

# Lazard Global Active Funds plc (the "Company") Application Form for Individuals

#### **COMPLETING YOUR APPLICATION FORM**

Before filling in the application form please check you:

- Understand the Fund and its objectives you have chosen, if you are not sure which investments are right for you, please speak to your financial adviser. Lazard Fund Managers (Ireland) Limited do not offer investment advice.
- Consider the risks involved
- · Understand the charges of the investment

Before making an investment, please read the following documents:

- The Key Investor Information Document(s) (UCITS KIID) or Key Information Document(s) (PRIIPS KID) for your selected Fund(s)
- Supplementary Information Document (SID)

\*\*Please be advised the Application forms are only required to be completed once at the onboarding stage. Any subscription into the sub funds/redemptions out of the sub funds or switches between sub funds are dealt with by completing separate Subscription/Redemption

Or Switch transaction forms. Such forms are available on the website for each individual sub fund.

#### FILLING IN YOUR APPLICATION FORM

Please complete the form in BLOCK CAPITALS using black ink.

- · Complete the relevant sections of the Application Form
- Read and sign the Declaration.
- Please return the completed form to the Manager. Should you need any assistance in completing this form, please contact the Manager:

c/o the Administrator State Street Fund Services (Ireland) Limited,

Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, DO2 HD32, Ireland.

Telephone: +353 1 242 5421,

Facsimile: +353 1 523 3720,

e-mail: lazardta@statestreet.com.

Please note Identification documents are required prior to investment. Attached list of 'Forms of Identification' can be found at the end of the application form.

If you have any questions on completing the application form, please contact your Independent Financial Adviser.



# Lazard Global Active Funds plc (the "Company") Application Form for Individuals

PLEASE COMPLETE THIS FORM AND FATCA CERTIFICATION FORM USING CAPITAL LETTERS.

IT IS IMPORTANT YOU READ THE WARRANTIES AND REPRESENTATIONS BEFORE SIGNING.

PLEASE READ THE KEY INVESTOR INFORMATION DOCUMENT BEFORE INVESTING.

PLEASE COMPLETE SEPARATE SUBSCRIPTION/REDEMPTION OR SWITCH TRANSACTION FORM. SUCH FORMS ARE AVAILABLE ON THE WEBSITE.

Please return the completed form to the Manager. Should you need any assistance in completing this form, please contact the Manager c/o the Administrator State Street Fund Services (Ireland) Limited, Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, DO2 HD32, Ireland. Telephone: +353 1 242 5421, Facsimile: +353 1 523 3720, e-mail: lazardta@statestreet.com.

## **Section 1.** Investor Details

First applicant

(If there are more than two holders please use a separate sheet at the back of this form giving the information in this Section 1 with this application form. There can be up to a maximum of four applicants.)

# Name in full: Account designation: (e.g. A/C 123) Residential address: (P/O or C/O will not be accepted) Postcode: Mailing address: (If different from registered address) Postcode: Telephone number: Tax identification number: Source of funds for initial investment (please tick multiple boxes if appropriate) Inheritance Salary Gift Sale of Business Pension Investment Income Lottery Sale of asset (please specify): Other (please specify):

Further supporting documentation may be requested if deemed necessary to verify the above information.

Source of wealth, ie.	aggregation of a	accumulated we	ealth (please tick multiple bo	oxes if appropriate)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please	specify):					
Other (please specify)	):					
Further supporting do	ocumentation ma	ay be requested	d if deemed necessary to ve	erify the above inform	mation.	
Remitting bank deta	ails					
As per bank acc	ount details for i	ncome and red	emption payments stated b	pelow		
OR please complete	details below*					
Remitting bank name	:					
Remitting bank addre	9SS:					
A						
Account holder name	<del>)</del> :					
*If you have more than one re	emitting bank, please	provide deails on a s	eparate sheet.			
Second applica	nt					
Name in full:						
Account designation:	(e.g. A/C 123)					
Residential address: (	(P/O or C/O will	not be accepte	d):			
			Pos	stcode:		
Mailing address: (If di	fferent from regi	stered address)	:			
			Pos	stcode:		
				itoddo.		
Telephone number:			Tax	identification numb	er:	
Source of funds for in	nitial investment	(please tick mul	tiple boxes if appropriate)			
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please	specify):					
Other (please specify)	):					
Further supporting do	ocumentation ma	ay be requested	d if deemed necessary to ve	erify the above inform	mation.	
Source of wealth, ie.	aggregation of a	accumulated we	ealth (please tick multiple bo	exes if appropriate)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please	specify) :					
Other (please specify)	):					

Further supporting documentation may be requested if deemed necessary to verify the above information.

Remitting bank details						
As per bank account details for income and redemption payments stated below						
OR please complete details below*						
Remitting bank name:						
Remitting bank address:						
Account holder name:						
*If you have more than one remitting bank, please provide deails on a separate sheet.						
Section 2. Details of Expected Investment (please complete this section)						
Please tick ONE of the following boxes to confirm whether you invest for your own account or on behalf of another person						
Level of expected total investment						
Ranging between a currency equivalent to EUR 0 to EUR 15k						
Ranging between a currency equivalent to EUR 15k to EUR 100k						
Ranging between a currency equivalent to EUR 100k to EUR 1m						
Ranging between a currency equivalent to EUR 1m to EUR 100m						
Superior to a currency equivalent to EUR 100M						
Declaration of investment						
Investing on my/our own behalf (please tick the box if applicable)						
Investing on behalf of a third party disclosed in the Applicant Name						
Investing on behalf of several non-disclosed third parties (omnibus/pooled accounts)						
Section 3. Income and Redemption Payments						
Income reinvested Income paid (if neither box is ticked income will be automatically reinvested)						
If you would like income paid please complete the details below. Income and redemption payments will be paid directly into this account.						
Correspondent Bank name:						
Correspondent Bank address:						
Correspondent Bank Sort Code/SWIFT (BIC)/ABA/Fedwire:						
Beneficiary Bank name:						

