

KYC FORM A
IDENTIFICATION FOR INDIVIDUAL INVESTOR
E-mail: Teiko@opprtunityfs.com

| | | | |
|----------------------------------|--|--------------------------------------|---|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms | Sex | <input type="checkbox"/> M <input type="checkbox"/> F |
| First name | | Last name | |
| Residential Address ¹ | Street/N° | | |
| | City/Town | | |
| | Post Code | | |
| | Country | | |
| Tel: | | Fax: | |
| E-mail ² | | | |
| Nationality | | | |
| Date of birth | | Place of birth (city and country) | |
| ID or passport | N° | | |
| | Issued by | | |
| | Issue Date | | |
| | Expiration Date | | |
| Politically Exposed Person | I declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person): <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No | | |

1.1. POWERS OF ATTORNEY (IF APPLICABLE)

We will need to receive a certified true copy of the ID of this person

This power of attorney authorizes Opportunity Financial Services SA and the Fund to execute any future instructions received from the following person and for:

| | |
|------------------------|---|
| Transactions concerned | <input type="checkbox"/> all dealing instructions <input type="checkbox"/> subscriptions only <input type="checkbox"/> redemptions only <input type="checkbox"/> other (please specify): _____ |
|------------------------|---|

| | | | |
|------------|--|-----------|---|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms | Sex | <input type="checkbox"/> M <input type="checkbox"/> F |
| First name | | Last name | |

¹ This address will be the registered address for the purpose of the Share Register. Evidence of such address may be requested. PO Boxes or 'care of' addresses are not accepted. This Email address will be used to send you the convening notices to the general meetings of the Fund.

² This Email address will be used to send you the drawdown notices (if applicable) and the convening notices to the general meetings of the Fund.

| | | |
|---------------------------------------|--|-----------------------------------|
| Residential Address ³ | Street/N° | |
| | City/Town | |
| | Post Code | |
| | Country | |
| Correspondence Address (if different) | Attn / Company | |
| | Street/N° | |
| | City/Town | |
| | Post Code | |
| | Country | |
| Tel: | | Fax: |
| E-mail | | |
| Nationality | | |
| Date of birth | | Place of birth (city and country) |
| ID or passport | N° | |
| | Issued by | |
| | Issue Date | |
| | Expiration Date | |
| Politically Exposed Person | I declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person): <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No | |

1.2. CORRESPONDANCE

Please enter your preferred address for all correspondence (if different from the mailing address provided in Clause 1). P.O. Box can be accepted only if a residential address is provided in Clause 1. This address will be used to send you confirmation of your holding(s) in the Fund.

| | | |
|------------------------|----------------|------|
| Correspondence Address | Attn / Company | |
| | Street/N° | |
| | City/Town | |
| | Post Code | |
| | Country | |
| Tel: | | Fax: |

1.3. BANK ACCOUNT DETAILS

Please provide your bank account details from **which the subscription amount will be transferred:**

³Evidence of such address may be requested. PO Boxes or 'care of' addresses are not accepted.

| | | |
|---|-----------------------|--|
| Account holder ⁴ | | |
| Bank's details | Bank's name | |
| | Street/N ^o | |
| | City/Town | |
| | Post Code | |
| | Country | |
| IBAN | | |
| BIC/SWIFT Code | | |
| National Code (e.g. BLZ, BC, Sort code) | | |
| Account number | | |
| Account currency | | |
| Settlement Currency ⁵ | | |

Please provide your bank account details below for the receipt of redemption proceeds, dividends or other payments you may be entitled to, **if different from the bank account mentioned in the previous §**

| | | |
|---|-----------------------|--|
| Account holder ⁶ | | |
| Bank's details | Bank's name | |
| | Street/N ^o | |
| | City/Town | |
| | Post Code | |
| | Country | |
| IBAN | | |
| BIC/SWIFT Code | | |
| National Code (e.g. BLZ, BC, Sort code) | | |
| Account number | | |
| Account currency | | |
| Settlement Currency ⁵ | | |

1.4. DIVIDENDS

| |
|---|
| Dividends (if applicable) should be : |
| <input type="checkbox"/> reinvested |
| <input type="checkbox"/> paid on the bank account provided in Clause 1.3. |

1.5. REPORTING

Please specify to whom the following reporting should be sent:

⁴ The bank account must be in your name. **Payments to a third party other than the investor are not permitted.**

⁵ Payments will be made in the settlement currency for which **you may bear exchange rate expenses** if different from the reference currency of the Class of Shares (or Sub-Fund in the absence of Class of Shares) invested or from the currency selected by the Fund or from your bank account's currency.

