principal: _____ and
  Type of license: _____

- **If Principal is non-resident or incorporated in a Reputable Jurisdiction**
  If principle is from a non-Reputable Jurisdiction, the agent must first seek clearance from the Fund's Money Laundering and Reporting Officer before investing into the Fund. Please contact the administrator (please see contact details below) for seeking such clearance.

☐ **Agents from Non-Reputable Jurisdictions**
Agents from non-Reputable Jurisdictions must first seek clearance from the Fund's Money Laundering and Reporting Officer before investing into the Fund. Please contact the administrator (please see contact details below) for seeking such clearance.

SOURCE OF FUNDS & SOURCE OF WEALTH DECLARATION

N.B. This section need not be completed if the investor is a bank, or financial institutions or pension funds from Reputable Jurisdictions.

Please indicate the **source of funds** of the subscription proceeds **and** your **source of wealth** (the economic activity which generates the total net worth of the investor / principal):

Source of Funds (please tick as applicable):

- □ Income-savings from salary;
- □ Maturity or surrender of life policy;
- □ Sale of investments/liquidation of investment portfolio;
- □ Sale of property;
- □ Sale of business;
- □ Inheritance;
- □ Divorce Settlement;
- □ Gift;
- □ Retirement Income;
- □ Company profits;
- □ Interests;
- □ Other:

_____

Source of Wealth (please tick as applicable):

- □ Income-savings from salary;
- □ Maturity or surrender of life policy;
- □ Sale of investments/liquidation of investment portfolio;
- □ Sale of property;
- □ Sale of business;
- □ Inheritance;
- □ Divorce Settlement;
- □ Retirement Income;
- □ Company profits;
- □ Other:

_____

Investors are required to provide the documentary evidence on their source of funds and source of wealth to the Company and Administrator upon subscription. The following table provides a non-exhaustive list of documentary evidence that may be provided by Investors:

Source of Funds/ Wealth	**Documents/ Information that may be provided:**
Income-savings from salary	• Copy of a recent pay slip • Written confirmation of annual salary /bonus amount signed by the employer on employer letter headed paper • Bank statement clearly showing receipt of most recent regular salary payments from named employer
Maturity or surrender of life policy	• Letter from life policy provider on company letter headed paper notifying proceed of the claim • Chargeable event certificate • Closing statement
Sale of investments/liquidation of investment portfolio	• Investment certificate, shareholders certificate, contract notes or statements • Statement of account from agent • Bank statements showing receipt of the funds from investment company/ fund
Sale of property	• Contract of sale bank statement showing credit to the account consequent to the sale • Signed letter from lawyer or notary on letter headed paper confirming sale of property and amount • Title deed from lands authority
Sale of business	• Copy of sale contract and bank statement showing credit to the account consequent to the sale • Signed letter from lawyer or notary or accountant on letter headed paper confirming the sale of business and amount
Inheritance	• A copy of will that includes the value of estate • A lawyer or notary's letter on the letter headed paper or a letter from the trustee of an estate that include the type of asset and respective value • Tax clearance documents

Divorce/ separation settlement	• A copy of the court order or judicial separation agreement and verification that the funds have originated from the account of former spouse
Gift	• Letter from the donor showing who gave the gift, the amount, date of gift, the relationship between the donor and Investor, and (if possible) why the donation was made, together with the verification of the identity of the donor and information about the source of wealth of the donor
Retirement income	• Pension statement • Letter from warranted accountant on letter headed paper • Letter from annuity provider • Bank statement showing the receipt of the latest pension income and name of provider
Savings/ deposits	• Bank statements demonstrating inward transfer
Private company profits or dividends	• Copy of latest audited financial statements • Dividend contract note • Tax declaration form • Bank statements clearly showing receipt of the funds and the name of the company paying dividend • Letter showing dividend details signed by a warranted accountant on the letter headed paper
Other income sources	• Nature of income, amount, date received and from who (information may be provided by warranted accountant/ lawyer/ licensed services provider (e.g., investment company, insurance) confirming the aforementioned details) • Appropriate supporting documents

It is not precluded that the Company and/or Administrator may request further information and/or documents. Documents to be provided are to be supplied in English if not a translated version thereof should be provided.

POLITICALLY EXPOSED PERSONS

Please tick √ if you or your principal is a politically exposed person as defined in the Prevention of Money Laundering and Funding of Terrorism Regulations (Subsidiary legislation 373.01).

- ○ I/we/ the beneficial owner/ my principal am/are/is a politically exposed person as defined hereunder.
- ○ I/we/ the beneficial owner/ my principal am/are/is **NOT** a politically exposed person as defined hereunder.