Beneficiary Bank Sort Code/SWIFT (BIC)/ABA/Fedwire:

Beneficiary Bank address:

Beneficiary Accoun	nt name:						
Beneficiary Accoun	nt number:						
Payment type:	MT103	MT202	Reference:				
Please indicate Bar	nk Account currency:	Euro	US Dollar	GBP	AUD	HKD	
accounts. Both IBANS &	SWIFT (BIC) Codes should be	e quoted for all ban	ks within the EU/EEA. Amer	dments to investors' pa	yment instructions will on	I not be processed on non clearly be effected upon receipt of a six made using these details will	ın original
Section 4.	Dealing						
Deals will only be a	ccepted in writing, fac	osimile or telep	phone.				
	s a telephone dealing sility please tick the bo		sequent investment i	n any share class	in any Sub-Fund w	ithin the Company. Sh	ould you
I/we hereby authori	ise that the Manager b	oe allowed to	accept and execute i	nstructions by tele	ephone:		
Note: Transactions entere	ed into using telephone dealin	g will be recorded	for the protection of both inv	estor and manager.			
Section 5.	Delegation	of Autho	ority				
	below if you wish to diting fax or written instr	-	ur Adviser responsibi	lity for your overal	I investment in the	Sub-Fund, and for us t	o facilitate
I/we authorise the A	Administrator to accep	ot and act upo	on instructions from n	ny/our Adviser.			
Adviser's deta	ails						
Name:							
Address:							
Contact name:							
Telephone number	:			Fax number:			
Email:							
	ied copy of Authorised orised to act on your b		st with specimen sign	atures must acco	mpany the applicat	tion form for any Finand	cial

Note regarding certification of documents: Documents must be certified by a suitable person/entity, such as: the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified accountant, a practising solicitor, any designated body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

# Section 6. Warranties and Representations

- 1. I/we warrant that I am/we are duly authorised to sign this application form and to subscribe for shares in the Company and that, by subscribing for shares in the Company, I/we will not be in breach of any laws or regulations of any competent jurisdiction and I/we hereby indemnify the Company, the Manager, the Investment Manager, the Depositary, the Administrator and other Shareholders for any loss suffered by them as a result of this warranty/representation not being true in every respect.
- 2. I/we declare that:
  - a) this application does not violate any law or regulation in the country/territory in which I am/we are, domiciled or resident;
  - b) this application is not made by or for any US Person (as defined in the Prospectus and the Foreign Account Tax Compliance Act ("FATCA")). I/we will not knowingly sell or transfer any Shares for which I/we may subscribe for to any person who is a US Person. Should any information provided in a subscription form change in the future, I/we will promptly notify "Lazard Fund Managers (Ireland) Limited" of any and all changes to the details of this subscription.
- 3. I/we agree to provide the declaration and warranties contained herein to the Company and at such time as the Company may request and to provide on request such certificates, documents or other evidences as the Company may reasonably require to substantiate such representations. I/we agree to notify the Company immediately if I/we become aware that any of the declarations and warranties contained herein is/are no longer accurate and complete in all respects.
- 4. I/we hereby confirm that the Company, the Manager and the Administrator are each hereby authorised and instructed to accept and execute any instructions (including but not limited to any instructions regarding subscriptions, switches, transfers or redemptions of shares or any payment in relation to same or otherwise) in respect of the Shares to which this application relates given by me/us in written form, by facsimile, or by electronic means, or where applicable, by my/our adviser under delegated authority detailed in section 5 above. I/we hereby indemnify the Company, the Manager and the Administrator and agree to keep each of them indemnified against loss of any nature whatsoever arising to each of them as a result of any of them acting in good faith upon instructions given in written form by me/us i.e. faxed instructions or instructions confirmed by me/us in writing. The Company, the Manager and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument they believe in good faith to be genuine or to be signed by properly authorised persons.

## UCITS Key Investor Information Document ('KIID') or PRIIPS Key Information Document ('KID')

- 5. I/we acknowledge that it is a pre-condition to acceptance of this application that I/we have received the latest available KIID/KID in respect of the Share Class/Sub-Fund in which I/we are investing in.
- 6. Prior to making this application I/we have received free of charge and read the latest available KIID/KID in respect of the relevant Share Class and Sub-Fund.
- 7. I/we acknowledge that this application is made on the terms of the Prospectus (including the relevant sub-fund Supplement), and material contracts referred to therein, the relevant KIID/KID, together (where applicable) with the most recent annual report and accounts of the Company and (if issued after such report and accounts) its most recent unaudited half yearly report and subject to the provisions of the Company's Constitution from time to time in force.
- 8. I/we hereby undertake to observe and be bound by the provisions of the Constitution (as amended from time to time) of the Company and apply to be entered in the Register of Shareholders as the holder/holders of the shares issued in relation to this application.
- 9. I/we hereby undertake that if the Management Agreement between the Company and the Manager shall be terminated, I/we will vote in favour of a resolution at any meeting of shareholders to have the name of the Company changed to a name which will not include the word "Lazard".
- 10. I/we acknowledge that, owing to anti-money laundering requirements operating within their respective jurisdictions, the Company, the Manager, the Administrator and any distributor which may be appointed (as the case may be) may require further identification of the applicant(s) before this application can be processed. The Company, the Manager, the Administrator and any appointed distributor reserve the right to seek evidence of identity to comply with any such applicable money laundering requirements. In such case of delay or failure to provide satisfactory information, the Company, the Manager or the Administrator may take such action as they see fit. I/we acknowledge that the Company, the Manager, the Administrator and any appointed distributor shall be held harmless and indemnified against any losses arising as a result of a delay or failure to process the application if there has been a delay or failure by me/us to provide any such information as has been requested by the parties referred to and I/we acknowledge that such applicable money laundering regulations and requirements may prevent funds being paid or redeemed to me/us.
- 11. (a) We agree that if the Manager reasonably considers that it is in our best interests to deal in advance of receiving cleared funds from us, the Manager may do so and we shall ensure that the cleared funds are received by the Manager on or before the relevant settlement date as notified to us by the Manager. We shall accept full responsibility for and shall fully indemnify the Manager and the Company on demand in respect of any costs, charges, losses, liabilities or expenses incurred (including without limitation: (i) those associated with the unwinding of transactions; and (ii) overdraft or bank charges) if either (a) the cleared funds are not received by the Manager on or before the relevant settlement date; and/or (b) the cleared funds received by the Manager on or before the relevant settlement date are less than the cleared funds that the Manager was expecting in accordance with our or our agent's instructions.

