

International Opportunities Limited (the “Company”)

Company Number: 74255

APPLICATION FORM – INDIVIDUAL

This application is for direct investment in International Opportunities Limited and needs to be supported by relevant due diligence, as detailed in Annexure 1.

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL FORMS USING TYPE-SETTING OR ELECTRONIC INPUT.

IMPORTANT INFORMATION – PLEASE READ

Thank you for your interest in the Company. Please complete the application, which contains both your personal information and supporting documentation that must be provided. We accept all forms, via electronic means DIRECTLY to basketsrollover@apexgroup.com with a COPY to SPSupport@investec.co.za. Please note that all supporting documentation must be certified in accordance with the guidance notes as per Annexure 1 in this form.

Prior to making an investment in the Company please read this Application Form in full and review the Final 2024 Prospectus which can be found via the following link, [Investec Basket Information](#) (this will be designated as “Final 2024 Prospectus” on the website). If you are in any doubt about the contents of this document or the Final 2024 Prospectus, you should consult your accountant, legal professional, tax adviser or financial adviser.

Originals can be sent via DOCUSIGN which is only available upon request.

CONTACT INFORMATION:

ADMINISTRATOR, Sanne Fund Services (Guernsey) Limited

Telephone: +44 (0) 203 530 3600

eMail: basketsrollover@apexgroup.com

Address: 1 Royal Plaza, Royal Avenue, St Peter Port, Guernsey, GY1 2HL

If you have any questions in relation to supporting documentation, etc. please do not hesitate to contact the Administrator.

INVESTMENT ADVISER, Investec Corporate & Institutional Banking

Telephone: +27 (0) 11 291 3092

eMail: SPSupport@investec.co.za

Address: 100 Grayston Drive, Sandown, Sandton, 2196, South Africa

DEADLINE FOR RECEIPT OF THE APPLICATION AND INVESTMENT MONEY IS 5:00PM GMT ON 7 March 2025.

CHECKLIST – Please complete the following

To progress with the application, it is **mandatory** to complete all relevant sections. Please do not apply without a form as we will not accept the application.

INVESTOR:

- Fully completed and signed Application Form ☐
- For joint/multiple application forms, complete one per applicant ☐
- Certified documentation to evidence the following:
 - a. Proof of Address ☐
 - b. Proof of Identity ☐
 - c. Other documentation, if applicable ☐
- Completed PEP Self-Certification Form ☐
- Individual Tax Self-Certification (Section 5), complete one per applicant ☐
- Source of Funds (“SoF”) and Source of Wealth (“SoW”) (Section 7) signed declaration:
 - a. Documentary evidence to corroborate SoF; and ☐
 - b. Documentary evidence to corroborate SoW ☐

ADVISER:

- Is the Adviser section completed? ☐
- Have you checked the application is fully completed and signed? ☐
- Has each supporting document been certified correctly (see Annexure 1)? ☐

RISK ASSESSMENT – Please complete the following

Investment on own behalf or for Other Party:

- Select from the drop down -
Choose an item.

If other, specify: _____

Investor

- Select from the drop down -
Choose an item.

If other, specify: _____

Investor Country of Residence

- Select from the drop down -
Choose an item.

If other, specify Country: _____

Investor Source of Funds (Origin of Funds):

- Select from the drop down -
Choose an item.

If other, specify Country: _____

Investor Business Activity

- Select from the drop down -
Choose an item.

If other, specify: _____

- ☐ **EXISTING INVESTOR:** If you are an **Existing investor in one of the Investec Guernsey incorporated companies**, please tick this box, and note your holder code number:

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- ☐ **NEW INVESTOR:** If you are a **New investor**, please tick this box.

SECTION 1: INVESTMENT – CLASS A – USD ONLY

Please insert the amount you wish to invest in USD noting the minimum investment amount is USD10,000.

| | |
|-------------------------------------|-----------------------|
| Currency | UNITED STATES DOLLARS |
| Amount | |
| Upfront fee %, if applicable | |
| VAT % on upfront fee, if applicable | |
| Total upfront fee, including VAT | |

IMPORTANT:

The shares will NOT be allotted to the applicant until the Administrator is satisfied that the application form is completed in full, due diligence documentation has been received in an acceptable format and the funds have cleared in the Company bank account. The Company reserves the right to reject any application, in whole or in part, and if rejected the application money or any balance will be returned to the applicant as soon as practical, and all bank charges will be borne by the applicant.

If the funds cleared do not correspond to a specific number of shares, the Company will issue such shares as applicable calculated to three decimal places.

Your application to invest in the Company should be made by completing this application form and emailing the duly completed and signed form TOGETHER with certified copies of your due diligence (refer to Annexure 1) to the Administrator and Investment Adviser to the email addresses on the cover page.

SECTION 2: INDIVIDUAL OR JOINT APPLICANTS – NATURAL PERSONS

Are you submitting an additional Joint Applicant Form? ☐ YES ☐ NO

If yes, please confirm the name of the additional Joint Applicant(s):

| | |
|--------------------|--|
| Applicant Number 2 | |
| Applicant Number 3 | |
| Applicant Number 4 | |

EACH ADDITIONAL APPLICANT MUST COMPLETE A SEPARATE APPLICATION FORM AS PART OF THIS APPLICATION AND ALSO PROVIDE SUPPORTING DOCUMENTATION. THE MAXIMUM NUMBER OF APPLICANTS PER MULTIPLE APPLICATION IS FOUR (4).