⁶ The bank account must be in your name. **Payments to a third party other than the investor are not permitted.**

| | |
|------------------------------------|---|
| Contract note for each transaction | <input type="checkbox"/> to the applicant at his/her correspondence address <input type="checkbox"/> to a third party at the address below |
| Holding confirmation | <input type="checkbox"/> to the applicant at his/her correspondence address <input type="checkbox"/> to a third party at the address below On the following basis: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> yearly |

The investor declares by ticking this box that he consents to receive reports (statements of holdings, contract notes, convening notices and drawdown notices, if applicable) by non-encrypted e-mail from OFS. He acknowledges that this information will be sent on a non-secured basis through the internet network and OFS will not be held responsible about potential interception of this information for harmful or fraudulent use.

The following e-mail address(es) should be used in that purpose:

| | | |
|--|---|--|
| | @ | |
|--|---|--|

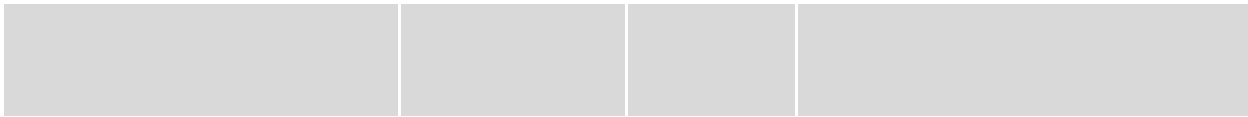
*Third party details, **if applicable:**

| | | | |
|-------------------------|-----------|------|--|
| Name of entity | | | |
| Relation with applicant | | | |
| Address | Street/N° | | |
| | City/Town | | |
| | Post Code | | |
| | Country | | |
| Contact person | | | |
| Tel: | | Fax: | |
| E-mail | | | |

By signing hereunder, I declare that:

- I have full legal capacity
- the funds invested do not come from a criminal or unlawful origin and in particular do not constitute the proceeds of money laundering;
- I acknowledge that Opportunity Financial Services SA, acting as data controller, shall process my personal data provided to fulfill this document, complying with Data Protection regulations and the CRS Law.
- I have been informed that Opportunity Financial Services SA, shall process my personal data provided in this KYC form, only for the purpose of complying with legal obligations in regards of Anti-Money Laundering and Terrorism Financing.
- all the information provided is true, correct and complete and undertake to provide a new declaration if any information becomes incorrect or changes, within 30 days, even if referring to a third person different from me, for which I have obtained the correspondent consent.

| Name / Denomination | Title | Date (dd/mm/yy) | Signature |
|---------------------|-------|-----------------|-----------|
| | | | |



1.6. AML/KYC DOCUMENTS TO BE PROVIDED:

- passport or national identity card (certified as true copy by an ambassador, consulate, notary or local police)
- Permanent residence address : please provide a certified copy of one of the following documents : a certificate of residence or utility bill if ID cards do not bear recent address
- Source of wealth, **please provide a certified copy of the most appropriate document(s): portfolio , statement (from your bank or broker), notary act, income tax document,....**

All identification documents should be received in original.

| SOURCE OF WEALTH DECLARATION | |
|---|--|
| Occupation | <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Self-employed <input type="checkbox"/> Director / Partner / Management <input type="checkbox"/> Retired (please mention the information on your last position in the following boxes) <input type="checkbox"/> Other (please specify) _____ |
| Profession | |
| Job Title | |
| Business line / Field of activity | |
| Executed within a | <input type="checkbox"/> Public administration <input type="checkbox"/> Small/medium size company <input type="checkbox"/> Listed company <input type="checkbox"/> Multinational <input type="checkbox"/> Other (please specify) _____ |
| Employer | Employer country |
| Best estimate of annual regular income ⁷ | <input type="checkbox"/> up to EUR 50,000 <input type="checkbox"/> up to EUR 100,000 <input type="checkbox"/> up to EUR 250,000 <input type="checkbox"/> up to EUR 500,000 <input type="checkbox"/> up to EUR 1,000,000 <input type="checkbox"/> more than EUR 1,000,000 |
| Best estimate of total assets ⁸ | <input type="checkbox"/> up to EUR 100,000 <input type="checkbox"/> up to EUR 250,000 <input type="checkbox"/> up to EUR 500,000 <input type="checkbox"/> up to EUR 1,000,000 <input type="checkbox"/> up to EUR 5,000,000 <input type="checkbox"/> more than EUR 5,000,000 |
| Source of Funds | I confirm that investments made are with monies arising from (tick as applicable) <input type="checkbox"/> Savings <input type="checkbox"/> Investments/insurance policy <input type="checkbox"/> Employment Income <input type="checkbox"/> Sale of Real estate <input type="checkbox"/> Occupation&Business Activity <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (please specify): _____ To be completed with a certified copy of the most appropriate document(s): portfolio , statement (from your bank or broker), notary act, income |

⁷ includes without limitation income from professional occupation, retirement, pension benefits, investment income, lease or renting of real estate.