- 11. (b) We agree that in foregoing circumstances 11(a)(a) or 11(a)(b) above the Manager is entitled to (i) cancel our subscription request of (ii) sell to another party the relevant shares after the settlement date.
- 11. (c) If the Company has to sell securities as a result of the circumstances set out in 11(a)(a) or 11(a)(b) above, we shall accept full responsibility for and shall fully indemnify the Company on demand in respect of any loss or expense arising due to differences in market value between the purchase and sales prices of the securities or transaction costs arising (including but not restricted to the costs of unwinding derivative positions).
- 11. (d) We acknowledge and agree that we will only acquire an irrevocable right to shares in the Company once we have paid in full for such shares with cleared funds.
- 12. I/we consent to any notice or other document to be sent by the Company, the Manager or the Administrator to me/us as a Shareholder, by electronic means including but not limited to e-mail, by swift or by posting such notice or other document on a website notified to me/us by post or by e-mail.
- 13. Applicable to joint shareholders only: We direct that on the death of one of us the shares for which we hereby apply will be held in the name of and to the order of the survivor(s) of us or the executors and administrators of such survivor.
- 14. I/we understand that the representations and warranties made herein are continuous and all subsequent subscriptions of Shares in the Sub-Fund by me/us shall be governed by them, and I/we agree to notify the Company or the Administrator immediately, if any representation or warranty is no longer accurate and to abide by any directions from the Company or the Administrator arising as a result.
- 15. I/we hereby certify that I am/we are aware of the risks involved in the proposed investment as set out in the Prospectus.
- 16. I/we declare that the information contained in the application form is true and correct to the best of my/our knowledge and belief and I/we will promptly notify the Administrator of any changes.
- 17. I/we declare that I am/we are 18 years of age or over.

### Section 7. Data Protection

I/we acknowledge that I/we have received the Company's Data Protection Notice as appended to Annex I - Important Information about Your Personal Data of this application and that I/we have read and fully understand, all of the information it contains.

To the extent that the information contained in this application, or any other information that I/we provide to you in connection with investment in the Company, relates to another identifiable individual on whose behalf I am/we are applying for Shares, I/we also confirm that I/we have provided the information contained in the Company's Data Protection Notice as appended to *Annex I - Important Information about Your Personal Data* to this application as required pursuant to the EU General Data Protection Regulation (Regulation 2016/679) ("GDPR").

#### **Section 8.** Declaration of Residence Outside Ireland

Applicants who are resident or ordinarily resident in the Republic of Ireland should contact the Administrator immediately.

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Shares. Terms used in this declaration are defined in the Prospectus (see heading "Irish Taxation").

IMPORTANT (Delete (a) or (b) below as appropriate and put a line through non-related a or b items).

(a) Declaration on own behalf

I/we declare that I am/we are applying for the Shares on my own/our own behalf and that I am/we are entitled to the Shares in respect of which this declaration is made and that:

I am/we are not currently Irish resident or Irish ordinarily resident in Ireland, and should I/we become Irish resident in Ireland I/we will so inform the Company, in writing, accordingly.

or

(b) Declaration as Intermediary

I/we declare that I am/we are applying for Shares on behalf of persons:-

- (i) who will be beneficially entitled to the Shares; and
- (ii) who, to the best of my/our knowledge and belief, are neither Irish Resident nor Irish Ordinary Resident.

I/we also declare that:-

- (i) unless I/we specifically notify you to the contrary at the time of application, all applications for Shares made by me/us from the date of this application will be made on behalf of such persons; and
- (ii) I/we will inform you in writing if I/we become aware that any person on whose behalf I/we hold Shares become Irish resident.

# Section 9. Signatures

I/we agree to be bound by the declarations, warranties, representations, consents, inc	demnities and conditions as set out in this application form
Signature of applicant, Intermediary or authorised signatory:	Date:
Capacity of authorised signatory (if applicable):	
Signature of applicant, Intermediary or authorised signatory:	Date:
Capacity of authorised signatory (if applicable):	
Signature of applicant, Intermediary or authorised signatory:	Date:
Capacity of authorised signatory (if applicable):	
Signature of applicant, Intermediary or authorised signatory:	Date:

#### Notes:

Capacity of authorised signatory (if applicable):

- a) Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
- b) To be valid, Application Forms (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by each applicant. In the case of a corporation, Application Forms should be signed by a duly authorised signatory provided that a certified copy of the authority authorising the signatory and an authenticated list of signatories accompanies this form. In the case of joint applicants each must sign.
- c) If the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, such power of attorney or a duly certified copy thereof must accompany it.

Note regarding certification of documents: Documents must be certified by a suitable person/entity, such as: the Companies Registration Office (or the equivalent in the investors jurisdiction) with regard to incorporation documentation, a notary public, a police officer, an embassy/consular official, a chartered or certified accountant, a practising solicitor, any designated body. Documents should be stamped with the official stamp of the person, dated and signed by that person.