SECTION 2: INDIVIDUAL OR JOINT APPLICANTS – NATURAL PERSONS...CONTINUED

REGISTERED NAME FOR THE INVESTMENT (this is how the name will appear on the Company register):

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| | | |
|----------------------------|------------------|----------------|
| First Name | | |
| Middle Name | | |
| Surname | | |
| Maiden Name/Former Name(s) | | |
| Date of Birth | | |
| Country of Birth | | |
| Nationality 1** | | |
| PASSPORT ID NUMBER | COUNTRY OF ISSUE | DATE OF EXPIRY |
| | | |
| Nationality 2 | | |
| PASSPORT ID NUMBER | COUNTRY OF ISSUE | DATE OF EXPIRY |
| | | |
| Nationality 3 | | |
| PASSPORT ID NUMBER | COUNTRY OF ISSUE | DATE OF EXPIRY |
| | | |

****If you have more than one nationality, please provide below how this was obtained e.g. through parent, naturalisation, residence, etc. If through naturalisation, please also provide the date of change.**
Due diligence verification documents must be provided for each nationality.

Documentation provided for Proof of Identity, please confirm one/more of the following:

- ☐ Certified copy of your current, up to date passport.
- ☐ Certified copy of your South Africa Identification Card (**Preferred**).
- ☐ Other supporting documentation. Please refer to Annexure 1 for more information.

SECTION 2: INDIVIDUAL OR JOINT APPLICANTS – NATURAL PERSONS...CONTINUED**ADDRESS DETAILS:**

Residential address must match the verification of address provided.

SHAREHOLDER CURRENT PRIVATE RESIDENTIAL ADDRESS.

P.O. Box is not acceptable. If the MAILING address is not identical, complete separate section below.

| | |
|------------------------|--|
| House Name Number | |
| Street Name | |
| City | |
| State Region | |
| Post Code | |
| Country Jurisdiction | |

MAILING/POSTAL ADDRESS, if different to residential office address provided:

| | |
|------------------------------|--|
| House Name Number PO Box | |
| Street Name | |
| City | |
| State Region | |
| Post Code | |
| Country Jurisdiction | |

Documentation provided for Proof of Address, please confirm one of the following:

- ☐ Certified copy of a current (< three months old) utility bill bearing your name and address, e.g., relating to the supply of gas, electricity, telephone (land line only); water, television services, internet, etc.; or
- ☐ Certified copy of a current (< three months old) statement bearing your name and address, e.g., from a bank, credit card company issued by a Financial Institution.
- ☐ Other supporting documentation. Please refer to Annexure 1 for more information.

SECTION 2: INDIVIDUAL OR JOINT APPLICANTS – NATURAL PERSONS...CONTINUED
KINDLY INDICATE WHICH NUMBER IS YOUR PREFERRED CONTACT NUMBER.

MOBILE PHONE NUMBER:

| | | |
|-----------|---|--|
| Dial Code | + | |
|-----------|---|--|

HOME PHONE NUMBER:

| | | |
|-----------|---|--|
| Dial Code | + | |
|-----------|---|--|

OTHER PHONE NUMBER:

| | | |
|-----------|---|--|
| Dial Code | + | |
|-----------|---|--|

SHAREHOLDER EMAIL ADDRESS - PLEASE PRINT.

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For the purpose of receiving annual accounts, reports and other communication. If you are unable to receive these notices by Email, please notify us immediately.

FINANCIAL ADVISER EMAIL ADDRESS - PLEASE PRINT.

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All correspondence will be sent to both the registered holder and your Financial Adviser by Email.

OCCUPATION DETAILS:

YOU CAN ADD ADDITIONAL INFORMATION ON SOURCE OF WEALTH DECLARATION.

| | |
|---|--|
| Employed / Self-Employed / Retired / Other | |
| Your current occupation <i>(If retired, complete section with previous employer details prior to retirement)</i> | |
| Nature of business (e.g., construction, financial services) | |
| Date of retirement, if applicable | |
| Current Employer Name, including Previous Employer, if retired | |
| Role and/or Job Title | |
| Annual Gross Salary: Currency and Amount | |
| Employer Address Line 1 | |
| Employer Address Line 2 | |
| City | |
| State Region | |
| Post Code | |
| Country Jurisdiction | |

SECTION 3: FINANCIAL ADVISER DETAILS

All applications must be made through a Financial Adviser/Distributor - please provide the details below. The application form will not be accepted without this section completed.

| | |
|--|-----------------|
| Financial Adviser / Entity Name | |
| Financial Adviser Individual’s Name | |
| FSP Category Licence, <i>select from the drop down</i> | Choose an item. |
| FSP Number | |
| Address Line 1 | |
| Address Line 2 | |
| City | |
| State Region | |
| Post Code | |
| Country Jurisdiction | |

TELEPHONE NUMBER:

| | | |
|-----------|---|--|
| Dial Code | + | |
|-----------|---|--|

SECTION 4: APPLICANT BANK ACCOUNT DETAILS

To comply with applicable Anti-Money Laundering (**AML**) and Counter-Terrorism Financing (**CTF**) rules and regulations there is a requirement to provide the following information. The subscription money **MUST** be received from an account in the name of the Applicant(s)/Investor(s). The Administrator will not accept third party payments of any kind.