⁸ Estimation of the global wealth includes liquidities, investments, real estate, etc...

tax document; comfort letter from your Bank,

I declare that the money invested does not come from a third party and is drawn from my own

| | |
|--|---|
| Planned frequency of future investment | <input type="checkbox"/> Lump sum <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other (please specify) _____ |
| Expected average amount per investment | <input type="checkbox"/> up to EUR 125,000 <input type="checkbox"/> more than EUR 125,000 |
| Expected total amount to invest | <input type="checkbox"/> up to EUR 125,000 <input type="checkbox"/> up to EUR 300,000 <input type="checkbox"/> up to EUR 500,000 <input type="checkbox"/> more than EUR 500,000 (please specify): _____ |
| Expected period of investment | <input type="checkbox"/> Short term <input type="checkbox"/> Middle term <input type="checkbox"/> Long term |

By signing hereunder, I declare that:

- I have full legal capacity
- I confirm that the monies invested do not originate directly or indirectly from illegal or criminal activities and more generally do not contravene to applicable anti-money laundering laws and regulations.
- I acknowledge that Opportunity Financial Services SA, acting as data controller , shall process my personal data provided to fulfill this document, complying with Data Protection regulations and the CRS Law.
- I have been informed that Opportunity Financial Services SA shall process my personal data provided in this KYC form, only for the purpose of complying with legal obligations in regards of Anti-Money Laundering and Terrorism Financing.
- All the information provided is true, correct and complete and undertake to provide a new declaration if any information becomes incorrect or changes, within 30 days, even if are referring to a third person different from me, for which I have obtained the correspondent consent.

| Name / Denomination | Title | Date (dd/mm/yy) | Signature |
|---------------------|-------|-----------------|-----------|
| | | | |

TAX INFORMATION

The Tax Regulations⁽⁹⁾ currently in force require to collect (via a specific self-certification) additional information from the investor, such as the tax residency, the tax classifications and the citizenship status. Further, as an Account Holder, you are legally required to complete and provide this tax form upon account opening.

In case of any questions regarding the Tax Regulations, please contact your tax adviser or your competent tax authorities.

Please complete all the appropriate sections below and in case of any change in circumstances, provide the updated self-certification including such changes within 30 (thirty) days following the said change of circumstances. You declare that the information provided is to the best of your knowledge and belief, accurate and complete.

INDIVIDUAL'S TAX RESIDENCE SELF-CERTIFICATION

Automatic Exchange of Information for the Common Reporting Standards (AEOI-CRS) under the Organisation for Economic Co-operation and Development (OECD)

Tax residency is required for AEOI-CRS purposes, so please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Number (TIN). For further information on this regulation (e.g. the definitions), please go to the official portal:

<http://www.oecd.org/tax/automatic-exchange/>

Country(ies) of residence for tax purposes*

Tax Identification Numbers*

Or tick if TIN
unavailable

I certify that the Financial Account's holder is not a resident for tax purposes in a country other than the country indicated in section 1 above (tick the box).

Additional countries of residence for tax purposes (if any)

I certify that, in addition to the country indicated in above section, that I am also resident for tax purposes in the following countries and that the TIN attached to each additional country is shown below or that I have ticked the box to indicate that the TIN of one of these countries is unavailable (please use a separate sheet of paper if you are resident for tax purposes in more than three additional countries):

Country:* TIN:* or TIN unavailable:

Country:* TIN:* or TIN unavailable:

⁹ The term "Tax regulations" refers to regulations created to enable Automatic Exchange Of Information (AEOI). It is not limited but includes the Foreign Account Tax Compliance Act (FATCA) contained in the US Hire Act 2010 and the Common Reporting Standard (CRS) approved by the Organisation for Economic Co-operation and Development (OECD) Council on 15 July 2014 for automatic exchange of financial account information.

Statements and signature

I acknowledge that the information concerning my account(s) and the information contained in this KYC form will be sent to the Luxembourg tax authorities, for the purposes of compliance with CRS obligations exclusively.

I acknowledge that I have been informed that such information will also be automatically exchanged with the tax authorities of any Reportable Jurisdiction(s) in which I am resident for tax purposes.

I acknowledge that Opportunity Financial Services SA, acting as data controller, shall process my personal data provided to fulfill this document, in accordance with the law dated 2 August 2002 relating to the protection of individuals with regard to the processing of personal data (the "2002 Law") and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data ("GDPR") that, according to such regulations and the CRS Law, I have been informed that Opportunity Financial Services SA shall process my personal data provided in this KYC form, only for the purpose of comply with legal obligations in regards of Anti-Money Laundering and Terrorism Financing.