# Section 10. Subscription Information

Please pay subscription monies to the following account(s):

USD

SWIFT Code BOFAUS3N

Beneficiary Bank Bank of America N.A. 100, 33rd Street West

10001 New York

USA

 Sort Code/ABA
 026009593

 Account Number
 6550363171

Beneficiary Name Lazard Global Active Funds PLC

IBAN N/A

Reference Name of Fund – Applicant

**GBP** 

SWIFT Code BOFAGB22

Beneficiary Bank Bank of America N.A. 2 King Edward Street

London EC1A 1HQ

UK

Sort Code/ABA 165050 Account Number 86664010

Beneficiary Name Lazard Global Active Funds PLC IBAN GB88 BOFA 1650 5086 6640 10

Reference Name of Fund – Applicant

AUD

SWIFT Code BOFAAUSX
Beneficiary Bank Bank of America

Sydney, Australia

Sort Code/ABA N/A Account Number 19244018

Beneficiary Name Lazard Global Active Funds PLC

IBAN N/A

Reference Name of Fund – Applicant

DKK

Correspondent Bank DABADKKK SWIFT Code BOFAGB22

Beneficiary Bank Bank of America N.A., London Branch

Sort Code/ABA 165050 Account Number 86667014

Beneficiary Name
Lazard Global Active Funds PLC
BAN
GB72 BOFA 1650 5086 6670 14
Reference
Name of Fund – Applicant

HKD

SWIFT Code BOFAHKHX

Beneficiary Bank Bank of America, N.A., Hong Kong Branch

Sort Code/ABA 055757 Account Number 73181012

Beneficiary Name Lazard Global Active Funds PLC

IBAN N/A

Reference Name of Fund – Applicant

NZD

Correspondent Bank BKNZNZ22 SWIFT Code BOFAAUSX

Beneficiary Bank Bank of America Sydney, Australia

Sort Code/ABA N/A
Account Number 19244026

Beneficiary Name Lazard Global Active Funds PLC

IBAN N/A

Reference Name of Fund – Applicant

Euro BOFAGB22

Bank of America N.A. 2 King Edward Street

London EC1A 1HQ

UK N/A

86 6650 18

Lazard Global Active Funds PLC GB32 BOFA 1650 5086 6650 18 Name of Fund – Applicant

**JPY** BOFAJPJ)

Bank of America N.A. 15th Floor Sanno Park Tower

2-11-1 Nagata-cho, chiyoda-ku Tokyo 100-6115, Japan

N/A 25066013

Lazard Global Active Funds PLC

N/A

Name of Fund – Applicant

CHF BOFACH2X

Bank of America N.A. 5 Canada Square

London E14 5AQ, UK

N/A 50909014

Lazard Global Active Funds PLC CH73 0872 6000 0509 0901 4 Name of Fund – Applicant

SEK

HANDSESS BOFAGB22

Bank of America N.A., London Branch

165050 86666016

Lazard Global Active Funds PLC GB52 BOFA 1650 5086 6660 16 Name of Fund – Applicant

SGD

BOFASG2XXXX

Bank of America, N.A., Singapore

N/A 72782018

Lazard Global Active Funds PLC

N/A

Name of Fund - Applicant

Under Irish legislation covering anti-money laundering and the taxation of savings the Company and the Administrator are required to obtain documentation in order to verify the identity, permanent address and tax residency status of all new clients.

Should documents be provided in a language other than English, an English translation will be required.

Please note that the application may not be accepted and redemption proceeds will not be processed until the Administrator is in receipt of the required anti-money laundering documentation and the original Application Form together with the original banking details for the settlement of the redemption proceeds. Additional confirmation of identity, authority of the applicant and/or further information on the source of funds may be required in certain circumstances. Until further notice, please contact the Transfer Agent for complete details of the documentation requirements for each applicant.

# **Section 11.** Declaration by Intermediary in respect of UK Applicants only (if applicable)

Please tick the relevant box below and delete i) or ii) as appropriate:

#### i) No Commission Payable to Intermediary

Where the applicant investor, being a UK resident, has chosen in this application to subscribe for shares in any share class in the Company, I declare and confirm on behalf of my firm and/or myself that no commission payments are required to be paid to my firm and/or me and I acknowledge that this is placed by me/us as agent in accordance with the agreement/terms of business in place between myself and Lazard.

#### ii) Commission Payable to Intermediary

Where the applicant investor, being a UK resident, has chosen in this application form to subscribe for shares in any share class in the Company which will result in the receipt of commission by my firm and/or me, I declare, undertake and confirm, on behalf of my firm and myself that the agreement between my firm and/or me and the applicant investor legally permits such commission payments to be paid to my firm and/or me. I declare, undertake and confirm on behalf of my firm and myself that such commission payments and receipts:

- a) have been fully disclosed to the applicant investor;
- b) do comply with the FCA's handbook of rules and guidelines ("FCA Rules") including the FCA Conduct of Business Sourcebook (COBS), and all other legal and regulatory requirements;
- c) do comply with the agreement/terms of business in place between my firm and/or myself and Lazard
- d) my firm and/or I hereby indemnifies, and will keep indemnified, the Company, the Manager and the Administrator against all losses, claims, costs, damages and expenses arising from any commissions subsequently found to have been paid to my firm and/or me in contravention of the FCA Rules including COBS;
- e) my firm and/or I will immediately notify the Manager and the Administrator in the event that any commission payment is not; or ceases to be, compliant with the FCA Rules, including COBS; and
- f) my firm and/or I will maintain accurate and up to date records sufficient to evidence in all material respects my firm's and/or my compliance with the above and to retain these for as long as required by the FCA Rules.