The subscription money will be paid into the Company’s nominated account from the bank account details supplied below. The Administrator will pay any redemption proceeds to the same bank account details. ALL redemption proceeds will be paid in USD. Shareholders can request to receive their redemption proceeds in a different currency by completing the currency section of the banking details below. The Company, the Administrator and the Investment Adviser do not accept any liability for unfavourable rates of exchange at the date of the payment or transfer. The Company bank or the applicant’s bank will apply a spot rate if/where required. The Administrator will not be responsible for late payments due to incorrect or incomplete instructions, nor be liable for any bank charges which may be deducted from any redemption proceeds.

Please ensure that the residential address shown on your bank account matches your residential address written on this application form.

| APPLICANT BANK ACCOUNT DETAILS | |
|--------------------------------|--|
| Account name | |
| Account Number | |
| Sort Code | |
| IBAN Number | |
| Bank Name | |
| Bank Address | |
| Country | |
| SWIFT BIC Code | |
| Currency | |
| Additional comments | |

Company bank account details will be provided upon application.

The Investment Adviser, the Administrator and the Company accept no responsibility for the transfer of funds to the nominated bank account above, nor will they guarantee that they will achieve the best FX rate for the conversion of any subscription money that is not received in the base currency of the Company. It is the applicant’s responsibility to ensure that the funds are received by the Company in its nominated account on or before 7 March 2025.

SECTION 5: TAX INFORMATION – FATCA AND CRS

Please read and complete the attached Individual Tax Self-Certification Form.

SECTION 6: PEP FORM

Please read and complete the attached Politically Exposed Persons Form.

SECTION 7: SOURCE OF FUNDS AND SOURCE OF WEALTH DECLARATION

Please read and complete the attached Declaration, providing documentary evidence, as applicable.

SECTION 8: TERMS AND CONDITIONS

1. **Words and phrases:** Words and phrases used in this application form shall have the same meaning ascribed to them as in the Final 2024 Prospectus (available in electronic format).
2. **Incomplete application forms:** If money is received in the Company’s bank account, but the application form is incomplete either from a regulatory or legal standpoint, the Company will be unable to proceed with the investment until all satisfactory information is received, which information must be received prior to the offer deadline of 7 March 2025.
3. **Transfer of funds:** The Investment Adviser, the Company and the Administrator accept no responsibility for the transfer of funds to the Company’s nominated bank account. It is the applicant’s responsibility to ensure that the funds are received by the Company in its nominated account on or before the Closing Date.
4. **Refusal of applications:** The Investment Adviser, the Company and the Administrator reserve the right to refuse applications for investment at their discretion.
5. **Receipt of instructions:** All application forms and client due diligence must be received in original signed form at the offices of the Administrator detailed in this application form.
6. **Minimum subscription amount:** The minimum subscription amount is noted in this application form and in the Prospectus.
7. **Contract notes:** To avoid unnecessary expense and to facilitate redemption of shares, share certificates will not be issued, contract notes will be issued in their place.

SECTION 9: DECLARATION (ALL APPLICANTS MUST SIGN THIS DECLARATION)

1. I/We warrant that all the information given in this application, and in all documents that have been or will be signed by me/us in connection with the proposed investment, whether in my/our handwriting or not, is true and complete.
2. I/We agree that all the statements I/we have made in this application and the documents stated above are accurate and true and any mis-statement or omission made by myself/ourselves may lead to any contract made being declared void by the Company and/or the Administrator, and the Company shall be entitled to deduct all costs and expenses incurred by the Company and/or the Administrator in connection with any mis-statement or omission made by myself/ourselves, from all monies paid by myself/ourselves.
3. I/We agree that no statement, whether made by myself/ourselves or by the person canvassing for or handling this application or by any other person, shall be binding upon the Company and/or the Administrator unless the same be reduced to writing, submitted to the Company and the Administrator and made part of the contract.
4. I/We also agree that should this application be accepted by the Company and the Administrator it will be conditional upon there having been no material alteration to the facts on which the acceptance was based.
5. I/We have read and understood the terms and conditions of the Company’s Prospectus, I/we agree to be bound thereby and I/we have acquainted myself/ourselves with the charges of the Investment Adviser, the Administrator, and the Company.
6. I/We agree and acknowledge that if an adjustment event (such as a change in law, tax, hedging costs etc.) occurred under the Debt Instruments it will reduce the amount to be paid to the Company and then the capital protection to be provided by the Debt Instruments may not be fully effective.
7. I am/We are not resident in the United States of America and its territories nor resident in any jurisdiction where investments in the Company would be unlawful or otherwise not permitted.
8. I/We confirm that I am/we are 18 years of age or over and are aware of the risks involved in investing in the Company.
9. I am/We are aware that taxation consequences might be relevant to the acquisition, holding or disposal of shares and that I/we will take appropriate tax advice in this regard and ensure that I/we comply with all laws applicable to my/our country of residence. I/We agree that the Company cannot be held responsible for any tax liability that arises as a result of investing in the Company.
10. I am/We are applicants that can afford to take a higher degree of risk, which may include the risk of the loss of my/our entire investment, and who have extensive knowledge and experience in financial and business matters and am/are capable of evaluating the merits and risks associated with an investment in the Company.
11. I/We acknowledge that the accounts and notices of the Company will be sent electronically and will be sent to the email address provided in this application form.
12. I/We acknowledge that fractions of shares may be issued.
13. I/We acknowledge and agree that as an applicant, I/we represent and warrant that I/we have read and understood the terms of the appropriate privacy policy, found by accessing the link in Annexure 4.
14. In the case of a third-party applicant, I/we confirm that I/we have provided adequate notice to the data subject and obtained all necessary consents in order to enable the Administrator, Company and controlling affiliates to process their personal information; and I/we hereby fully indemnify the Company and/or Administrator and/or any of the controller affiliates and keep them fully and effectively indemnified against all costs and demands, claims, expenses (including legal costs and disbursements on a full indemnity basis), losses (including indirect losses and loss of profits, business and reputation), actions, proceedings and liabilities of whatsoever nature arising from or incurred by the Company and/or the Administrator and/or the controller affiliates in connection with any failure by me/us as third party applicant to comply with the provisions of this respectively.
15. I/We and the third-party applicant (if applicable) each acknowledge that the Company, controller affiliates and Administrator may transfer personal information to a third country in accordance with the terms of the privacy notice provided.