"Politically exposed persons" means natural persons who are or have been entrusted with prominent public functions, other than middle ranking or more junior officials and shall include their family members or persons known to be close associates of such persons.

Politically exposed persons include the following: (a) Heads of State, Heads of Government, Ministers and Deputy and Assistant Ministers and Parliamentary Secretaries; (b) Members of Parliament or similar legislative bodies; (c) Members of superior, supreme and constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances; (d) Members of courts of auditors, or of the boards of central banks; (e) Ambassadors, charge d'affaires and other high ranking officers in the armed forces; (f) Members of the administration, management or supervisory boards of State-owned enterprises and (h) anyone exercising a function equivalent to those set out in (a) to (f), within an institution of the European Union or any other international body.

Family Members include: (i) spouse, or persons considered to be equivalent to a spouse; (ii) the children and their spouses or persons considered to be equivalent to a spouse; and (iii) the parents.

Persons known to be close associates' means: (i) a natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement, or any other close business relations with that politically exposed person; (ii) a natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that politically exposed person.

EXCHANGE OF INFORMATION UNDER FATCA AND CRS

- ⎔ I/we agree that any information provided to Anderton SICAV plc and/ or the Administrator acting on behalf of Anderton SICAV plc, may be passed to the competent authorities as may be requested by applicable law or the appropriate tax authorities for the purposes set out under FATCA and CRS.

Representations & Warranties

- ⎔ **Minimum Investment Confirmation**: We/I further declare that our authorized agent/we/I/ will comply with the aggregate minimum investment in the Fund of one hundred thousand Euro (EUR 100,000) in respect of the Class A EUR and Class B EUR unless approved otherwise by the Directors of the Company, and that our principal/we/I will maintain the Minimum Investment as far as they/we/I remain an investor.

- ⎔ **Due Diligence Confirmation**: We/I further confirm that by completing this form we/I are/am accepting to comply with the due diligence documentation required as listed above prior to the investment in the Fund being accepted.

- ⎔ **Bank Charges**: I/we understand and accept that any bank transfer charges and currency conversion fees shall be borne by the investor.

- ⎔ **Authorised Investor Confirmation**: We hereby confirm that we satisfy the definition of a Qualifying Investor.

DATA PROTECTION

Your personal data will be handled by Fexserv Fund Services Limited, as the Administrator (as Data Processor on behalf of the Company) in accordance with the EU data protection regime introduced by the General Data Protection Regulation (Regulation 2016/679, the "GDPR"). You understand that we and/ or the Administrator collect, store and use the data you provide in our interactions. You have a right to request a copy of the Company's data protection policy form the Administrator. In processing of personal data, I/ we acknowledge and agree that:

- ☐ Information supplied on this Subscription Form and otherwise in connection with my/ our subscription for Class A EUR Shares and Class B EUR Shares (hereafter "Investor Shares") may be held by the Administrator or its agent and will be used for the purposes of processing my/our subscription and investment in the Fund and completion of information on the register of Shareholders of the Fund, and may also be used for the purpose of carrying out my/our instructions or responding to any enquiry purporting to be given by me/us or on my/our behalf, dealing in any other matters relating to my/our holding of Shares (including the mailing of reports or notices), forming part of the records of the recipient as to the business carried on by it, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject) and to provide a marketing database for product and market research or to provide information for the dispatch of information on other products or services to me/us from the Company, the Investment Manager, or any connected person of the Investment Manager. All such information may be retained after my/our Investor Shares have been redeemed;

- ☐ The Administrator may disclose and transfer such information to the Auditors, the Investment Manager and to other duly appointed agents of the Administrator, and/or any of their subsidiaries and/or affiliates, including any of their employees, officers, directors and agents and/or to the ultimate holding company of the Investment Manager or to any third party employed to provide administrative, computer or other services or facilities to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority entitled

thereto by law or regulation (whether statutory or not) in connection with my/our investment in the Fund, which persons may be persons outside Malta;