Signed:	Print name:
Name of firm:	Capacity:
Date:	FCA number:

# Section 12. Additional Applicants

Third applicant						
Name in full:						
Account designation: (e.	.g. A/C 123)					
Residential address: (P/0	O or C/O will no	ot be accepted	d):			
				D		
				Postcode:		
Mailing address: (If differ	rent from registe	ered address)	:			
				Postcode:		
Telephone number:				Fax number:		
Tax identification number	er:			Email address:		
Source of funds for initia	al investment (pl	ease tick mult	tiple boxes if appropria	ate)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please spe	ecify):			Other (please specify):		
Further supporting docu	ımentation may	be requested	I if deemed necessary	to verify the above infor	mation	
Source of wealth, ie. ago	gregation of acc	cumulated we	alth (please tick multip	le boxes if appropriate)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please spe	ecify):			Other (please specify):		
Further supporting docu	ımentation may	be requested	I if deemed necessary	to verify the above inform	mation.	
Remitting bank details	;					
As per bank accour	nt details for inc	ome and rede	emption payments sta	ted below		
OR please complete det	tails below*					
Remitting bank name:						
Remitting bank address	:					
Account holder name:						
*If you have more than one remit	ting bank, please pro	ovide deails on a se	eparate sheet.			

# Section 2. Details of Expected Investment (please complete this section)

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

#### Level of expected total investment

Ranging between a currency equivalent to EUR 0 to EUR 15k

Ranging between a currency equivalent to EUR 15k to EUR 100k

Ranging between a currency equivalent to EUR 100k to EUR 1m

Ranging between a currency equivalent to EUR 1m to EUR 100m

Superior to a currency equivalent to EUR 100M

#### Declaration of investment

Investing on my/our own behalf (please tick the box if applicable)

Investing on behalf of a third party disclosed in the Applicant Name

Investing on behalf of several non-disclosed third parties (omnibus/pooled accounts)

#### Fourth applicant

Name in full:						
Account designation:	(e.g. A/C 123)					
Residential address: (	P/O or C/O will r	not be accepte	ed):			
				Postcode:		
Mailing address: (If dif	fferent from regis	stered address	):			
				Postcode:		
Telephone number:				Fax number:		
Tax identification number:			Email address:			
Source of funds for in	itial investment (	please tick mu	Itiple boxes if appropriat	e)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please s	specify):					
Other (please specify)	:					
Further supporting do	ocumentation ma	ay be requeste	d if deemed necessary t	o verify the above infor	mation.	
Source of wealth, ie. a	aggregation of a	ccumulated we	ealth (please tick multiple	e boxes if appropriate)		
Inheritance	Salary	Gift	Sale of Business	Pension	Investment Income	Lottery
Sale of asset (please	specify):					
Other (please specify)	:					

Further supporting documentation may be requested if deemed necessary to verify the above information.

#### Remitting bank details

As per bank account details for income and redemption payments stated below

OR please complete details below\*

Remitting bank name:

Remitting bank address:

Account holder name:

# Section 2. Details of Expected Investment (please complete this section)

Please tick one of the following boxes to confirm whether you invest for your own account or on behalf of another person

#### Level of expected total investment

Ranging between a currency equivalent to EUR 0 to EUR 15k

Ranging between a currency equivalent to EUR 15k to EUR 100k

Ranging between a currency equivalent to EUR 100k to EUR 1m

Ranging between a currency equivalent to EUR 1m to EUR 100m

Superior to a currency equivalent to EUR 100M

#### Declaration of investment

Investing on my/our own behalf (please tick the box if applicable)

Investing on behalf of a third party disclosed in the Applicant Name

Investing on behalf of several non-disclosed third parties (omnibus/pooled accounts)

<sup>\*</sup>If you have more than one remitting bank, please provide deails on a separate sheet.

# ANNEX 1 - IMPORTANT INFORMATION ABOUT YOUR PERSONAL DATA DATA PROTECTION NOTICE

Lazard Global Active Funds plc (the "Company")

# **Section 1.** Purpose of Notice

This notice sets out details on how personal information relating to you, as an investor in the Company or otherwise as a director, officer adviser, employee, beneficial owner and/or other representative of an investor in the Company ("Personal Data") will be handled by the Company, as controller of the Personal Data (as specified in Section 3 of this notice below) and by State Street Company Services (Ireland) Limited (the "Administrator") as processor of the Personal Data and / or on our behalf by third party service providers as and from 25 May 2018.

# Section 2. Personal Data Processed by the Company

The Company processes your Personal Data as provided to it or its relevant service provider(s) on this investor application form, that it collects, generates or observes while administering the account and other Personal Data you provide to us or the Company's third party service providers acting on the Company's behalf such as AML / KYC information. This information includes:

- Information provided to the Company by representatives of the applicant(s): this includes your name and address (including proofs of name and address), contact details, place of birth, date of birth, gender, nationality, photograph, signature, national identification number, social security number, income, assets, other financial information, bank details, investment history, tax residency and tax identification information.
- Information that the Company collects, generates or observes: this might include information relating to your or an applicant's investment in the Company, emails, call recordings and website usage data.
- Information that the Company obtains from third party sources: this might include information obtained for the purpose of the Company's AML / KYC procedures, information from public websites and information received from your / an applicant's advisers or from intermediaries.

# Section 3. Why the Company Processes your Personal Data

The Company collects and processes your Personal Data on various legal bases and for numerous different purposes, including those set out below.