16. I/We confirm that we have read and understood the FATCA and CRS section of the application form and agree to make the declarations set out under the relevant sections entitled FATCA and CRS.
17. I/We hereby agree to provide such information as the Company deems necessary, and may request from time to time, to comply with FATCA, CRS, any FFI (Foreign Financial Institution) agreement from time to time in force, or any obligation arising under the implementation of any applicable intergovernmental agreement.
18. I/We hereby agree that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the country in which information is maintained and exchanged with tax authorities of another country or countries in which I/the Controlling Person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
19. I/We certify that I/we are authorised to sign for the Controlling Person, to which this form relates and where I am/we are not the Controlling Person.
20. I/We, hereby confirm that where I/we have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I/we will, within 30 days of signing this form, notify those persons that I/we have provided such information and that such information may be provided to the tax authorities of the country in which the information is maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
21. I/We hereby undertake to advise the Administrator within 30 days of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Administrator with a suitably updated self-certification and declaration within 90 days of such change in circumstances.
22. I/We acknowledge and understand the investment objective as described in the Prospectus of the Company.
23. I/We the undersigned confirm that I/we have read and understood this declaration and understand its implications.

SECTION 10: AUTHORISED SIGNATURES

By signing this application form, the applicant acknowledges that they have received, understood and if required, taken guidance on the Prospectus, and accept that the investment is suitable to their specific investment objectives and needs. Please note electronic signatures are only accepted using DocuSign, including a DocuSign certificate.

| | | |
|-----------------------------|------|-------|
| | | |
| Primary applicant signature | Date | Place |

| | | |
|---------------------------|------|-------|
| | | |
| Joint applicant signature | Date | Place |

Annexure 1: **Due Diligence Requirements**

The due diligence requirements listed below are correct at the time of publication of this application form. Rules, regulations, and laws (under which the Company operate) could change at any time. As such, the Administrator reserves the right to request additional due diligence as and when required to ensure compliance with current regulation.

All applicants must provide due diligence documents as detailed within this document.

The documentation required will vary depending on the type of applicant and whether you reside in an Appendix C country or territory as defined in the Handbook for Financial Services Businesses on Countering Financial Crime and Terrorist Financing, issued by the Guernsey Financial Services Commission (**the Handbook**). As of October 2024, the Handbook was last updated on 19 July 2024 and the link to the GFSC website as of October 2024 is [Guernsey Financial Services Commission Handbook](#).

Appendix C jurisdictions can be found in the Handbook Appendix C.

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

Countries and territories that the GFSC have identified as presenting a higher risk of ML, TF and/or PF can be found in the Handbook Appendix I.

Individual applicants (for joint applications due diligence for each natural person is required)

I. Proof of identity for each applicant:

Original certified copy of one of the following documents, each document must have a clear legible photograph and if dual nationality is held, please provide verification for each nationality;

- Valid passport
- National identity card (preferred)
- Armed force’s identity card
- Driving licence (this cannot be used for both identity and address, a separate verification must be provided for each)

II. Proof of residential address for each applicant:

Original certified copy of one of the following documents, each document must be dated within three (3) months and all documents must be for a residential address, we do not accept C/O addresses, PO Box addresses or mobile telephone bills.

- Utility bill (water, electricity, gas, internet, home telephone)
- Bank statement
- Bank debit/credit card statement
- Council Tax invoice (or other correspondence from a government department or agency)
- Driving license (this cannot be used for both identity and address, a separate verification must be provided for each)
- Electronic statements (for utility bills, bank credit cards, etc.) are deemed to be originals.
- Co habitation letter (If proof of address is provided by way of a letter of co-habitation from a person who is not party to the investment, due diligence documentation on that party will also be required). Where the applicant(s) is a party to the investment and is in a High Risk country, proof of address for each applicant must be provided.

III. Source of Funds documentary evidence for each applicant:

Each applicant must disclose, in the Source of Funds (“SoF”) / Source of Wealth (“SoW”) Declaration form these details.

For each applicant deemed to be a high risk individual, we will require documentary evidence. Please refer to Appendix one in the attached SoF/SoW Declaration form.

Examples are below:

SoW = Savings from employment – we need three months current wage slips from your employment

SoF for savings - Bank Statements for a three month consecutive period confirming employment wages.

If you are unsure about what documentation to provide please contact the Administrator to discuss further.

Important:

1. Should any other party retain signing authority over the investment (e.g. Financial Adviser/Distributor) then due diligence documentation in respect of such other party will also be required by the Company and an original certified copy of such agreement between the parties.
2. All applications from non-Appendix C Jurisdictions will be considered on a case-by-case basis and additional due diligence documentation may be requested.
3. The Administrator reserves the right to request additional documentation as and when required. If an applicant is unable to supply any of the documentation described, they should contact the Administrator to discuss mutually acceptable alternative arrangements.