- ☐ I/We hereby acknowledge that my/our personal information will be handled by the Administrator (as data processor on behalf of the Company) in accordance with the GDPR and the Data Protection Act (Chapter 440 of the Laws of Malta) (as may be amended or supplemented from time to time). I/We also acknowledge that this information will be processed by the Administrator and the Company and its delegated agents and service providers for the purposes of carrying out the services of administrator, registrar and transfer agent of the Company and to comply with legal obligations including legal obligations under company law and anti-money laundering legislation. I/We acknowledge that the Administrator or the Investment Manager will disclose my/our information to third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as the Auditors, the Maltese tax authorities and the Malta Financial Services Authority or agents of the Administrator who process the data for anti-money laundering purposes or for compliance with foreign regulatory requirements. I/We hereby consent to the processing of my/our information, which may include (1) the recording of telephone calls with the Administrator for the purpose of confirming data, (2) the disclosure of my/our information as outlined above to the Investment Manager, (3) the disclosure of my/our information where necessary, or in the Company's, the Investment Manager's or the Administrator's legitimate interests, to the MLRO and/or any company in the Administrator's and/or the Investment Manager's group of companies, or (4) the disclosure of my/our information to agents of the Administrator, including companies situated in countries outside of the European Economic Area ("EEA") which may not have the same data protection laws as in the EU;

- ☐ Where the subscriber discloses personal data in relation to other individuals, it confirms that it is acting in accordance with the GDPR in disclosing that information for the purposes set out in this Subscription Form, and warrants that it has been authorized by that individual to consent on that individual's behalf to the use of such information as relates to that individual (including the transfer of any such information outside the EEA) in the manner outlined above; and

- ☐ The Administrator may carry out electronic searches of publically available or paid information with regard to anti-money laundering and client identification requirements and may retain records on file from such electronic searches.

ANNEX I

Individual Self-Certification Form

This self-certification form (the 'Form') must be completed only by individual shareholders. The information on the Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) Regulations.

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

If any of the information below regarding your tax residency changes in the future you are obliged to notify the Company at the offices of the Administrator of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Part 1: Name of Account Holder (Complete below-listed fields)

Last Name	First Name	Personal Identification No.
Email		Telephone
Current Residence Address (Name of Street and Number)		Country of Address
Town/City/Province/County/State		Postal Code/ZIP Code

Part 2: Country of Residence for Tax Purposes

State information with respect to all countries of residence, also domestic, for tax purposes. If country issues tax identification number (TIN), **TIN is required**.

If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A – The country/ies where the Account Holder is considered to be resident does/ do not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Only select this reason of the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
2.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
3.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)

Initials: _____

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1.	
2.	
3.	

Part 3: FATCA Related (Mandatory field)

State information with respect to citizenship and/or tax residence in the United States.

U.S. Citizenship/Residency	
Please select **one** of the alternatives by ticking the appropriate box below:	
A. I hereby certify that **I am** a tax resident of the United States of America, and that I have stated the U.S. as one of the countries in the section above. (N.B. If you are a U.S. Citizen, you are a tax resident in the U.S.A If you are born in the U.S. you are generally regarded as a U.S. Citizen unless explicitly having renounced your citizenship)	☐
B. I hereby certify that I am not a tax resident in the U.S.A	☐

Part 4: Declaration and Signature

- I hereby declare that all statements made and information provided in this Individual Self-Certification Form is, to the best of my knowledge and belief, correct and complete.
- I further declare that I will inform the Company and Administrator in case of a change in circumstance that makes the information indicated above to be incorrect, incomplete or no longer apply. A new Individual Self-Certification Form shall be completed and submitted within 30 days if any information on this form becomes incorrect, incomplete or no longer apply.
- I also acknowledge that the information identified above may be provided to the tax authorities of Malta and exchange with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Signature
Name in Block Letters
Date (DD/MM/YYYY)

ANNEX II

Entity Self-Certification Form

This self-certification form (the 'Form') is to be completed by all legal entities including, for this purpose, companies, partnerships, trusts and foundations. The information on the Form is collected for any existing or future legislation enacted by any jurisdiction that provides for the automatic exchange of information including, without limitation, the Foreign Account Tax Compliance Act (FATCA) and the OECD Common Reporting Standard (CRS) Regulations.

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

If any of the information below regarding your tax residency changes in the future you are obliged to notify the Company at the offices of the Administrator of these changes promptly. If you have any questions about how to complete this form, please contact your tax advisor.

Part 1: Name of Account Holder (Complete below-listed fields)

Investor Name	Registration Number (if applicable)
Country of Incorporation or Organization	Telephone
Current Registered Address (Name of Street and Number)	Country of Address
Town/City/Province/County/State	Postal Code/ZIP Code

Part 2: Mailing address
Complete below **only** if mailing address is different to address disclosed under Part 1

Address (Name of Street and Number)	Country of Address
Town/City/Province/County/State	Postal Code/ZIP Code

Part 3: CRS Classification

Please choose ONE of the following. You may wish to refer to CRS Regulations for further details on selected definitions used in this section.

Part 3.1: Financial Institution according to CRS		
A.	**Financial Institution – Investment Entity**	
	(i) An Investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution **(if ticking this box please also complete Part 5)**	☐
	(ii) Other Investment Entity	☐
B.	**Financial Institution – Other Financial Institution**	☐
If you have ticked **A** or **B** above, please provide, if held the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.		
GIIN		

Initials: _____

Part 3.2: Active Non-Financial Entity (Active NFE) according to CRS		
A.	**Active NFE – a corporation the stick of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation**	☐
If you have ticked **A** above, please provide the name of the established securities market on which the corporation is regularly traded.		
Securities market		
B.	**Active NFE – a Government Entity or Central Bank**	☐
C.	**Active NFE – an International Organization**	☐
D.	**Active NFE – other than A to C (for example a start-up NFE or an ordinary trading company)**	☐
Part 3.3: Passive Non-Financial Entity (Passive NFE) according to CRS		
A.	Passive NFE **(if ticking this box please also complete Part 5)**	☐
Part 3.4: Jurisdiction of Residency for Tax Purposes (CRS)		

Please provide information with respect to all countries of residence, also domestic, for tax purposes of the Account Holder. If country issues tax identification number (TIN), **TIN is required**.
If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A – The country/ies where the Account Holder is considered to be resident does/ do not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Only select this reason of the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
2.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
3.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	

Part 4: FATCA Classification

For this Part 4, please refer to the relevant section below. You may wish to refer to FATCA Regulations for further details on selected definitions used in this section.

U.S. Entities	• Please complete Part 4.1
Financial Institutions that are not U.S. Entities	• Please complete Part 4.2
Non-Financial Foreign Entities (e.g. entities that are not U.S. Entities or Foreign Financial Institutions)	• Please complete Part 4.3

Initials: _____

Part 4.1: U.S. Entities		
Please complete **ONLY** if you are a U.S. Person. Please choose ONE of the following:		
A.	**A Specified U.S. Person**	☐
If you have ticked **A** above, please provide the U.S. Taxpayer Identification Number (U.S. TIN):		
B.	**A U.S. Person but not a Specified U.S. Person.**	☐
If you have ticked **B** above, please provide indicate exemption:		

Part 4.2: Financial Institution according to FATCA		
Please select ONE of the following:		
A.	**A Foreign Financial Institution (FFI) having a Global Intermediary Identification Number (GIIN) and the following FATCA status:**	
	(i) Participating FFI (PFFI)	☐
	(ii) Registered deemed-compliant FFI	☐
	(iii) Reporting Model 1 FFI	☐
	(iv) Reporting Model 2 FFI	☐
If you have ticked **A** above, please provide the GIIN obtained for FATCA purposes:		
B.	**A Foreign Financial Institution (FFI) having a certified deemed-compliant status:**	
	(i) Non-registering local banks	☐
	(ii) FFI with only low-value accounts	☐
	(iii) Limited life debt investment entity	☐
	(iv) Investment advisors and investment managers	☐
C.	**A Foreign Financial Institution (FFI) that has applied but not yet received a GIIN**	☐
D.	**A Foreign Financial Institution (FFI) with a sponsoring entity or reporting trustees having a GIIN and the following FATCA status:**	
	(i) Trustee documented trust	☐
	(ii) Certified deemed-compliant sponsored, closely held investment vehicle	☐
	(iii) Sponsored FFI that has not obtained a GIIN (other than a sponsored, closely held investment vehicle)	☐
	(iv) A non-reporting IGA FFI	☐
	(v) A Non-Participating FFI	☐
If you have ticked **C** above, please provide the sponsoring or trustee name and GIIN:		
Sponsoring/ Trustee Name:		
Sponsoring/ Trustee GIIN:		

Part 4.3: Non-Financial Foreign Entities according to FATCA		
Please select ONE of the following:		
A.	**A Non-Foreign Financial Institution (NFFE) having a GIIN and the following FATCA status:**	
	(i) Direct reporting NFFE	☐
	(ii) Sponsored direct reporting NFFE	☐
If you have ticked **A** above, please provide the GIIN obtained for FATCA purposes:		
B.	**Non-Foreign Financial Institution (NFFE) having no GIIN and the following FATCA status:**	
	(i) Active NFFE	☐
	(ii) Excepted territory NFFE	☐
	(iii) Exempt beneficial owner	☐
	Please specify type of "exempt beneficial owner":	
C.	**A Passive Non-Financial Foreign Entity (NFFE)** **(if ticking this box please also complete Part 5)**	☐

Part 5: Information on controlling person(s)

If you chose the Option A in Part 3.1 or Part 3.3 (under CRS) and Option C in Part 4.3 (under FATCA), please provide information on all of the entity's controlling person/s.

If you chose **ONLY** Option C in Part 4.3 (under FATCA), please provide information on all of the entity's controlling person/s that is/ are a Specified U.S. Person.

A controlling person refers to a natural person who exercises control over the entity (e.g., a holding of over 25% in the entity). If there is no natural person(s) who exercise control over the entity then the controlling person/s will be the natural person/s who hold the position of senior managing official.

Part 5.1: Controlling person (1)		
Last Name	First Name	Personal Identification No.
Email		Telephone
Current Residence Address (Name of Street and Number)		Country of Address
Town/City/Province/County/State		Postal Code/ZIP Code

Please provide information with respect to all countries of residence, also domestic, for tax purposes. If country issues tax identification number (TIN), **TIN is required**.
If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A – The country/ies where the Account Holder is considered to be resident does/ do not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Only select this reason of the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
2.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
3.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	

Please select **ONE** of the alternatives with respect to your citizenship and/or tax residence in the United States.		
A.	I hereby certify that **I am** a tax resident of the United States of America, and that I have stated the U.S. as one of the countries in the section above. (N.B. If you are a U.S. Citizen, you are a tax resident in the U.S.A If you are born in the U.S. you are generally regarded as a U.S. Citizen unless explicitly having renounced your citizenship)	☐

Initials: _____

B.	I hereby certify that I am not a tax resident in the U.S.A	☐

Part 5.2: Controlling person (2)		
Last Name	First Name	Personal Identification No.
Email		Telephone
Current Residence Address (Name of Street and Number)		Country of Address
Town/City/Province/County/State		Postal Code/ZIP Code

Please provide information with respect to all countries of residence, also domestic, for tax purposes. If country issues tax identification number (TIN), **TIN is required**.
If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A – The country/ies where the Account Holder is considered to be resident does/ do not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Only select this reason of the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
2.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
3.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	

Please select **ONE** of the alternatives with respect to your citizenship and/or tax residence in the United States.		
A.	I hereby certify that **I am** a tax resident of the United States of America, and that I have stated the U.S. as one of the countries in the section above. (N.B. If you are a U.S. Citizen, you are a tax resident in the U.S.A If you are born in the U.S. you are generally regarded as a U.S. Citizen unless explicitly having renounced your citizenship)	☐
B.	I hereby certify that I am not a tax resident in the U.S.A	☐

Part 5.3: Controlling person (3)		
Last Name	First Name	Personal Identification No.
Email		Telephone

Initials: _____

Current Residence Address (Name of Street and Number)	Country of Address
Town/City/Province/County/State	Postal Code/ZIP Code

Please provide information with respect to all countries of residence, also domestic, for tax purposes. If country issues tax identification number (TIN), **TIN is required**.

If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

Reason A – The country/ies where the Account Holder is considered to be resident does/ do not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C – No TIN is required. (Only select this reason of the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

1.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
2.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)
3.	Country of Tax Residence	Taxpayer Identification Number (TIN)/Equivalent	Reason for no TIN (if applicable)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.	
2.	
3.	

Please select **ONE** of the alternatives with respect to your citizenship and/or tax residence in the United States.		
A.	I hereby certify that **I am** a tax resident of the United States of America, and that I have stated the U.S. as one of the countries in the section above. (N.B. If you are a U.S. Citizen, you are a tax resident in the U.S.A If you are born in the U.S. you are generally regarded as a U.S. Citizen unless explicitly having renounced your citizenship)	☐
B.	I hereby certify that I am not a tax resident in the U.S.A	☐

Part 5: Declaration and Signature

- I/We hereby declare that all statements made and information provided in this Entity Self-Certification Form is, to the best of my knowledge and belief, correct and complete.
- I/We further declare that I/we will inform the Company and Administrator in case of a change in circumstance that makes the information indicated above to be incorrect, incomplete or no longer apply. A new Entity Self-Certification Form shall be completed and submitted within 30 days if any information on this form becomes incorrect, incomplete or no longer apply.

Initials: _____

- I/We also acknowledge that the information identified above may be provided to the tax authorities of Malta and exchange with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Signature/s and Designation/s authorized to sign on behalf of Account Holder
Name in Block Letters
Date (DD/MM/YYYY)

Note: Please indicate the capacity in which you are signing the form (for example 'Authorised Officer'). If signing under a power of attorney please also attach a copy of the power of attorney.

Capacity