Legal Basis	Purpose(s)
Performance of a Contract  The Company must process your Personal Data in order to enter into and perform its contract with you as an investor in the Company.	<ul> <li>To assess the initial application for shares and to facilitate the opening of the account with the Company.</li> <li>To facilitate the management and administration of holdings and dealing in the Company including, without limitation, the processing of redemption, conversion, transfer and additional subscription requests, the payment of distributions and the processing and verification of instructions in relation to your account.</li> </ul>
Legitimate Interests  The Company may process your Personal Data in order to exercise or preserve its legitimate business interest(s).	<ul> <li>To make relevant disclosures in the course of a merger, acquisition or bankruptcy of the Company or any sub-fund of the Company.</li> <li>To validate and verify information for security purposes, including for the prevention of fraud.</li> <li>To manage the Company, including monitoring and resolving complaints.</li> <li>To send administrative information relevant to the investment in the Company.</li> <li>To exercise or defend a legal claim, including in the context of litigation, arbitration and similar proceedings.</li> </ul>
Compliance with Legal Obligation  The Company may process your Personal Data in order to comply with its relevant legal and regulatory obligations.	<ul> <li>To ensure compliance with the Company's legal, tax and regulatory obligations, including its FATCA/CRS reporting obligations.</li> <li>To assist the Company's auditors in the auditing of the Company in accordance with its legal obligations.</li> <li>To investigate, detect, prevent or prosecute crimes in relation to the prevention of fraud, money laundering and/or terrorist financing, including "know your customer" and other necessary on boarding and ongoing investor checks.</li> </ul>

#### **Profiling and Screening**

The Company, the Administrator and/or their service providers may also conduct activities required to comply with anti-money laundering requirements (such as "know your customer" checks) and PEP, negative news, financial sanctions and other financial crime related screening programmes for the purposes of complying with applicable regulatory and legal requirements, including applicable sanctions regimes. The implementation of these activities and programmes may result in the Company or the Administrator refusing an application for shares in the Company or delaying or refusing to make any redemption payment or distribution payment to you if you or any beneficial owner of your shares appear on such screening programmes or if the documentation provided does not satisfy applicable anti-money laundering requirements. In the event that you are identified as a PEP as a result of the screening process, you may be required to provide additional information and/or documentation to the Company or the Administrator. Such processing, which may reveal your political opinions or any trade union memberships, is considered lawful on the grounds of substantial public interest permitted under GDPR.

The Company, the Administrator and their service providers may collect special categories of personal data in order to perform the activities and to conduct the screening programmes specified in the prior paragraph. Such special categories of personal data may include your political opinions or any trade union memberships. The Company and the Administrator shall only process any such special categories of personal data as permitted under applicable laws and regulations.

# Section 4. Third Party Recipients of your Personal Data

- The Company may disclose your Personal Data to its relevant service providers and/or other third parties including:
- the Administrator, Registrar and Transfer Agent, currently State Street Fund Services (Ireland) Limited;
- the Administrative Support Provider, currently State Street Bank Luxembourg SCA;
- the Currency Manager, currently State Street Bank International GmbH, Frankfurt Branch;
- the Depositary, currently State Street Custodial Services (Ireland) Limited;
- the Auditors, currently PricewaterhouseCoopers;
- the Legal Advisors as to matters of Irish law, currently William Fry;
- the Legal Advisors as to matters of English law, currently CMS Cameron McKenna Nabarro Olswang LLP;
- the Secretary, currently Wilton Secretarial Limited;
- the MLRO, currently Carne Global Financial Services Limited;
- the Manager, currently Lazard Fund Managers (Ireland) Limited;
- the Promoter, currently Lazard Asset Management Limited;
- Investment Managers, currently Lazard Asset Management Limited, Lazard Japan Asset Management K.K., Lazard Asset Management Pacific Co.; Lazard Asset Management LLC; or Lazard Asset Management (Deutschland) GmbH;
- the Distributors, currently Lazard Asset Management Limited; Lazard Asset Management (Deutschland) GmbH; Lazard Asset
  Management Schweiz AG; Lazard Frères Gestion SAS; Lazard Asset Management (Singapore) pte. Ltd.; Lazard Asset Management
  (Hong Kong) Limited; Lazard Fund Managers (Ireland) Limited, Spanish Branch; Lazard Fund Managers (Ireland) Limited, Belgian Branch;
  Lazard Fund Managers (Ireland) Limited, Dutch Branch; Lazard Fund Managers (Ireland) Limited, Swedish Branch; Lazard Gulf Limited; or
  Lazard Asset Management LLC;
- the Paying and Information Agent in Austria, currently UniCredit Bank Austria AG;
- the Financial Services Agent in Belgium, currently ABN Amro Bank NV;
- the Centralising Correspondent in France, currently Caceis Bank France;
- the Paying and Information Agent in Germany, currently Landesbank Banden-Württemberg, Mainz;
- the Paying Agent in Italy, currently AllFunds Bank SAU;
- the Paying Agent in Liechtenstein is LGT Bank AG;
- the Local Representative Agent in Luxembourg, currently Societe Generale Luxembourg;
- the Representative in Spain, currently Allfunds Bank SAU;
- the Paying Agent in Sweden, currently Skandinaviska Enskilda Banken AB;
- the Legal Representative in Switzerland, currently Acolin Fund Services AG;
- the Paying Agent in Switzerland, currently Banque Cantonale de Geneve;
- the Solvency II data collection provider, currently State Street Bank & Trust Company;
- the Irish Revenue Commissioners and other national revenue authorities;
- national regulators, including the Central Bank of Ireland;
- An Garda Síochána;
- · Foreign legal counsel;
- Tax advisers; and
- the banking provider, currently Bank of America Corporation.

The Company or its service providers may also disclose Personal Data to any other persons or entities as agreed between the Company and the relevant service provider, or as may be required or expressly permitted by applicable laws.

# Section 5. International Transfer of your Personal Data

The disclosure of your Personal Data to the third party recipients set out above may involve the transfer of data to India, the United Kingdom, United States of America, Hong Kong, Thailand, Canada, Australia, Japan and other jurisdictions outside the European Economic Area ("EEA"), which are not the subject of an adequacy decision by the EU Commission. Such countries may not be subject to equivalent data protection laws as countries within the EU. Any transfer of your Personal Data to jurisdictions outside the EEA may only occur in accordance with the requirements of the EU General Data Protection Regulation (Regulation 2016/679) ("GDPR"). For example, in connection with the transfer of your Personal Data to jurisdictions outside the EAA, the Company has authorised the Administrator as its delegate to enter into standard contractual clauses, as prescribed under the GDPR, with relevant parties to whom your Personal Data will be transferred. Copies of these clauses may be sought from the Administrator at lazardta@statestreet.com.