CERTIFICATION: Please ensure all accompanying due diligence is certified as follows:

A certifier cannot be closely related to the person whose identity is being certified; and the certifier cannot certify their own documents.

Original certified documents without a photo

I hereby certify this as a true copy of the original document, which I have seen.

Original certified documents with a photo

I hereby certify this to be a true copy of the original document, which I have seen, and the photograph bears a true likeness of the person named therein, who I have met.

Certifier Information required on the document

- Full name and signature
- Date of certification
- Job title/position
- Capacity in which they are signing
- Name of regulatory body (if applicable i.e. ACCA, FSA, Law Society)
- Registration number issued by a regulatory body (if applicable)
- Contact information (telephone number and/or email address)

The following persons can be considered suitable to certify due diligence documentation of natural persons:

- a member of the judiciary, a senior civil servant, or a serving police or customs officer (stamp to include member’s name, title and contact telephone number);
- an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity;
- a lawyer who is a member of a recognised professional body;
- a notary public who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- an actuary who is a member of a recognised professional body;
- a member of the Institute of Chartered Secretaries and Administrators; or

- a director or officer of an Appendix C Jurisdiction Regulated Financial Services Business (see the definition in Appendix C to the Handbook) or of a Financial Services Business subject to group/parent policy where the Head Office is situated and regulated in a country or territory listed in Appendix C to the Handbook.

Annexure 2: Financial Information, United States Foreign Account Tax Compliance Act (“FATCA”) and Common Reporting Standards (“CRS”)

Pursuant to FATCA and CRS regulations (together **Tax Regulations**) which refer to laws, treaties and regulations created to enable automatic exchange of tax information and any regulations, guidance or intergovernmental agreements implementing or similar to the same; the Administrator is required to collect and process certain information about each investor’s tax residency in order for it to comply with its FATCA and CRS obligations.

A number of jurisdictions have adopted similar Tax Regulations legislation designed to prevent tax evasion through the use of offshore accounts. The Company recognises each jurisdiction has its own rules for defining tax residence and each jurisdiction has provided information on how to determine whether an entity is tax resident in that jurisdiction on the OECD website (<http://www.oecd.org/tax/automatic-exchange>). For FATCA purposes, you can find more information on the U.S. IRS website (<http://www.irs.gov>).

An applicant will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of its domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. For additional information on tax residence please talk to your professional tax adviser.

Where an applicant holds tax residency outside of Guernsey the investor is legally obliged to disclose information in this application form. The Company may seek to obtain other financial information as it sees fit. The Administrator will identify and report all persons, as being subject to such legislation, to its director of income tax who may transfer this information to the government of another territory in accordance with the relevant agreement. In order to facilitate this process, certain declarations must be completed in full and signed by the following applicants:

- Any natural person or persons (this includes persons making an individual or joint application);
- Any and every beneficiary of a trust or beneficiaries of a trust who have benefitted from that trust;
- Any and every beneficial owner of a company (i.e. each/ and every shareholder);
- Any controller of a corporation or company.

It is the applicant’s responsibility to determine in which jurisdiction/s they are a tax payer and the Administrator accepts no liability or responsibility for any incorrect declarations made. Should you be in any doubt over completing these sections including how you determine your tax status, you should contact your professional tax adviser.

None of the information within this application form indicates or constitutes any form of legal or tax advice and there is no guarantee it can be accepted for completeness, editorial and technical mistakes, any questions contact your professional tax adviser.

This application form will remain valid unless there is a change in circumstances relating to the information provided by the applicant as to their tax residence or other mandatory field information that makes this form incorrect or incomplete.

For any changes, please notify the Administrator, without delay, and provide an updated declaration.

Annexure 3: Definitions

| | |
|-------------------------------------|--|
| Appendix C List of Countries | Please access the current list of Appendix C list of countries via this link, and note that these are subject to change, Guernsey Financial Services Commission Handbook . |
| Commercially Exposed Person | Commercially Exposed Persons (CEPs) will be senior executives of well-known commercial enterprises being a national or international business which can be regarded as a household name, either locally, or elsewhere. |
| FATCA | FATCA stands for the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. financial institutions and other non-U.S. entities. |
| High Risk Applicants | If you are a Politically Exposed Person, Commercially Exposed Person or from a High Risk Jurisdiction you are considered a high risk applicant. |
| High Risk Jurisdictions | <p>Please access the current list of high risk jurisdictions via the link below, but please note that these are subject to change.</p> <p>Countries and territories that the GFSC have identified as presenting a higher risk of ML, TF and/or PF can be found in the Handbook, see the following link: Guernsey Financial Services Commission Handbook.</p> |
| Participating Jurisdiction | A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information set out in the CRS. |
| Politically Exposed Person | <p>The term Politically Exposed Person means any current and former senior political figure who holds or held a Prominent Function *(as defined below), or a natural person who is or has been entrusted with a Prominent Function* (as defined below) by an international organisation.</p> <p>The PEP status also applies to their immediate family and close associates. (A senior political figure is a senior figure in the executive, legislative, administrative, military or judicial branches of a government (elected or non-elected), a senior figure of a major political party, or a senior executive of a government owned corporation. It includes any corporate entity, partnership or trust relationship that has been established by, or for the benefit of, a senior political figure. Immediate family typically includes the person’s parents, siblings, spouse, partner (where considered by the law of the country or territory in which the relevant public function is held as being equivalent to a spouse), children, in-laws, grandparents and grandchildren. Close associate typically includes a person who is widely and publicly known to maintain an unusually close relationship with the PEP and includes a person who is in a position to conduct substantial domestic and international financial transactions on the PEP’s behalf</p> <p>*Prominent Functions are: -</p> <ul style="list-style-type: none"> i. Heads of state or heads of government ii. Senior politicians and other important officials of political parties iii. Senior government officials iv. Senior members of the judiciary v. Senior military officers vi. Senior executives of state-owned body corporates e.g. Directors, councilors and members of the board or equivalent positions |
| Reportable Jurisdiction | Is a jurisdiction with which an obligation to provide financial account information |