I undertake to inform the financial institution of any Change in Circumstances and to provide it with a new signed and dated valid self-certification, highlighting such Change in Circumstances, within 30 (thirty) days from such Change in Circumstances.

I certify that all the statements made in this form are accurate and complete, even if are referring to a third person different from me, for which I have obtained the correspondent consent.

Signature of the Account Holder:

Last name, first name*:

Date * _____

In case of Change in Circumstances, please highlight any information that has changed in the updated form communicated to us.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Complete the right section* (“I AM / WE ARE US PERSON” or “I AM / WE ARE NOT US PERSON”) and provide the appropriate documentation*. For further information on this regulation (e.g. definitions), please go to the official portal: <https://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>

- I AM / WE ARE US PERSON for the purposes of the American tax law (link with the US, e.g.: professional, Green card, residence, nationality, long stay, taxation with spouse considered “US Person”)** (For joint accounts, each subscriber shall provide the relevant confirmation)

We undertake to provide Opportunity Financial Services SA Luxembourg a **W9 Form duly filled and electronically signed in** accordance with the principles of the US Tax laws. <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

- I AM / WE ARE NOT US PERSON for the purposes of the American tax law (link with the US, e.g.: professional, Green card, residence, nationality, long stay, taxation with spouse considered “US Person”)** (For joint accounts, each subscriber shall provide the relevant confirmation)

We undertake to provide Opportunity Financial Services SA Luxembourg a **W8BEN Form duly filled and electronically signed** in accordance with the principles of the US Tax laws.

<https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

Specific FATCA conditions could be found in the prospectus of the funds.

The account opening and subscriptions are not authorized if you do not provide the above mentioned FATCA documentation or the other tax information.

I acknowledge that the information (i.e. contained in this account opening form and especially in this tax form and all other required tax information such as the account balance, the amount of revenue and sale proceeds paid or credited to the Financial Account) may be reported to the competent tax authorities, if required.

*As an Account holder or authorized signatory (provide the certified copy of the power of attorney), I hereby sign the tax information form:

By signing hereunder, I declare that:

- I have full legal capacity.
- I acknowledge that Opportunity Financial Services SA, acting as data controller, shall process my personal data provided to fulfill this document, complying with Data Protection regulations and the CRS Law.
- I have been informed that Opportunity Financial Services SA, s shall process my personal data provided in this KYC form, only for the purpose of complying with legal obligations in regards of Anti-Money Laundering and Terrorism Financing.
- All the information provided is true, correct and complete and undertake to provide a new declaration if any information becomes incorrect or changes, within 30 days, even if are referring to a third person different from me, for which I have obtained the correspondent consent..

| Name / Denomination | Title | Date (dd/mm/yy) | Signature |
|---------------------|-------|-----------------|-----------|
| | | | |
| | | | |

DECLARATION OF FISCAL CONFORMITY

As Beneficial Owner,

0 I confirm and I commit to abide to my fiscal obligations (declaration and payment of tax) towards the authorities of the country (ies) where I am required to pay tax related to all assets that I owe via the company administered by OFS governed by the service agreement signed..

0 I admit having been informed that the detention of certain assets can have fiscal consequences independent of the place of fiscal residence and I take notice that it is recommended to consult with my experts and fiscal advisors in order to determine my obligations towards the declaration.

0 I confirm that OFS has informed me that by not conforming to my fiscal obligations, I can be liable to financial penalties and/or criminal charges in my country of fiscal residence.

Finally, I am aware that in accordance to international agreements, taken by the Grand Duchy of Luxembourg, my name can be transmitted, on demand and if the conditions underlying the international agreements are respected, to foreign competent authorities, including fiscal authorities and that BPP has no responsibility regarding the sanctions that I would incur due to the non-respect of my obligations in the matter.

| Name / Denomination | Title | Date (dd/mm/yy) | Signature |
|---------------------|-------|--------------------|-----------|
| | | | |
| | | | |

IDENTIFICATION OF THE POLITICALLY EXPOSED PERSON(S) (“PEP”)

Tick this box if one of the people mentioned on this form is a “Politically Exposed Person” (PEP)

| Name and first name | Status (refer to “a-b-c” categories as described in the Glossary) | Mandate |
|---------------------|--|---------|
| | | |
| | | |
| | | |

CONTACT PERSON WHO IS FAMILIAR WITH THE BENEFICIAL OWNER(S). WITH THE BENEFICIAL OWNER(S)

Depending on the answers provided on this form, we may contact you for further information concerning your Beneficial Owner(s)

| Name and first name of the | Telephone number | E-mail Address |
|-------------------------------|------------------|----------------|
| | | |