# Section 6. Retention of your Personal Data

The Company and the Administrator will retain Personal Data for as long as necessary or permitted in light of the purpose(s) for which it was obtained. The criteria used to determine the retention periods include:

- the length of the Company's relationship with you and other applicants (if any);
- whether there is a legal obligation to which the Company or Administrator are subject (such as retaining Personal Data obtained for the performance of AML and related checks, which will be kept for **5 years** after termination of the relationship); and
- whether retention is advisable in light of the Company or Administrator's legal position (such as with respect to statutes of limitations, litigation or regulatory investigations), in which case the Personal Data may be kept for up to **7 years**.

# **Section 7.** Your Data Protection Rights

You have a number of rights in relation to your Personal Data, which are set out in the table below. In particular these rights include the right to object to processing of your Personal Data where that processing is carried out for the Company's legitimate interests. Note that in certain circumstances these rights might not be absolute.

Right	Further Information
Right of Access	You have the right to request a copy of the Personal Data held by the Company about you and to access the information which the Company holds about you. The Company may charge you for making such an access request where it feels your request is unjustified or excessive.
Right to Object	You have a right to object at any time to the processing of your Personal Data where the Company processes your Personal Data on the legal basis of pursuing the Company's legitimate interests.
Right to Rectification	You have the right to have any inaccurate Personal Data which the Company holds about you updated or corrected.
Right to Erasure	In certain circumstances, you may also have your personal information deleted, for example if you exercise your right to object (see above) and the Company does not have an overriding reason to process your Personal Data or if the Company no longer requires your Personal Data for the purposes as set out in this notice.
Right to Restriction of Processing	You have the right to ask the Company to restrict processing your Personal Data in certain cases, including if you believe that the Personal Data the Company holds about you is inaccurate or the Company's use of your information is unlawful. If you validly exercise this right, the Company will store your Personal Data and will not carry out any other processing until the issue is resolved.
Right to Data Portability	You may request the Company to provide you with your Personal Data that you have given the Company in a structured, commonly used and machine-readable format and you may request the Company to transmit your Personal Data directly to another data controller where this is technically feasible. This right only arises where: (1) the Company processes your Personal Data with your consent or where it is necessary to perform the Company's contract with you; and (2) the processing is carried out by automated means.

Where the Company or the Administrator requires your Personal Data to comply with anti-money laundering or other relevant legal requirements, failure to provide this information may prevent the application for initial subscription of shares and/or any future dealing of shares in the Company.

Should you consider that the processing of your Personal Data by the Company or its service providers infringes the provisions of the GDPR, you may lodge a complaint with a supervisory authority in the EU Member State of your habitual residence, place of work, or in the place of an alleged infringement.

# Section 8. Contact Us

If you have any questions in relation to the Company's use of your Personal Data, or would like to submit a request with respect to your rights above, please contact us at IFDS\_PrivacyOffice@StateStreet.com and the Manager c/o the Administrator State Street Fund Services (Ireland) Limited, Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, D02 HD32, Ireland. Telephone: +353 242 5421, facsimile: +353 523 3720.



# Lazard Global Active Funds plc (the "Company")

# Individual (Controlling Persons) Self-Certification for FATCA and CRS

# Instructions for completion and Data Protection Notice

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2003). Please note that in in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information and guidance on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

http://www.revenue.ie/en/business/aeoi/index.html

http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/ in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

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

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

(Mandatory fields are marked with an \*)

\*Current residential address

# \*Section 1: Account Holder/Controlling Person Identification

0 0 0 00.0.0.					
Number:	Street:				
City, town, state	, province or county:				
Postal/ZIP Code	:	Country:			
*Mailing address	s (if different from al	pove):			
Number:	Street:				
City, town, state	, province or county:				
Postal/ZIP Code	:	Country:			
*Place and Date	of Birth:				
*Town or city of I	oirth:		*Country of birth:		Date of birth

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

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

(a) I confirm that **I am** a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

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

# \*Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/ Residencies (please confirm all Tax Residencies)

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")).

For further guidance on Tax Residence and TINs, please refer to the OECD CRS Information Portal <a href="http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759">http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759</a>

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a TIN, Or,
- b) You are tax resident only in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country/Countries of Tax Residency

Tax ID number

If TIN unavailable Select (A, B or C) and check box below

If a TIN is unavailable, please tick the appropriate box as follows;

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN)

**Reason C** - No TIN is required. (Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

**Entity Name** 

# Section 4: Type of Controlling Person

(ONLY to be completed by an individual who is a Controlling Person of an entity which is a Passive NFE or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution).

For Joint or multiple Controlling Person(s) please complete a separate "Individual (Including Controlling Persons) Self-Certification for FATCA and CRS form" for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box

Please Tick

Controlling Person of a legal person – control by ownership

Controlling Person of a legal person – control by other means

Controlling Person of a legal person – senior managing official

Controlling Person of a trust – settlor

Controlling Person of a trust – trustee

Controlling Person of a trust – protector

Controlling Person of a trust – beneficiary

Controlling Person of a trust – other

Controlling Person of a legal arrangement (non-trust) – settlor-equivalent

Controlling Person of a legal arrangement (non-trust) – proctector- equivalent

Controlling Person of a legal arrangement (non-trust) – beneficiary equivalent

Controlling Person of a legal arrangement (non-trust) – beneficiary equivalent

Controlling Person of a legal arrangement (non-trust) – other-equivalent

# \*Section 5: 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 acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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 incorrect.

#### **Data Protection - Customer Information Notice:**

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEoI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders(and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: <a href="http://oecd.org/tax/automatic-exchange/">http://oecd.org/tax/automatic-exchange/</a>

And on the Irish Revenue website - https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx

*Authorised Signature(s):	*Print Name(s):
*Date (dd/mm/vvvv):	*Capacity (if Controlling Person):



# Lazard Global Active Funds plc (the "Company")

# Forms of Identification - UK Residents

#### INSTRUCTIONS FOR COMPLETION, PLEASE READ CAREFULLY

PLEASE COMPLETE YOUR PERSONAL DETAILS BELOW

PLEASE SUPPLY ONE DOCUMENT FROM BOX 1 AND A DIFFERENT DOCUMENT FROM BOX 2

PLEASE INDICATE THE DOCUMENTS YOU ARE PROVIDING BY TICKING THE RELEVANT BOX

Forms of identification are required to be provided with the application form which will be checked and verified prior to investment of subscription.

• Send this form and your supporting documentation to:

Lazard Fund Managers (Ireland) Limited (the "Manager") c/o the Administrator State Street Fund Services (Ireland) Limited, Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, DO2 HD32, Ireland.

Telephone: +353 1 242 5421, Facsimile: +353 1 523 3720, e-mail: lazardta@statestreet.com.

These documents can be posted to us as photocopies, originals or as certified copies. See overleaf for details of how to arrange a certified copy. Any original documents you provide will be sent back by return of post.

## **Section 1:** Personal Details

(If there are more than two holders please use a separate sheet at the back of this form giving the information in this Section 1 with this application form. There can be up to a maximum of four applicants.)					
Full Name:	Date of birth:				
Telephone number:	Email address:				

## **Box 1: Name Verification**

Please provide one of the following documents, which must show both your forename and surname in full.

Document Type	Document conditions for acceptance	Other conditions for acceptance	Tick
Passport	Not expired		
Driving Licence	Not expired		
National ID Card	Not expired	Must be issued by an EEA member state or Switzerland	

## **BOX 2: Address Verification**

Please provide **one** of the following documents, which must show your name and home address (this must be a different document to that provided as evidence of name). Evidence of a PO Box address is not sufficient as we need information about your actual residential address.

Document Type	Document conditions for acceptance	Other conditions for acceptance	Tick
Driving Licence	Not expired		
National ID Card	Not expired	Must be issued by an EEA member state or Switzerland	
Bank or Building Society statement	Dated within last 3 months	Must NOT be printed from the internet Must be issued by a Financial Services Provider	
Gas, Electricity, Water or Landline Phone Bill	Dated within last 3 months	Must NOT be printed from the internet Must be issued by a Financial Services Provider	



# Lazard Global Active Funds plc (the "Company")

# Forms of Identification - Non-UK Residents

#### INSTRUCTIONS FOR COMPLETION, PLEASE READ CAREFULLY

PLEASE COMPLETE YOUR PERSONAL DETAILS BELOW

PLEASE SUPPLY ONE DOCUMENT FROM BOX 1 AND A DIFFERENT DOCUMENT FROM BOX 2

PLEASE INDICATE THE DOCUMENTS YOU ARE PROVIDING BY TICKING THE RELEVANT BOX

Forms of identification are required to be provided with the application form which will be checked and verified prior to investment of subscription.

• Send this form and your supporting documentation to:

Lazard Fund Managers (Ireland) Limited (the "Manager") c/o the Administrator State Street Fund Services (Ireland) Limited, Transfer Agency Department, 78 Sir John Rogerson's Quay, Dublin 2, DO2 HD32, Ireland.

Telephone: +353 1 242 5421, Facsimile: +353 1 523 3720, e-mail: lazardta@statestreet.com.

These documents can be posted to us as photocopies, originals or as certified copies. See overleaf for details of how to arrange a certified copy. Any original documents you provide will be sent back by return of post.

## **Section 1:** Personal Details

If there are more than two holders please use a separate sheet at the back of this form giving the information in this Section 1 with this application form. There can be up to a maximum of four applicants.)		
Full Name:	Date of birth:	
Telephone number:	Email address:	

#### **Box 1: Name Verification**

Please provide **one** of the following documents, which must show both your forename and surname in full.

Document Type	Document conditions for acceptance	Other conditions for acceptance	Tick
Passport	Not expired		
Driving Licence	Not expired		
National ID Card	Not expired	Must be issued by an EEA member state or Switzerland	

#### **Box 2: Address Verification**

Please provide one of the following documents, which must show both your forename and surname in full.

Document Type	Document conditions for acceptance	Other conditions for acceptance	Tick
Driving Licence	Not expired		
National ID Card	Not expired	Must be issued by an EEA member state or Switzerland	
Bank or Building Society statement	Dated within last 3 months	Must NOT be printed from the internet Must be issued by a Financial Services Provider	
Gas, Electricity, Water or Landline Phone Bill	Dated within last 3 months	Must NOT be printed from the internet Must be issued by a Financial Services Provider	

#### Important - How to Get your Documents Certified

#### **Copies of Documents**

For valuable, or regularly used, documents such as passports and driving licences, you should provide copies that have been certified as true copies of the original documents.

Each certified copy should show all the personal details on the document, including your name and/or address, any references numbers and the photograph, if there is one.

## Who can Certify your Documents?

UK Nationals Getting Documents Certified in the UK

If you are getting documents certified in the UK, the following people are usually able to certify documents for you:

- An Accountant
- · Bank/Building Society official
- Independent Financial Adviser
- Post Office official
- Solicitor

#### Non-UK Nationals, and UK Nationals Getting Documents Certified Outside of the UK

The following people can certify documents for you:

- Notary public
- Lawyer or attorney
- Embassy, consulate\* or high commission officials of the country which issued the document

(\*please be aware that not all consulates may be able to assist with document certification)

#### How should the documents be certified?

The person certifying the documents should write the following on each copy:

- His/her name, position, signature and the date
- His/her address and contact telephone number
- The words "I have seen the original and certify that this is a true copy"
- And, if there is a photograph, the words "The photograph provides a good likeness of the applicant"

Where copies of documents are certified, you must send us the originally certified copies, not photocopies of them.

Please note that you are not permitted to certify your own identification documents.