| | |
|--|--|
| | is in place. |
| Reportable Jurisdiction Person | An applicant that is a tax resident in a Reportable Jurisdiction(s) under the tax laws of such jurisdiction(s). |
| Reportable Person | A Reportable Person is defined as a Reportable Jurisdiction Person, other than: <ul style="list-style-type: none"> (a) a corporation the stock of which is regularly traded on one or more established securities markets; (b) any corporation that is a Related Entity of a corporation described in clause (a); (c) a Governmental Entity; (d) an International Organisation; (e) a Central Bank; or (f) a Financial Institution (except for an Investment Entity described in Sub Paragraph A(6) b) of the CRS that are not Participating Jurisdiction Financial Institutions. Instead, such Investment Entities are treated as Passive NFE’s). |
| Resident for tax purposes | Generally, an applicant will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), it pays or should be paying tax therein by reason of his domicile, residence, place of management or incorporation, or any other criterion of a similar nature, and not only from sources in that jurisdiction. For additional information on tax residence, please talk to your tax adviser or see the following link: OECD Global Forum on Transparency and Exchange of Information for Tax Purposes . |
| Tax Identification Number (TIN) (including functional equivalent) | <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 assigned by a jurisdiction to an individual and used to identify the individual for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link: OECD Global Forum on Transparency and Exchange of Information for Tax Purposes.</p> <p>Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a functional equivalent).</p> |

Annexure 4: **Privacy Notice**

The Apex Data Protection Privacy Notice sets out how personal data is collected, processed and disclosed. The full privacy notice can be viewed via the following link, [Apex Guernsey - Privacy Notice](#). The annual review of this notice took place on 1 August 2024. If you have any questions about our use of your personal data, our retention procedures or our security processes, please contact our Apex Group Guernsey Data Protection Officer by email at cidpo@apexgroup.com or by post to 1 Royal Plaza, Royal Avenue, St Peter Port, Guernsey, GY1 2HL.

If you are already a shareholder in the Company, then the Company is already the controller of your personal data and the full privacy notice of the Company can be found via the following link, [Investec Basket Information](#). The annual review of this notice took place in August 2024. If you have any questions about our use of your personal data, our retention procedures or our security processes, please contact the Administrator on behalf of the Company.

SOURCE OF FUNDS / SOURCE OF WEALTH DECLARATION FORM

Where required under local laws or regulations, we may need to gather information on your source of funds and your source of wealth. Hence, in order to comply with relevant anti-money laundering legislation in certain jurisdictions, prior to completing the proposed transaction, we are obliged to obtain information about the origin of your funds being used for the investment, as well as information about the source of your wealth in certain cases. We may also require additional documentary evidence as explained below (see Section C).

Please do not give generic responses such as “employment” or “inheritance,” instead please provide specific details. We reserve the right to request more information from you should your responses in this declaration not satisfy our anti-money laundering regulatory obligations.

| | |
|---|---|
| Full Name: | |
| Value of investment/transaction: | |
| Nature of transaction: (Example: Nature of their investment – personal investment etc.) | |
| Nature of relationship: (Example: any relationship with the client/fund (i.e. family, friends etc.) Indicate N/A if nothing to report) | |
| Expected frequency of future investments | <input type="checkbox"/> Monthly Other, please specify: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> One-Time |
| Tenure of investment | <input type="checkbox"/> Up to 3 years <input type="checkbox"/> Between 3 and 5 years <input type="checkbox"/> More than 5 years |

SECTION A: SOURCE OF FUNDS

Please provide below the information on your source of funds e.g., dividends from a business, salary from professional employment, profit from the sale of investments. Please note this is required in addition to any information you have provided on the subscription document submitted for investment or application for business. Please provide as much detail as possible to identify and explain your source of funds.

| | |
|--|--|
| <p>For example:</p> <p><i>Dividends</i></p> <p><i>Employment</i></p> | <p><i>Provide the name of the business, the period of time you have held the investment, the amount of your investment</i></p> <p><i>Provide the name of your employer, your position, and the duration of your employment as well as your annual salary</i></p> |
|--|--|



Please describe fully below the source of funds:

SECTION B: SOURCE OF WEALTH

Your source of wealth can be described as the activities which have generated your overall wealth and are distinct from your source of funds. Your overall wealth may have been accumulated from several different sources over a period of time and full details must be provided to avoid any delay in processing your application.

| | | |
|---------------------|----------------------------|--|
| <i>For example:</i> | <i>Family Inheritance:</i> | <i>Provide names, relationships, dates, jurisdiction of probate and amount.</i> |
| | <i>Entrepreneurial:</i> | <i>Provide full details of companies, business activities, place(s) of business, website addresses and details of return on investment</i> |
| | <i>Employment:</i> | <i>Provide details of employer, positions held, details of salary and bonuses</i> |

Please describe below your total wealth and the source of your wealth:

SECTION C: DOCUMENTARY EVIDENCE OF SOURCE OF FUNDS /SOURCE OF WEALTH

In certain circumstances, to meet our regulatory obligations, we are required to obtain documentary evidence to verify source of funds and source of wealth. **We will advise you should such documentary evidence be required.**

It is not possible to describe all situations where we will require documentary evidence, however we are able to indicate those situations where documentary evidence will most likely be required, and have provided details below (not an exhaustive list):-

- If you are classified as Politically Exposed Person (“PEP”)¹; and/or
- Located in high-risk countries and other monitored jurisdictions on FATF website² having deficiency in AML laws & regulations

Note: Should you wish to confirm prior to submission of your completed Declaration if documentary evidence regarding source of funds/source of wealth is required, please contact your concerned customer/investor relationship management team at APEX.

Examples of documentary evidence likely to be accepted are provided on Appendix 1. However, we reserve the right to request additional information upon review of the documentation provided.

| Please indicate here if you have attached documentary evidence, (and the reason why):- | |
|--|--------------------------|
| Source of Funds | PEP |
| Source of Wealth | Other Please specify: |

Important: If documentary evidence has been requested and you are unable to provide any, could you please contact your concerned customer/investor relationship management team at APEX prior to sending in the completed Declaration.

¹ PEP means a natural person who is or have been entrusted with prominent public functions including Head of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. It also includes close associates and family members of PEPs.

² See <https://www.fatf-gafi.org/en/topics/high-risk-and-other-monitored-jurisdictions.html>



SECTION D: ADDITIONAL TRANSACTIONS

For additional transactions, further information will generally not be required, unless the source of funds is different from that previously stated.

SECTION E: CERTIFIED DOCUMENTATION (REFER TO LOCAL GUIDANCE)

Please note that copy documentation provided to support source of funds and source of wealth must be properly certified in accordance with our certification requirements. Improperly certified documentation could lead to delays.

SECTION F: THIRD PARTY COMPLETION

Please confirm the name and capacity of the person who completed this form on your behalf (if applicable)

Name.....

Capacity.....

DECLARATION BY APPLICANT / INVESTOR

I declare that the information provided is, to the best of my knowledge and belief, accurate and complete.

If I did not complete this form, I hereby confirm that the individual who completed the form on my behalf was in possession of sufficient information to allow for its proper completion.

Signature:

Name:

Date:

APPENDIX 1

EXAMPLES OF ACCEPTABLE DETAILS/INFORMATION AND DOCUMENTARY EVIDENCE TO SUPPORT YOUR DECLARATION OF SOURCE OF FUNDS AND SOURCE OF WEALTH

| Description of Source of Funds / Source of Wealth | Information Required | Acceptable Documentary Evidence (in original or certified true copy) |
|---|--|---|
| <p>Income savings from professional activity</p> <p><i>Note: if self-employed or company share owner, please refer to Company profits below</i></p> | <ul style="list-style-type: none"> • Profession • Salary per annum • Name of the employer • Nature of business | <p>One of the following:</p> <ul style="list-style-type: none"> • Payslip • Letter from the employer confirming the salary (headed paper) • Bank statement showing receipt of salary |
| Gift | <ul style="list-style-type: none"> • Date received • Total amount • Relationship to investor • Letter from donor explaining the reason for the gift and the source of donor's wealth • Certified identification documents for donor • Donor's source of wealth | <ul style="list-style-type: none"> • Documentary evidence of the donor's source of wealth as detailed in this table |
| Maturity or surrender of life policy | <ul style="list-style-type: none"> • Amount received • Policy provider • Policy number/reference • Date of surrender | <p>One of the following:</p> <ul style="list-style-type: none"> • Closing statement • Letter from insurance confirming the payment |

| Description of SOF/SOW | Information Required | Acceptable Documentary Evidence (in original or certified true copy) |
|---------------------------------|--|--|
| Sale/liquidation of investments | <ul style="list-style-type: none"> • Description of shares/units/deposit • Length of the investment • Name of the seller • Sale amount • Date of liquidation/sale | One of the following: <ul style="list-style-type: none"> • Investment Certificate/Contract Note/statement • Bank statement showing the redemption proceeds incoming • Signed letter from regulated accountant on headed paper |
| Sale of property | <ul style="list-style-type: none"> • Sold property details • Date of sale • Total sale amount | <ul style="list-style-type: none"> • Letter from solicitor or regulated accountant • Copy of the sale contract |
| Company Sale | <ul style="list-style-type: none"> • Name and nature of the company • Date of sale • Total amount | <ul style="list-style-type: none"> • Letter from solicitor detailing company sale • Copy of sale contract and bank statement showing the proceeds • Copy of media coverage as supporting evidence (if applicable) |
| Company profits | <ul style="list-style-type: none"> • Name and address of the company • Nature of the company • Amount of annual profit | <ul style="list-style-type: none"> • Financial statement • Copy of the latest audited company accounts containing equivalent transparency as the financial statement • Confirmation on the nature of the activity and nature of the client generating the company profit from regulated accountant/appointed auditor (only PwC, KPMG, EY, Deloitte) |

| Description of SOF/SOW | Information Required | Acceptable Documentary Evidence (in original or certified true copy) |
|------------------------|---|---|
| Inheritance | <ul style="list-style-type: none"> • Name of the deceased • Date of death • Relationship to the investor • Date proceeds were received • Total amount • Solicitor's details | One of the following: <ul style="list-style-type: none"> • Grant of probate • Signed letter from solicitor or estate trustee on headed paper • Last will |
| Divorce Settlement | <ul style="list-style-type: none"> • Date received • Total amount received • Name of the divorced partner | One of the following: <ul style="list-style-type: none"> • Copy of court order • Letter from solicitor detailing divorce settlement |
| Retirement Income | <ul style="list-style-type: none"> • Retirement date • Details of previous occupation • Name and address of last (final) employer • Detail of pension income source | One of the following: <ul style="list-style-type: none"> • Pension statement • Bank statement showing receipt of the pension income • Saving account statement • Letter from the paying institution |
| Employer Premium | <ul style="list-style-type: none"> • Employer letter • Country of incorporation | <ul style="list-style-type: none"> • Employer letter on headed paper confirming the amount to be paid • Copy of last audited company account |
| Fixed deposit - saving | <ul style="list-style-type: none"> • Name of institution where the savings are held • Date of the account establishment • Details on how the savings were acquired as per this table | <ul style="list-style-type: none"> • Saving statement • Evidence of account opening date (letter from account provider or first statement) |

| Description of SOF/SOW | Information Required | Acceptable Documentary Evidence (in original or certified true copy) |
|------------------------|---|--|
| Dividend payment | <ul style="list-style-type: none"> • Date of received of dividends • Total amount received • Name of the paying company • Length of the shares being held | <p>One of the following:</p> <ul style="list-style-type: none"> • Dividend contract note • Bank statement clearly showing the income from the paying company • Letter detailing dividend details signed by regulated accountant • Set of company accounts showing the dividend details |

Tax Reporting - Individual Self-Certification

Instructions for completion

We are obliged under the Tax information Authority Law, the Regulations, and Guidance Notes made pursuant to that Law, and treaties and intergovernmental agreements entered into by this jurisdiction in relation to the automatic exchange of information for tax matters (collectively "AEOI"), to collect certain information about each account holder's tax status. Please complete the sections below as directed and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities. Terms referenced in this Form shall have the same meaning as applicable under the relevant Regulations, Guidance Notes or international agreements.

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

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

Section 1: Account Holder Identification

| | | |
|---------------------|-------------------------------|----------------------------|
| Account Holder Name | Date of Birth (dd/mm/yyyy) | Place and Country of Birth |
|---------------------|-------------------------------|----------------------------|

Permanent Residence Address:

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

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

Mailing Address (if different from above):

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

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

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

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

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

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

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

Complete Section 3 if you have non-U.S. tax residences.

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

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

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

Please indicate Not Applicable if jurisdiction does not issue, or you are unable to procure, a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:

Section 4: Declaration and Undertakings

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

I acknowledge that it is an offence to make a self-certification that is false in a material particular.

Signature: _____

Date: (dd/mm/yyyy) _____



Apex Group Ltd.

Politically Exposed Person (PEP) Self-Certification Form

In accordance with Anti-Money Laundering Laws, there is an obligation on financial services businesses to determine if the applicant for business or a beneficial owner is a PEP. Please read the below definition carefully, select the relevant alternatives, sign and date this form and return the form to your Apex Administration Team or contact.

A PEP is defined as a person who holds, or has held at any time;

A prominent public function (**this excludes middle ranking or junior officials**), including:

- (a) Heads of State, Heads of Government, Ministers and Deputy or Assistant Ministers, and Parliamentary Secretaries;
- (b) Senior politicians and other important officials of political parties;
- (c) senior government officials e.g. Ambassadors, charge d'affaires
- (d) 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;
- (e) Senior military officers ranking officers; and
- (f) Senior executives of state owned body corporate's.
- (g) Any person who is, or has been at any time, entrusted with a prominent function by an international organisation.
- (h) Anyone exercising a function equivalent to those set out in paragraphs (a) to (f) within an institution of the European Union or any other international body;

PEP Family Members & Close Associate

The legislation extends the definition of PEPs to immediate family members and close associates of PEPs.

An immediate family member includes any of the following:

- (a) spouse, or a person considered to be equivalent to a spouse;
- (b) the children and their spouses, or persons considered to be equivalent to a spouse; and
- (c) a parent, a sibling, a parent-in-law, a grandchild

A close associate is defined to include any of the following persons:

- (1) a person who is widely known to maintain a close business relationship with a PEP, or
- (2) a person who is in a position to conduct substantial financial transactions on behalf of a PEP

Please complete the relevant Alternative

ALTERNATIVE ONE

I am a Politically Exposed Person ("PEP") or have been a PEP during the last seven year

If you have checked this box, please provide the following information:

Title:

Description of Function and Level/Seniority:

Date when you became a PEP:

If you were but are no longer a PEP, date when the appointment ended:

ALTERNATIVE TWO

An immediate family member or a close associate is a PEP or has been a PEP during the last seven year.

If you have checked this box, please provide the following information:

If the PEP is an immediate family member, please specify the relationship:

Spouse/equivalent to a spouse

Parent

Child/child's spouse or legally equivalent to a spouse

If the PEP is a close associate please describe the nature of the association:

ALTERNATIVE THREE

I am not a PEP

- *I hereby confirm that all the information and any documentation supplied with this form is genuine, complete and correct.*
- *I hereby confirm that I will inform Apex of a change in my status as detailed in this Form should it change in the future.*

Name & Surname:

Date:

Signature: