

SKYLINE UMBRELLA FUND ICAV

Account Opening Form SPRUCEGROVE GLOBAL UCITS

This Account Opening Form, which acts as an account opening form, should be read in the context of and together with the latest Prospectus & Supplement(s) of the ICAV (collectively referred to as the "Prospectus"), and save where otherwise defined in this Account Opening Form, all capitalised terms shall have the same meaning as in the Prospectus. Please complete all the following sections as indicated.

PLEASE NOTE THAT SEPARATE FORMS ARE REQUIRED FOR SUBSCRIPTIONS AND REDEMPTIONS OF SHARES. THESE FORMS ARE CONTAINED AT APPENDICES I AND II.

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IMPORTANT: Your personal information will be handled by the Administrator or its duly appointed delegates as Data Processor for the Fund in accordance with the Irish Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (Regulation 2016/679) (together the "Data Protection Legislation"). Your information provided herein will be processed for the purposes of complying with the Data Protection Legislation and this may include disclosure to the Irish Revenue Commissioners.

This Account Opening Form constitutes your agreement to subscribe for Shares in the Sprucegrove Global UCITS (the "Fund"). Once fully completed and signed, this Account Opening Form and full identity verification documentation should be sent to the following address and/or facsimile number, and **if sent by facsimile the original Account Opening Form and supporting documentation must follow by post.**

Once the signed Account Opening Form and complete identity verification documentation is received and verified, the Administrator will send you an account number that is unique to you, this account number should then be included on the subscription form (see Appendix I for dealing information). The account number must be specified on all subscription forms in order for the deal to be executed. Subscription (dealing) instructions and associated proceeds must not be forwarded until the account number is issued to you by the Administrator. Please note this may take up to 4 Business Days.

Any deal instructions will be rejected until the Account Opening Form and supporting identity verification documentation has been processed and verified by the Administrator.

Account Opening Forms must be received by the Administrator by 10:30am on the relevant Dealing Day.

Skyline Umbrella Fund ICAV
Attention: Davy TA Queries Team
c/o Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A
City East Plaza
Towlerton, Ballysimon
Limerick
V94 X2N9
Ireland
T +353 (0)1 434 5124
F +353 (0)1 434 5285
E davy_ta_queries@ntrs.com

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1. Registration Details *Please complete in full*

Full Name of Applicant:

Registered Office Address	Mailing Address (if different)
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>

Telephone Number: <input style="width: 180px; height: 20px;" type="text"/>	Telephone Number: <input style="width: 180px; height: 20px;" type="text"/>
Fax Number: <input style="width: 180px; height: 20px;" type="text"/>	Fax Number: <input style="width: 180px; height: 20px;" type="text"/>
Contact Name: <input style="width: 180px; height: 20px;" type="text"/>	Contact Name: <input style="width: 180px; height: 20px;" type="text"/>
E-mail Address: <input style="width: 180px; height: 20px;" type="text"/>	E-mail Address: <input style="width: 180px; height: 20px;" type="text"/>

Details of Authorised Contactee/Agent*

By ticking the box opposite and signing this Account Opening Form, I hereby authorise the Administrator to transfer to the authorised contactee/agent copies of contract notes, statements, investor reports and other documentation that may contain my personal details and/or information in relation to my investment in the Fund.

*If you do not wish to appoint an authorised contactee/agent, please leave this section blank.

Full Name:

Relationship with the Applicant: (e.g. agent)

Registered Office Address	Mailing Address (if different)
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>
<input style="width: 375px; height: 20px;" type="text"/>	<input style="width: 375px; height: 20px;" type="text"/>

Telephone Number: <input style="width: 180px; height: 20px;" type="text"/>	Telephone Number: <input style="width: 180px; height: 20px;" type="text"/>
Fax Number: <input style="width: 180px; height: 20px;" type="text"/>	Fax Number: <input style="width: 180px; height: 20px;" type="text"/>
Contact Name: <input style="width: 180px; height: 20px;" type="text"/>	Contact Name: <input style="width: 180px; height: 20px;" type="text"/>
E-mail Address: <input style="width: 180px; height: 20px;" type="text"/>	E-mail Address: <input style="width: 180px; height: 20px;" type="text"/>

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2. Bank Account Details

Please complete in full

Applicant's Banking Information

Important information regarding bank accounts for subscriptions and redemptions

Third party payments are not permitted for redemptions. Please confirm the details of the bank accounts from which and to which payments will be made below.

A copy of a recent bank statement (no more than 3 months old) or a banker's reference, must accompany the application to evidence the bank account details provided for subscriptions and redemption payments are for a bank account in the registered account name. Accounts in the name of regulated entities are exempt from this requirement

To meet anti-money laundering and counter terrorist financing obligations under the current legislation, all joint bank account holders will be required to complete identity and verification requirements, even where those joint bank account holders will not be registered holders of shares or units in the fund.

Failure to provide all the anti-money laundering identity and verification requirements, bank account information and documentation requested as part of this application will result in a failure in setting up the account and subscribing to the fund.

THIS SECTION MUST BE COMPLETED BY ALL INVESTORS OTHER THAN EQUIVALENTLY REGULATED ENTITIES OPENING AN ACCOUNT IN THEIR OWN NAME OR THE NAME OF THEIR NOMINEE COMPANY, EITHER FOR THEIR OWN BENEFIT OR THE BENEFIT OF ONE OR MORE THIRD PARTIES

A request to change bank account details MUST BE MADE IN WRITING TO THE ADMINISTRATOR AND MUST BE ACCOMPANIED BY a bank statement or banker's reference to evidence the new bank account details provided are for a bank account registered account name.

BENEFICIARY BANK INFORMATION

Name of Bank		
A/c Name		
Address of Bank		
A/c Number		
Sort Code		
IBAN:		
Swift Code / ABA		Reference Code:

CORRESPONDENT BANK INFORMATION

Note: Required if Payment CCY differs to bank account residency or if your bank account does not support Multi currency payments

Correspondent Bank Name	
Correspondent BIC/SWIFT Code/Sort Code/ABA Code	
Correspondent A/c Name	

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Correspondent Number / IBAN	Account	
Correspondent Bank Address		

Please complete the Bank Account Details for the account that you wish any redemption payment to be paid:

Bank account details for any redemption payments.

Name of Bank	<input type="text"/>
SWIFT Code	<input type="text"/>
Account Number	<input type="text"/>
Account Name	<input type="text"/>
Sort Code & IBAN	<input type="text"/>

Note: No third party payments will be undertaken

Note: A request to change bank account details must be made in writing to the administrator, requiring an original signed instruction, and must be accompanied by a bank statement or banker's reference

Please contact the Administrator if payment details are required in any other currency. Any bank charges in respect of telegraphic transfers or otherwise will be deducted from the amount or value of subscriptions and the net amount invested in Shares. Requests for redemption or distribution payments to be made by telegraphic transfer will be subject to bank charges. The Base Currency of the Fund and the designated currency of any Shares will be set out in the Supplement. Applications for Shares shall be accepted in the Base Currency of the Fund or the designated currency of the relevant Share Class. At the discretion of the ICAV or the Manager, applications may be accepted in currencies other than the Base Currency.

No redemption payment may be made until the original Account Opening Form has been received by the Administrator and the Administrator is satisfied that all necessary anti-money laundering documentation and checks have been received and completed in full.

By **ticking the box** below, I hereby consent to the provision of contract notes, statements and other reports, by secured or encrypted electronic transmission, which may be issued from time to time by the Administrator in respect of my holdings in the ICAV.

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3. Declaration of Residency (applicable to Irish resident investors only)

Investment Undertaking Tax - Declaration of Residence

Declaration of Residence inside or outside Ireland (OWN BEHALF ONLY)

Please tick (i), (ii) or (iii) as appropriate

(i) Irish residents

I am/we are an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

OR

(ii) Exempt Irish residents

I am/we are an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(iii) Non-Irish residents

I am/we are not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of residence outside Ireland below.***

Declaration of Residence for the beneficial owner inside or outside Ireland (INTERMEDIARIES ONLY)

Please tick (i), (ii) or (iii) as appropriate

(i) Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the units is an Irish resident who will cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. *Irish resident companies entitled to the lower rate of Investment Undertaking Tax are required to provide a statement on its letterhead confirming that the company is within the charge of corporation tax.*

OR

(ii) Exempt Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is an Irish resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of exempt Irish residents below.***

OR

(iii) Non-Irish residents

As an Intermediary, I/we declare that the person who will be beneficially entitled to the shares/units is not currently resident or ordinarily resident who will not cause the Fund to have an obligation to deduct and pay tax to the Irish Revenue Commissioners. ***If this box is ticked, please also complete the declaration of residence outside Ireland below.***

Authorised signatory: _____

Authorised signatory: _____

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Date: ___ / ___ / ___

Declaration of exempt Irish resident entities

Declaration referred to in Section 739D(6), Taxes Consolidation

[It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units.]

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares/units on behalf of the applicant named below who is entitled to the units in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is: *(please tick as appropriate)*
 - a pension scheme;
 - a company carrying on life business within the meaning of section 706 TCA 1997;
 - an investment undertaking;
 - an investment limited partnership;
 - a special investment scheme;
 - a unit trust to which section 731(5)(a) TCA 1997 applies;
 - a charity being a person referred to in section 739D(6)(f)(i) TCA 1997;
 - a qualifying management company;
 - entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997* (see further requirement for Qualifying Fund Manager below);
 - a PRSA Administrator;
 - a credit union within the meaning of section 2 of the Credit Union Act 1997.

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the units in respect of which this declaration is made are held for charitable purposes only and
 - form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
 - are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- I undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

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Additional requirements where the declaration is completed by a qualifying fund manager / PRSA Administrator

- I/we* also declare that at the time this declaration is made, the units in respect of which this declaration is made
 - are assets of *an approved retirement fund/an approved minimum retirement fund or a PRSA, and
 - are managed by the Declarant for the individual named below who is beneficially entitled to the units.
- I/we* undertake that, if the units cease to be assets of *the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the units are transferred to another such fund or account, I/we* will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

*Delete as appropriate

Additional requirements where the declaration is completed by an Intermediary

- I/we* also declare that I am/we are* applying for shares/units on behalf of persons who
 - to the best of my/our* knowledge and belief, have beneficial entitlement to each of the shares/units in respect of which this declaration is made, and
 - is a person referred to in section 739D(6) TCA 1997.
- I/we* further declare that
 - Unless I/we* specifically notify you to the contrary at the time of application, all applications for shares/units made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D TCA 1997, and
 - I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA 1997.

* Delete as appropriate

Name of applicant: _____

Irish tax reference number of applicant: _____

Authorised signatory: _____ **(declarant)**

Capacity in which declaration is made: _____

Authorised signatory: _____ **(declarant)**

Capacity in which declaration is made: _____

Date: ____ / ____ / ____

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IMPORTANT NOTES

1. This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.

2. Tax reference number in relation to a person has the meaning assigned to it by Section 885 TCA, 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the share/units.

3. In the case of, (i) an exempt pension scheme, the administrator must sign the declaration; (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.

Declaration of residence outside Ireland

It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units. Terms used in this declaration are defined in the Prospectus.

Declaration on own behalf

I/we* declare that I am/we are* applying for the shares/units on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares/units in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland, and
- Should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

*Delete as appropriate

Declaration as Intermediary

I/we* declare that I am/we are* applying for shares/units on behalf of persons:

- who will be beneficially entitled to the shares/units; and
- who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

*Delete as appropriate

Name and address of applicant: _____

Signature of applicant or authorised signatory: _____ (declarant)

Capacity of authorised signatory (if applicable): _____

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Date: ____ / ____ / ____

Joint Applicants:

Names: _____ **Signatures:** _____

IMPORTANT NOTES

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.

2. To be valid, the Account Opening Form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.

3. If the Account Opening Form (incorporating the declaration required by the Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the declaration.

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4. Identity Verification

Due Diligence Information

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Anti-Money Laundering (AML) Due Diligence Documentary Requirements in accordance with The Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 – 2018. Please complete the area below applicable to you and provide the identity verification documentation initially requested.

IMPORTANT: Be aware that the ICAV reserves the right to request additional information and documentation, including requiring that previously submitted documentation be certified as a true copy and re-submitted to ensure the ICAV's compliance with the Act and any associated regulations and authoritative guidance.

1. Guide to completing this form.

Part I – Purpose of the Investment.

Part II - This section must be completed by all applicants.

Part III - Please provide the due diligence documentation outlined in this section.

Be aware that this may extend to identifying the beneficial owner and verifying their identity until such time that the ultimate natural persons beneficially owning the investment are identified.

Examples of Photographic Identity Documentation

- Current passport.
- Current driving licence.
- Current national identity card.
- Identity document with photographic identity issued by a government department.

Examples of Proof of Address

- Bank statements/credit card statements.
- Utility bill.
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the revenue commissioners or equivalent.
- Correspondence from any government body.
- Driving licence which confirms the address provided it has not also been used to satisfy the photographic identity requirement above.
- Payslip or salary advice dated within the previous 3 months.
- Confirmation of address from a lawyer or financial institution.

Note: All documentation must reflect the current residential address and must be dated within the previous 3 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 3 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Note that, in all cases the Administrator or ICAV may, at its absolute discretion request further due diligence documentation/ information to satisfy applicable procedural and regulatory requirements.

Please note that for certain types of investors (for example a politically exposed person ("PEP") or a recognised regulated entity) the administrator will require and request further information.

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2. Certification of Documents – Required for High Risk countries

Certified copies of personal identification documents and corporate documentation are required for certain identified investors. Documents must be a 'certified true copy of original'.

In terms of certifying a document as a true copy, certification means that there is an original signature on the document from a suitable person that can be independently verified.

Suitable persons include:

- An authorised signatory of a Regulated Financial Institution or Credit Institution.
- An authorised signatory of a Financial Adviser.
- A Justice of the Peace.
- A Notary Public or Practicing Solicitor.
- A Practicing Chartered or Certified Public Accountant.
- A person authorised to sign on behalf of an Embassy or a Consul.
- A practicing Barrister

Certification of each document should include:

- A signed statement confirming that this document is a true and accurate copy of the original document as seen by the person certifying the document.
- The name (in block capitals), occupation and contact details (address, telephone number and email address) of the person certifying the document, as a true copy of the original document.
- The date of certification of the document, as a true copy of the original document.

Note 1: Where the document, being certified as a true copy of the original document, contains a photograph, the person certifying the document as a true copy should also confirm that this a true likeness of the person named in the document.

Note 2: The document being provided as a true and accurate copy of the original document must include a wet ink signature of the person certifying the document as a true and accurate copy of the original document (i.e. no scanned or photocopied copies of the document being certified as a true copy of the original document, can be accepted).

Note 3: For multiple page documents, the certifier should sign or initial each page of the copy and confirm on the first or last page of the document the actual number of pages in the document.

Note 4: Where available, the statement of certification as a true copy of the sighted original should be accompanied by the professional stamp or seal of the certifier.

Note 5: When certifying documents as true copies, the certifier should not be a close family member of, or have any apparent or potential conflicts of interest with, the investor.

3. English Translations

Where due diligence documents are provided in a language other than English, the prospective investor should, at the same time, provide a relevant extract translated by an independent source confirming also the adequacy of the foreign language documents.

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Due Diligence Information - Purpose of the Investment

Part I to be completed only by natural persons and legal persons investing in their own name for their own benefit. Institutional investors and legal entities investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties are not required to complete Part I. This information is required to meet our AML obligations under the current AML legislation in Ireland and will be used solely for those purposes.

What is the expected annual subscription to the Fund:

How frequently do you expect to trade in the Fund (please tick): Once-Off Subscription

Once a: Month Quarter Year

If more frequently than the options provided, please provide an estimate of frequency:

Please indicate the term of your investment (please tick): 3-5 years 5-10 years 10+ years

Due Diligence Documentation- Investor Type

Part I – All Investors

Please tick investor type below (Please note, investor type indicates the documents required to open account):

- | | | |
|-------------------------------------------|------------------------------------------------------------|--------------------------|
| Private/ Unlisted Company | <input type="checkbox"/> Charities | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> Trusts/ Foundations | <input type="checkbox"/> |
| Listed Company | <input type="checkbox"/> Collective Investment Scheme/Fund | <input type="checkbox"/> |
| Subsidiary of a Listed Company | <input type="checkbox"/> School, college or university | <input type="checkbox"/> |
| Regulated Credit or Financial Institution | <input type="checkbox"/> Pension Schemes | <input type="checkbox"/> |
| Nominee Company | <input type="checkbox"/> Trade Unions | <input type="checkbox"/> |
| Government Body or Public Authority | <input type="checkbox"/> Church | <input type="checkbox"/> |
| Individual | <input type="checkbox"/> Other- Please specify: _____ | <input type="checkbox"/> |

Occupation/Business Activity

If you, or any beneficial owners, are a Politically Exposed Person, please check the box

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A Politically Exposed Person ('PEP') means an individual (or family member or close associate of such individual) who is, or has, at any time in the preceding 12 months, been entrusted with a prominent public function.

Due Diligence Documentation- Leverage Across Investments

By checking the below box, I hereby authorize NTIFASIL (the administrator) to leverage the due diligence documentation provided for the purposes of compliance with applicable regulatory requirements across all investments which I currently hold/ may hold in the future across all funds which are administered by NTIFASIL.

Due Diligence Documentation- Ultimate Beneficial Owner

Please complete the relevant section to your entity type. The Ultimate Beneficial Owner section must be completed. Non-completion could delay acceptance of subscription.

Corporate Entities

Ultimate Beneficial Owners are individuals who directly or indirectly hold ownership of 25% or more of the shares or voting rights in an entity, or otherwise exercise control of the entity.

* In cases where shareholder(s) are entities with 25% or more ownership or control, please provide the details of Individual(s) who hold beneficial ownership 25% or more. For Trusts or similar arrangements, Ultimate Beneficial Owners include the beneficiaries, the settlor, the trustee(s) and the protector (if any). The beneficiaries are the individuals benefiting from the trust or similar legal arrangement.

Please complete the below:

Name	Address	% Ownership or Control Function	Nationality	Date of Birth

For Trusts or similar arrangements, where the beneficiaries are not yet been determined, the class of persons in whose main interest the trust or similar legal arrangement has been set up should be stated (please provide an additional document/ information as required):

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Note: If there is/ are no Individual(s) with a beneficial interest of 25% or more (either directly or indirectly) of the shares or voting rights of the entity, or anyone that otherwise exercises control of the entity (where applicable), please check the box.

Declaration - I/We declare that the information contained in this form and the attached documentation, if any, is true and accurate to the best of my/our knowledge and belief.

Signature 1 _____ Print Name _____ Date _____

Signature 2 _____ Print Name _____ Date _____

Related Person Detail

Full names of all Related Persons:

- In the case of natural persons, Related Persons means any person authorised to act on behalf of the investor
- In the case of a company, Related Persons means the directors.
- In the case of a Partnership, Related Persons means the partners.
- In the case of a limited liability company (LLC), Related Persons means the managing members.
- In the case of a trust, foundation or similar legal arrangement, Related Persons means the trustees.
- In the case of a charity/government body/ university/ school/ college/ club/ society, Related Persons means the authorising officers/ board members/ officials.

Name	Address	Nationality	Date of Birth

Due Diligence Documentation- Requirements

Part II- Due Diligence Requirements

Outlined below is guidance on the documentation which the Fund/ICAV/ Manager & Northern Trust (as Administrator) will require when undertaking due diligence to establish the identity of an investor and verify same to the extent warranted by risk.

The Fund/ICAV/ Manager & Administrator hereby reserves the right to request such further information and/or documentation from investors as is necessary from time to time to satisfy Irish regulatory requirements.

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Examples of Photographic Identity Documentation

- Current passport.
- Current driving licence.
- Current national identity card.
- Social welfare/revenue card or any identity document with photographic identity issued by a government department.

Examples of Proof of Address

- Bank statements/credit card statements.
- Utility bill.
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the revenue commissioners or equivalent.
- Correspondence from any government body.
- Driving licence which confirms the address provided it has not also been used to satisfy the photographic identity requirement above.
- Payslip or salary advice dated within the previous 6 months.
- Confirmation of address from a lawyer or financial institution.

Note: All documentation must reflect the current residential address and must be dated within the previous 3 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 3 months, in which case such document may be accepted during that period, to a maximum of 12 months (e.g. correspondence from local authorities).

Letter of Assurance

Please contact Northern Trust for a template letter of assurance if required.

Note: Investors are required to notify the Fund/ICAV Manager & Northern Trust of any changes to the AML information which was previously provided (e.g. changes in directors/controllers or beneficial owners).

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Equivalent Jurisdictions (i.e. jurisdictions where a presumption of comparability with Ireland may be made)

Australia, Austria, Belgium, Brazil, Bulgaria, Canada, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Guernsey, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Jersey, Lithuania, Luxembourg, Malta, Netherlands (including Aruba), Norway, Poland, Portugal, Republic of Korea, Romania, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, United Kingdom (including Gibraltar).

Deemed High Risk Countries

Afghanistan,Albania,Angola,Azerbaijan,Bahamas,Belarus,Belize,Benin,Bolivia,Bosnia and Herzegovina, Burma (Myanmar), Burundi, Cambodia, Cape Verde, Central African Republic, Chad, China, Colombia, Congo Democratic Republic, Congo Republic, Costa Rica ,Cuba Iran, Cyprus, Democratic People's Republic of Korea (North Korea), Democratic People's Republic of Korea (North Korea),Dominican Republic, Ecuador, Egypt ,El Salvador, Equatorial Guinea, Eritrea, Ghana, Guatemala, Guinea, Guinea Bissau, Haiti, Honduras, India, Iran, Democratic People's Republic of Korea (North Korea),Iraq, Ivory Coast (Cote d'Ivoire), Jamaica, Jordan, Kazakhstan, Kyrgyzstan, Laos, Latvia, Lebanon, Liberia, Libya, Liechtenstein, Macau, Maldives ,Marshall Islands, Mauritania, Mexico, Moldova, Monaco ,Montenegro, Morocco, Mozambique, Myanmar (Burma), Namibia, Nicaragua, Nigeria, Pakistan, Palau, Palestinian Territories ,Panama, Peru, Russia, Saint Kitts and Nevis, Saudi Arabia, Senegal, Serbia, Sierra Leone ,Somalia, South Sudan, Sudan, Swaziland,Syria,Syria,Tajikistan,Tanzania,Tunisia,Tunisia,Turkey,Turkish Cypriot Administered Cyprus, Turkmenistan, Ukraine, United Arab Emirates, Uzbekistan, Venezuela, Vietnam, Yemen & Zimbabwe

Note: Northern Trust reviews the risks associated with all locations on a regular basis. The risk associated with a location may change over time. Northern Trust reserves the right to apply a different risk rating than shown in this document.

Regulated Credit or Financial Institution

Where the applicant is a Regulated Credit or Financial Institution from one of the above referenced Equivalent Jurisdictions:

1. Please provide proof of regulation.

Where the applicant is a Regulated Credit or Financial Institution but is not regulated in a Equivalent Country please provide the following confirmations/documentation:

1. Full name of the company
2. Registered number of the company
3. Registered legal address and principal business address of the company
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Identify and verify any beneficial owner beneficially entitled to 25% or more of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the beneficial owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

6. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any beneficial owner of the investment.
7. One or more of the following:
 - Extract from the relevant company registry providing details of the company; and/or

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- Copy of the certificate of incorporation or equivalent of the company; and/or
- Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
- Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.
9. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner of the investment

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Nominee Company

Where the applicant is a Regulated Nominee Company of a Credit or Financial Institution from one of the above referenced Equivalent Jurisdictions:

1. Please provide proof of regulation.

Where the applicant is an Unregulated Nominee Company of a Regulated Credit or Financial Institution from one of the above referenced Equivalent Jurisdictions please provide the following:

1. Letter of Assurance from the Regulated Credit or Financial Institution.
2. Proof of regulation for the Regulated Credit or Financial Institution.

or

Please provide the following confirmations/documentation

1. Full name of the Nominee Company.
2. Registered number of the Nominee Company.
3. Registered legal address and principal business address of the Nominee Company.
4. Details of directors of the company and verify the identity of two directors, or where applicable, one director and one authorised signatory.
5. Proof of regulation for the Regulated Parent Company.
6. Identify and verify any beneficial owner of the investment through the Nominee Company.
7. One or more of the following:
 - Extract from the relevant company registry providing details of the Nominee company; and/or
 - Copy of the certificate of incorporation or equivalent of the Nominee Company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the Nominee Company; and/or
 - Copy of the latest audited financial statements of the Nominee Company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.

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Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Listed Company

1. Please provide proof of listing on a Regulated Market.

Where the applicant is not a Listed Company on an above referenced regulated financial market please provide the following confirmations/documentation:

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered legal and principal business address of the company.
5. Details of Directors of the company- including name, residential address and date of birth & verification of identity of two directors or where applicable one director and one authorised signatory
6. Identification and verification of any beneficial owners who are natural persons, who own 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any beneficial owner of the investment.
8. One or more of the following:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the certificate of incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the company
10. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner of the investment.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

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Subsidiary of a Listed Company

1. Please provide full name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address & principal business address of the subsidiary company.
4. Details of Directors of the company- including name, residential address and date of birth & verification of identity of two directors or where applicable one director and one authorised signatory.
5. Proof of listing for the listed parent company on a Regulated Market (E.g. a regulated market that subjects companies, whose securities are admitted to trading, to disclosure obligations which are consistent with the Legislation of the European Communities- see above Equivalent Jurisdictions).
6. Evidence of ownership by the listed company.
7. Identification and verification of any Beneficial Owner beneficially entitled to 25% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
8. Verification of identity of Company by providing one of the below:
 - Search of the relevant company registry; or
 - Copy of Certificate of incorporation or equivalent; or
 - Copy of Memorandum and Articles of Association or equivalent; or
 - Copy of latest audited financial statements.

Where the parent company is not a Listed Company on an above referenced regulated financial market please provide the following confirmations/documentation :

1. Proof of listing of the company.
2. Full name of the subsidiary company.
3. Registered number of the subsidiary company.
4. Registered legal and principal business address of the subsidiary company.
5. Details of Directors of the company- including name, residential address and date of birth & verification of identity of two directors or where applicable one director and one authorised signatory.
6. Identify and verify any beneficial owner beneficially entitled to 25% or more of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the beneficial owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

7. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify any beneficial owner of the investment.
8. One or more of the following:
 - Extract from the relevant company registry providing details of the company; and/or
 - Copy of the certificate of incorporation or equivalent of the company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the company; and/or
 - Copy of the latest audited financial statements of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.

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10. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify the identity of any beneficial owner of the investment.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Government / Public Body

Where the applicant is a Government Body or Public Authority in Ireland:

1. Please provide background information sourced from a reliable source (e.g. copy of the legal instrument establishing the government body/public authority).

Where the applicant is not a Government Body or Public Authority in Ireland, please provide the following confirmations/documentation:

1. Full name of the government body or public authority.
2. Nature and status of the government body or public authority.
3. Registered legal address of the government body or public authority.
4. Details of the home state of the public authority and details of the nature of its relationship with the public authority.
5. Details of main public body officials- including name, residential address and date of birth & verification of identity of two officials or where applicable, one official and one authorised signatory.
6. Evidence of ownership of the public authority.
7. Names of the main officials of the government body or public authority.
8. Where the country is deemed medium risk by Northern Trust identify and verify the identity of two officials or, where applicable, one official and one authorised signatory.
9. Appropriate background information on the government body or public authority.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

10. Photographic identity document and proof of address for 2 official of the government body or public authority.
11. Certified copy of the audited financial statements of the government body or public authority.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Pension Scheme

Where the applicant is an Employee/Superannuation or similar scheme in one of the above referenced Equivalent Jurisdictions please provide the following confirmations from the trustees of the scheme:

1. Confirmation that the Employee/Superannuation (or similar scheme) provides for retirement benefits to employees.
2. Confirmation that contributions of the Employee/Superannuation scheme are made by deduction from wages.

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3. Confirmation that the rules of the Employee/ Superannuation scheme do not permit a member's interest under the scheme to be re-assigned.

Where the applicant is not an Employee/Superannuation or similar scheme in one of the above referenced Equivalent Jurisdictions please provide the following confirmations/documentation :

1. Full name of the pension scheme.
2. Registered legal address of the pension scheme.
3. One of the following:
 - Confirmation of registration of the pension scheme (as appropriate) from the relevant tax authorities or pensions board.Or
 - Identity of the controllers (trustees/ directors/ governors /board members or equivalent) of the scheme, Constitutional/Formation Document (e.g. Trust Deed) & appropriate background information e.g. via internet search.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

4. Identify and verify the identity of the scheme administrator and entity carrying out AML/CTF controls on scheme investors (per legal form); or
5. Receive written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Collective Investment Scheme

1. Please provide proof of listing on a regulated financial market.

Where the applicant is a Collective Investment Scheme regulated as a designated person from one of the above referenced Equivalent Jurisdictions :

1. Please provide proof of regulation.

Where the Collective Investment Scheme ('CIS') is not either listed on a regulated financial market (as above) or regulated as a designated person in one of the above referenced Equivalent Jurisdictions please provide the following confirmations/documentation :

1. Full name of the CIS.
2. Registered address of the CIS.
3. Prospectus or equivalent of the CIS.
4. Name and address of the promoter of the CIS.
5. Name and address of the administrator of the CIS.
6. Name and address of the entity carrying out due diligence on the investors in the CIS and confirmation that this entity is regulated for AML purposes.
7. Names of any investors (Beneficial Owners) who own more than 25% of the share capital of the CIS.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

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8. Identify and verify the identity of any investors (beneficial owners) in the CIS who own more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the entity; or Receive written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

1.1 Individuals (including Joint Account Holders)

Where the applicant is an Individual please provide the following documentation:

1. Photographic identity document.
2. Proof of address.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

3. Confirmation of Source of Funds.
4. Confirmation of Source of Wealth

In the case of joints account holders, please provide documents in respect of all holders.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Private and Unlisted Company

Where the applicant is a Private Company/Company not listed on a regulated financial market please provide the following confirmations/documentation:

1. Full name of the Company.
2. Registered number of the Company.
3. Registered legal address and principal business address of the Company.
4. Details of the directors of the Company.
5. Photographic identity document and proof of address for 2 directors or one director and one authorised signatory of the company.
6. Identify and verify any beneficial owner beneficially entitled to 25% or more of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where the beneficial owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the ownership and control structure).

7. One or more of the following:
 - Extract from the relevant company registry providing details of the Company; and/or
 - Copy of the certificate of incorporation or equivalent of the Company; and/or
 - Copy of the Memorandum and Articles of Association or equivalent of the Company; and/or
 - Copy of the latest audited financial statements of the Company.

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Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Identify and verify the identity of any beneficial owner beneficially entitled to more than 10% of the share capital, profit or voting rights or otherwise exercise control over the management of the company.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Limited Liability Company

Where the applicant is a Limited Liability Company (LLC) please provide the following confirmations/documentation:

1. Full name of the LLC.
2. Registered legal address and principal business address of the LLC.
3. Identify all managing members
4. Verify the identity of at least two managing members or, where applicable, one managing member and one authorised signatory.
5. Identify and verify any member beneficially entitled to 25% or more of the entity's share capital or otherwise exercise control over the management of the entity.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc.).

6. Constitutional document for the LLC (e.g. certificate of incorporation).
7. Operating agreement for the LLC

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

8. Identify and verify the identity of any member beneficially entitled to more than 10% of the entity's share capital or otherwise exercise control over the management of the entity.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Partnership

1. Full name of the Partnership.
2. Registered legal address and principal business address of the Partnership.
3. Detail of all partners- including name, residential address and date of birth.
4. Identification and verification of any partners who own 25% or more (directly or indirectly) of the partnership capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form
5. Verify the identity of the general partner and a second partner (or in the absence of same an authorised signatory).

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Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. [reflecting the direct and/ or indirect ownership and control structure.](#)).

6. Constitutional document for the Partnership (e.g. Partnership Agreement).

Where the applicant is not a Partnership Fund or located in one of the aforementioned deemed high risk jurisdictions, the following documentation should also be provided:

7. Identify and verify the identity of at least two partners or, where applicable, one partner and one authorised signatory.
8. Identify and verify the identity of any partners who own more than 10% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the Partnership.

Note: Where the Beneficial Owner is a corporate entity, Northern Trust requires details of the ultimate Beneficial Owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register confirming the identity of the ultimate Beneficial Owner).

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Trust

Where the applicants are Regulated Trustees investing on behalf of a Trust or similar entity, please provide the following confirmations/documentation (only applicable for Trustees not located in a high risk jurisdiction):

1. Full name of trust.
2. Country of establishment of trust.
3. Legal form of the trust.
4. Trust deed or equivalent or confirmation of the trust etc. by reference to an appropriate register.
5. Confirmation of the nature/purpose of the trust.
6. Details of all trustees- including name, residential address and date of birth.
7. Documentation to verify the identity of two trustees or one trustee and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
8. Identify the settlor and verify the settlor.
9. Identify and verify the protector.
10. Identification and verification for any beneficial owners who own 25% or more of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
11. Identification and verification of settlor- including name, residential address and date of birth, as applicable.
12. Identification and verification of protector (as appropriate)- including name, residential address and date of birth, as applicable.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. [reflecting the direct and/ or indirect ownership and control structure.](#)).

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Where the applicants are **not** Regulated Trustees investing on behalf of a Trust, or where the applicant is domiciled in an aforementioned high risk jurisdiction the following confirmations/ documentation should also be provided:

13. Identify and verify the identity of any partners who own more than 10% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the Partnership.
14. Confirmation as to how the settlor was in a position to make the investment.
15. Verify the identity of all trustees (i.e. in accordance with their legal structure or for each individual).

Where the applicants are **not** Regulated Trustees investing on behalf of a Trust or where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Foundation

Where the applicants are Regulated Trustees investing on behalf of a Foundation, please provide the following confirmations/documentation (only applicable for Trustees not located in a high risk jurisdiction):

1. Full name of the Foundation or similar entity.
2. Registered address of the Foundation.
3. Confirmation of the legal form of the Foundation.
4. Constitutional documents equivalent **OR** confirmation of the foundation by reference to an appropriate register.
5. Identify and verify the founder and where practical and the nature/purpose of the foundation.
6. Identify all trustees, and verify the identity of two trustees, where applicable. Where the trustee is regulated proof of regulation should be placed on file.
7. Identify any beneficiary beneficially entitled to 25% or more of the foundation's assets.
8. Identification and verification for any beneficial owners who own 25% or more of the share capital or voting rights or otherwise exercises control over the trust. Where the Beneficial Owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.
9. Identification and verification of settlor- including name, residential address and date of birth, as applicable.
10. Identification and verification of protector (as appropriate)- including name, residential address and date of birth, as applicable.

Note: Where the beneficial owner is a corporate entity, Northern Trust requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or shareholder register or other company documentation etc. reflecting the direct and/ or indirect ownership and control structure).

Where the applicants are **not** Regulated Trustees investing on behalf of a Foundation or similar entity, or where the applicant is domiciled in an aforementioned high risk jurisdiction the following confirmations/documentation should be provided:

1. Identify and verify the identity of the founder.
2. Confirmation of the funding of the foundation.
3. Identify and verify the identity of the beneficiaries who hold more than 10% of the beneficial interest, where practicable.

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Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Charity

Where the applicant is a registered Charity please provide the following confirmations/documentation:

1. Nature/purpose of the charity
2. Nature and source of funding of the charity
3. Registered legal address of the charity & principal business address of the charity.
4. Details of Trustees/Directors/ Governors/Board Members or equivalent.- including name, residential address and date of birth.
5. Documentation to verify the identity of two Trustees / Directors/Governors/Board Members or one Trustee/ Director/Governor/ Board Member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. (If a charitable trust), details of the settlor of the charitable trust.
7. Names or classes of persons who stand to benefit from the objects of the charity.
8. Complete a check of a relevant charities register or source confirmation of the registration of the charity with the relevant tax authorities (e.g. UK Charities Commission/HMRC/ Guidestar).
9. Constitutional/Formation Document for the charity.

Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

Where the applicant is not a registered Charity or where the applicant is domiciled in an aforementioned high risk jurisdiction please provide the following confirmations/documentation:

10. Certified copies of the audited financial statements.
11. Identify and verify the identity of at least two trustees /directors/governors/ board members or, where applicable, one trustee /director/governor/ board member/ company secretary and one authorised signatory of the charity.
12. Certified constitutional/ formation document of the charity.
13. Identify and verify the identity of the beneficiaries (where ascertainable) of the charity.
14. Identify and verify the settlor, where applicable.

Note: Where the applicant is not a registered Charity, documentation provided should be certified as true copies of the original documentation.

Club or Society

Where the applicant is a Club or Society please provide the following confirmations/documentation:

1. Full name of the Club/Society.
2. Registered legal address and principal business address of the Club/Society.
3. Confirmation of the legal status of the Club/Society.
4. Nature/Purpose including the nature of funding of the club/society.
5. Confirmation of the legal status of the club/society.
6. Constitutional/Formation Document (e.g. Trust Deed) and/or copy of audited financial statements (if available) or complete a check of a relevant register (i.e. FCA or the Mutual Public Register in the UK).
7. List of officers of the club/society.

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8. Documentation to verify the identity of two officers of the Club/Society authorised to operation on behalf of the club/society or, where applicable, one officer and one authorised signatory (If individuals, one proof of ID and one proof of address is required).

Note: Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Audited financial statements for the Club/Society.
10. Constitutional/ formation document of the club/society
11. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights.
12. Confirmation of the funding of the club or society.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

School, College or University

Where the applicant is a School, College or University please provide the following confirmations/documentation:

1. Full name of the School, College or University.
2. Registered legal address and principal business address of the School, College or University.
3. Background information on the School, College or University and confirmation of the legal status of the School, College or University.
4. Confirmation of the nature/purpose of the School, College or University with details of how the School, College or University is funded.
5. Obtain names of main officials of the school etc.
6. Documentation to verify the identity of at least two officials or, where applicable, one official and one authorised signatory.
7. Details of ownership of the entity. In particular, confirmation if in public ownership or independent. Where independently owned, identify and verify all persons who own or control 25% or more of the entity's share capital, profit or voting rights.
8. Identify and verify the settlor, where applicable.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

9. Identify and verify the identity of all persons who own or control over 10% of the entity's share capital, profit or voting rights.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

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Church

Where the applicant is a Church please provide the following confirmations/documentation:

1. Full name of the Church.
2. Registered legal address and principal business address of the Church.
3. Confirmation of the nature/purpose of the Church with details of how the Church is funded.
4. Confirmation of a relevant church register or a copy of the revenue approval for the church;
5. Names of all trustees/directors (or equivalent) of the church.
6. Identify and verify the identity of the church secretary or equivalent or, where applicable, verify the identity of one of the trustees.
7. Names or classes of persons who stand to benefit from the objects of the church (where ascertainable).
8. Identify and verify the settlor where applicable.
9. Where there is a named individual beneficiary with a 25% interest or more, the beneficiary will need to be verified.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, the following is also required:

10. Audited financial statements for the Church.
11. Identify and verify the beneficiaries (where ascertainable)
12. Identify and verify the settlor where applicable.

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

Trade Union

Where the applicant is a Trade Union please provide the following confirmations/documentation:

1. Full name of the Trade Union.
2. Registered legal address and principal business address of the Trade Union.
3. Establish whether the trade union is registered or otherwise listed by a controlling body for regulatory or oversight purposes (e.g. Congress of Trade Unions).
4. Consider the legal form of the trade union, its stated purpose, aims and objectives using information from documents supplied for the trade union and through internet searches.
5. Deed or equivalent establishing the existence of the trade union (for example its constitution, by-laws, rules).
6. Identify all persons and their functions who are empowered to make the investment on behalf of the trade union (president, secretary, treasurer and other senior committee members).

Where the applicant is domiciled in an aforementioned high risk jurisdiction, documentation should be certified as true copies of the original.

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5. Benefit Plan Investors

In order for the ICAV and each Fund to accurately monitor its "Benefit Plan Investor" participation, please review the following definition and make the appropriate representations by checking all applicable boxes following the definition

The Subscriber represents that it is:

- A. not a Benefit Plan Investor^[1]; or
- B. a Benefit Plan Investor that is:
 - 1. subject to Part 4 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("**ERISA**");
 - 2. subject to Section 4975 of the Internal Revenue Code of 1986, as amended (the "**Code**") (that has not checked B1);
 - 3. an entity whose underlying assets include "**plan assets**". The Subscriber also represents that the percentage of its "plan assets" compared to the value of its total assets is not more than:

<input type="checkbox"/>	10% *	<input type="checkbox"/>	20% *	<input type="checkbox"/>	30%	<input type="checkbox"/>	40%
<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>	70%	<input type="checkbox"/>	80%
<input type="checkbox"/>	90%	<input type="checkbox"/>	100%				

(* applicable to entities with multiple classes, one of which exceeds the 25% threshold for Benefit Plan Investors)

- 4. an insurance company general account (or is investing general account assets under the U.S. Department of Labor Advisory Opinion Letter 2005-19A). The Subscriber also represents that the percentage of "plan assets" included in the general account is not more than:

<input type="checkbox"/>	10%	<input type="checkbox"/>	20%	<input type="checkbox"/>	30%	<input type="checkbox"/>	40%
<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>	70%	<input type="checkbox"/>	80%
<input type="checkbox"/>	90%	<input type="checkbox"/>	100%				

^[1] A Benefit Plan Investor means (1) an "employee benefit plan" within the meaning of Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended, that is subject to the provisions of Part 4 of Title I of ERISA, (2) an individual retirement account, Keogh plan or other plan described in Section 4975(e)(1) of the US Internal Revenue Code of 1986, as amended, (3) an entity whose underlying assets include "plan assets" by reason of 25% or more of any class of equity interests in the entity being held by plans described in (1) or (2) above, or (4) any other entity (such as an insurance company separate or general account or a group or common trust) whose underlying assets include "plan assets" by reason of an investment in the entity by plans described in (1) or (2) above.

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The Subscriber agrees to promptly notify the Manager and the Administrator immediately if the above response changes and to provide any other information reasonably requested by the Fund, the Manager or the Administrator for the purposes of determining whether or not the Fund is holding "plan assets".

If the Subscriber is, or is acting on behalf of, an employee benefit plan (a "**Plan**") which is subject to ERISA, the Subscriber represents and warrants that: (a) it is aware of and has taken into consideration any applicable diversification requirements of Section 404(a)(1)(C) of ERISA; (b) it has concluded that its proposed investment in the Fund is a prudent one and has independently decided to invest in the Fund; (c) the fiduciary or other person signing this Subscription Agreement is independent of the Fund and parties providing services to the Fund (including without limitation the Manager); (d) this subscription and the investment contemplated hereby is in accordance with all requirements applicable to the Plan under its governing instruments and under ERISA; (e) the Subscriber acknowledges and agrees that parties providing services to the Fund shall not be a "fiduciary" (within the meaning of Section 3(21) of ERISA) with respect to any assets of the Plan by reason of the Subscriber's investment in the Fund; (f) the Subscriber represents and warrants that neither the Manager nor any affiliate thereof has acted as a fiduciary to the Subscriber with respect to the decision to invest in the Fund nor have such persons provided investment advice or a recommendation with respect to the decision of the Subscriber to invest in the Fund; and (g) the investment by the Subscriber in the Fund will not result in a "prohibited transaction" under Section 406 of ERISA or Section 4975(c) of the Code.

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6. Representations, Authorities, and Indemnities

1. I/we confirm that I am / we are 18 years of age or over (delete if you are not a natural person).
2. If you are joint applicants – We direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor (delete if you are not a natural person or you are a sole investor).
3. I/we confirm that I am / we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares on behalf of, or for the benefit of, a US Person, nor do I/we intend transferring any Shares which I/we may purchase to any person who is a US Person. I/we confirm that I/we have the authority to make this investment whether the investment is our own or is made on behalf of another person or institution.
4. I/we indemnify the ICAV, Investment Manager, Depositary, Administrator and other Shareholders for any loss suffered by them as a result of me/us acquiring or holding Shares in the ICAV where, by virtue of my / our holding, I am / we are in breach of the laws of any competent jurisdiction.
5. I/we hereby acknowledge as part of this application that I/we have been provided with a copy of the Prospectus and applicable Supplement and where applicable the most recent annual or half-yearly reports and accounts for the ICAV and furthermore that this application is made on the terms thereof and subject to the provisions of the Instrument of Incorporation of the ICAV. In particular, I/we acknowledge that I am/we are aware of the potential risks associated with this investment and where appropriate have sought professional advice on matters of taxation and such other consequences applicable to the investment.
6. I/we hereby agree to indemnify and hold harmless the ICAV, the Manager, the Administrator, the Depositary, the Investment Manager, and their respective directors, officers and employees against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly, from any misrepresentation or breach of any warranty, condition covenant or agreement set forth herein or in any document delivered to by me/us to the ICAV or the Administrator. The ICAV, the Investment Manager, and the Administrator will not be responsible or liable for the authenticity of instructions received from us or any authorised person and may rely upon any instruction from any such person representing himself to be a duly authorised person reasonably believed to be genuine.
7. The Administrator, the Investment Manager, and the ICAV are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Account Opening Form relates given by me/us in written form, or by facsimile.
8. I/we agree to indemnify each of the Administrator, the Manager, the Investment Manager, and the ICAV and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon a facsimile instruction. In circumstances where such instructions relate to a change in the Applicant's Banking Information referred to above, I/we confirm that I/we will provide you with an original instruction.
9. The Administrator, the Manager, the Investment Manager, and the ICAV may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
10. I/we acknowledge that the ICAV and/or Administrator may refuse to accept any application to subscribe if a prospective investor delays in producing or fails to produce any information required for the purpose of verification as requested by the Administrator and, in that event, any funds received will be returned without interest to the account from which the moneys were originally debited. The ICAV and the Administrator shall not be held liable in this regard.
11. I/we acknowledge that the repurchase proceeds of Shares will only be paid on receipt by the Administrator of a repurchase request from me/us together with such other documentation that the Administrator may reasonably require. I/we further acknowledge that any failure to supply the ICAV or the Administrator with any documentation requested by them may result in a delay in the settlement of redemption proceeds. I/we acknowledge that in such circumstances, the Administrator will process any redemption request received by

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me/us and by doing so I/we will no longer be considered a Shareholder/s notwithstanding that I/we have not received the redemption proceeds.

12. I/we confirm that I/we will notify the ICAV and the Administrator if there are any material changes during the lifetime of this investment in the Beneficial Owner Detail which I/we have provided.
13. I/we acknowledge that the ICAV must obtain and hold details of its beneficial owners for the purposes of compliance with the European Union (Anti-Money Laundering: Beneficial Ownership Of Corporate Entities) Regulations 2016 (S.I. No. 560 of 2016) and that my/our personal details may be provided to a central register of beneficial ownership as part of this process.
14. I/we confirm that I/we have the capacity and am/are duly authorised to make this application and to make the representations and give the indemnities referred to in this Account Opening Form.
15. I/we shall provide the ICAV, the Manager and the Administrator with any additional information which it may reasonably request in connection with tax and or/FATCA and/or CRS regulations/reporting requirements or other similar requirements in order to substantiate any representations made by me/us or otherwise and I/we authorise the ICAV or its agents to disclose such information relating to this application to such persons as they consider appropriate. For the purposes of the Tax Reporting Services, the Administrator may assume that the Fund has obtained any and all effective consents, agreements, waivers or approvals that may be required from Shareholders or others to whom a duty of confidentiality is owed and the Administrator shall not be obliged to enquire further but shall be entitled to rely on any representation made by the Fund or its duly authorised representatives in this respect.

I/we agree to provide to the ICAV, the Manager and the Administrator at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require (the "Tax Information") in connection with this investment (including for the purposes of tax and/or FATCA and/or CRS regulations/reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the ICAV or the Administrator immediately of any such change and further agree to request the redemption of Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the ICAV.

In addition to any information required to the Tax Information, I/we agree to promptly provide, and periodically update, at any times requested by the ICAV, any information (or verification thereof) the ICAV deems necessary to comply with any requirement imposed by Sections 1471-1474 of the U.S. Internal Revenue Code of 1986, as amended (the "Code"), and any Treasury Regulations, forms, instructions, or other guidance issued pursuant thereto in order to reduce or eliminate FATCA withholding taxes. The information required to be provided by the preceding sentence may include, but shall not be limited to, (A) information the ICAV deems necessary to determine whether the Shareholder is a "foreign financial institution" ("FFI") as defined in Code 1471(d)(4) or a "non-financial foreign entity" ("NFFE") as defined in Code 1472(d), (B) if I/we am/are an FFI, any certification, statement or other information the ICAV deems necessary to determine whether I/we meet the requirements of Code 1471(b) (including entering into an agreement with the IRS pursuant to Code 1471(b) (an "FFI Agreement") and complying with the terms thereof or, if the FFI is in a jurisdiction that has signed an intergovernmental agreement ("IGA") with the United States, complying with the terms of the IGA and any local laws or regulations implementing its terms) or is otherwise exempt from withholding required under Code 1471, (C) if I/we am/are an FFI, including an FFI in a jurisdiction that has signed an IGA, a Global Intermediary Identification Number ("GIIN") assigned by the IRS; and (D) if I/we am/are an NFFE, any certification, statement or other information the ICAV deems necessary to determine whether a shareholder meets the requirements of Code 1472(b) (which information may be given to the U.S. Internal Revenue Service ("IRS") pursuant to Code 1472(b)(3)) or is otherwise exempt from withholding required under Code 1472.

In addition to the Tax Information, I/we agree to promptly provide, at any times requested by the ICAV, any information (or verification thereof) the ICAV deems necessary for the ICAV to comply with the terms of the IGA and any Irish laws, regulations or other guidance implementing the IGA, and any information required to comply with the terms of that agreement on an annual or more frequent basis. I/we agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requests and

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acknowledges that, if it fails to provide such waiver, it may be required by the ICAV to withdraw from the Fund if necessary to comply with FATCA and/or CRS and the IGA.

By providing the Tax Information, I/we represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorise the ICAV to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. The ICAV shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of the Tax Information provided by us and I/we will, on demand, hold the ICAV harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information.

I/we hereby acknowledge that if I/we fail to provide the Tax Information on a timely basis, I/we may be subject to 30% U.S. withholding tax on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the ICAV.

I/we hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the ICAV being unable to comply with FATCA, the IGA or CRS the ICAV may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/we further acknowledge and agree to indemnify the ICAV and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the ICAV.

16. I/we hereby acknowledge that any notice or document may be served by the ICAV or Administrator on me/us in the manner specified from time to time in the Prospectus and, for the purposes of the Electronic Commerce Act 2000, if I have provided an e-mail address or fax number to the ICAV or its delegate, consent to any such notice or document being sent to me/us by fax or electronically to the fax number or e-mail address previously identified to the ICAV or its delegate which I/we acknowledge constitutes effective receipt by me/us of the relevant notice or document. I/we acknowledge that I/we am/are not obliged to accept electronic communication and may at any time choose to revoke my/our agreement to receive communications by fax or electronically by notifying the ICAV in writing at the above address, provided that my/our agreement to receive communications by fax or electronically shall remain in full force and effect pending receipt by the ICAV of written notice of such revocation.
17. I/we request that the Shares issued pursuant to this application are registered in the name and address set out on page 1 hereof.
18. I/we accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.
19. I/we acknowledge that all telephone calls with the Investment Manager, the Manager, the Administrator or Depositary may be recorded and consent to such recording.
20. I/we agree (i) to provide these representations to the ICAV and/or the Manager at such times as the ICAV and/or the Manager may request, and (ii) to provide on request such certifications, documents or other evidence as the ICAV and/or the Manager may reasonably require to substantiate such representations.
21. I/we agree to notify the ICAV and/or the Manager immediately if I/we become aware that any of the representations made is no longer accurate and complete in all respects. I/we agree immediately either to sell or to tender to the ICAV for redemption of a sufficient number of Shares to allow the representations to be made again.
22. I/we acknowledge that in respect of a fund which has invested in equity related securities, all or part of that fund's fee and expenses may be charged to the capital of the fund and that this policy will have the effect of lowering the capital value of my/our investment.
23. I/we understand that the confirmations, representations, declarations and warranties made herein are continuing and apply to all subsequent purchases of Shares by me/us in the ICAV.
24. I/we understand that subscription monies paid by me/us into a Subscription/Redemption account will become the property of the Fund upon receipt and during the period between receipt of subscription monies and the Dealing Day on which Shares are issued, I/we will be treated as an unsecured creditor of the Fund.

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25. I/we understand that any redemption proceeds held for any time in a Subscription/Redemption account shall remain an asset of the Fund. In the event of the insolvency of the ICAV or the Fund, I/we will rank as an unsecured creditor of the ICAV until such time as the Administrator is satisfied that its anti-money-laundering procedures have been fully complied with, following which redemption proceeds will be released to me/us.

Key Investor Information Document (“KIID”)

1. I/we hereby acknowledge and confirm that I/we have received, read and understood the KIID for the Fund and Class(es) to which this Account Opening Form relates in good time prior to completing this Account Opening Form. I/we hereby confirm that for any subsequent investments I/we will obtain and read the latest version of the appropriate KIID prior to each subscription and that any future investments to any other sub-fund or share class of the ICAV can also be transacted based on this confirmation. The KIID is available on <https://www.davygfm.com/funds-factsheets/management-company-services>.

2. I/we represent and acknowledge that:

I/we have regular access to the internet and acknowledge and agree that the provision of the KIID by way of email or website is appropriate in the context in which the business between the ICAV, its delegate(s) and me/us is, or is to be, carried on and that the provision by me/us of my/our email address to the ICAV or its delegate(s) is evidence of this.

I/we have been offered the choice of receiving the prospectus and the KIID on paper and in electronic form by means of a website or by email and hereby specifically consent to receiving the KIID in electronic form by email or by accessing the latest version of the document online at <https://www.davygfm.com/funds-factsheets/management-company-services> (or such other website as may be notified to me/us from time to time).

I/we have also been notified electronically of this website address and the place on the website where the KIID can be accessed.

I/we received or accessed by electronic means the KIID.

I/we consent to accessing the KIID by electronic means before making any subsequent and/or future subscriptions for Shares in any Class of the Fund.

The KIID shall be reviewed at least every 12 months and that the up-to-date version of the KIID at any given time shall be made available on <https://www.davygfm.com/funds-factsheets/management-company-services> (or such other website as may be notified to me/use from time to time. I/We agree that I/we will inspect the KIID by accessing the website in good time before making any subsequent and/or future subscriptions for Shares in any Class of the Fund. I/We agree that I/we bear sole responsibility for ensuring that I/we have inspected the up-to-date version of the KIID and that, in any event, I/we consent to be, and shall be deemed to have been, provided with the up-to-date KIID by means of the website in good time before any subsequent or future subscriptions.

Where I/we are acquiring the Shares for or on behalf of any person in my/our capacity as a sub-distributor of the ICAV, I/we certify that prior to accepting any order for the acquisition of Shares, I/we will ensure that the investor will be provided with the current KIID for the relevant Share Class. Where permitted by applicable law, “provided” shall include informing the investor of the applicable website where the KIID may be obtained, which is <https://www.davygfm.com/funds-factsheets/management-company-services> (or such other website address as may be notified to me/us from time to time).

I/we may at any time request a hard copy of any such documentation from the Fund free of charge and/or revoke, in writing or other authorised manner, the consent given to receive such information electronically or to subscribe or redeem Shares of the Fund electronically.

Data Protection

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- I/We confirm that I/we have read in detail the Data Protection Notice appended to this Account Opening Form as Appendix 2. I/We acknowledge that this document provides an outline of my/our data protection rights and the Fund's data protection obligations as they relate to my/our investment in the Fund.
- A. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the ICAV, the Manager or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes. I/We consent to the ICAV, the Manager, or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right to request not to receive such information. The Administrator, or ICAV may disclose personal information to the Depositary and/or the Investment Manager and/or the Manager and/or third parties where necessary or for legitimate business interests. This may include disclosure to third parties such as auditors and the Central Bank of Ireland or agents of the Administrator who process the personal information for anti-money laundering purposes or for compliance with foreign regulatory requirements. The Administrator may and will hold all or part of the information in relation to your shareholding in accordance to legal and regulatory requirements even after you have fully redeemed from the fund.
- B. I/we consent to the processing of my/our information and the disclosure of my/our information as outlined above and to the Manager and/or the Investment Manager and where necessary or in the ICAV's legitimate interests to any company in the Investment Manager's group of companies or agents of the ICAV including companies situated in countries outside the European Economic Area, which may not have the same data protection laws as in Ireland.
- C. From time to time, Manager and/or the Investment Manager may send you information about other products or services which they offer. You have a right to request not to receive such information.

If you do wish to receive such information and/or marketing material, **please tick here:**

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7a. Entity 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 application 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 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 in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located 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 the OECD website 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 ensure that we are advised of these changes promptly

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

*Section 1: Account Holder Identification

*Account Holder Name: _____ (the "Entity")

Country of Incorporation or Organisation: _____

*Current (Resident or Registered) Address:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Section 2: FATCA Declaration:**

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

a) The Entity is a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN: _____

Or

b) The Entity is not a Specified U.S. Person (Please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but not a Specified U.S. Person (Please also complete Sections 4 and 5)

Indicate exemption: _____

***Section 3: Entity's FATCA Classification** (the information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5)

3.1 Financial Institutions under FATCA:

If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN at 3.2 or indicate at 3.3 the reason why you are unable to provide a GIIN.

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	<input type="checkbox"/>
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	<input type="checkbox"/>
III.	<i>Participating Foreign Financial Institution</i>	<input type="checkbox"/>

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3.2 Please provide the Entity’s *Global Intermediary Identification number (GIIN)*

□□□□□□.□□□□□□.□□.□□□□

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	<p>The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN Please provide the sponsor's name and sponsor's GIIN:</p> <p>Sponsor’s Name: _____</p> <p>Sponsor’s GIIN: □□□□□□.□□□□□□.□□.□□□□</p> <p><i>∞NOTE: this option is only available to Sponsored Investment Entities in Model 11GA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a GIIN with the IRS unless and until U.S. reportable accounts are identified.</i></p>	<input type="checkbox"/>
II.	<p>The Entity is an Exempt Beneficial Owner,</p> <p><i>Please tick and confirm the category of Exempt Beneficial Owner;</i></p> <p>I. <input type="checkbox"/> Government Entity</p> <p>II. <input type="checkbox"/> International Organisation</p> <p>III. <input type="checkbox"/> Foreign Central Bank</p> <p>IV. <input type="checkbox"/> Exempt Retirement Fund</p> <p>V. <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</p>	<input type="checkbox"/>
III.	<p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> <p><i>Indicate exemption</i></p> <p><i>Indicate exemption:</i> _____</p>	<input type="checkbox"/>

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IV.	The Entity is a Non-Participating Foreign Financial Institution	<input type="checkbox"/>
V.	The Entity is an Excepted Foreign Financial Institution <i>Indicate exemption: _____</i>	<input type="checkbox"/>
VI.	The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN <i>Trustee's Name: _____</i> <i>Trustee's GIIN: □□□□□□.□□□□□□.□□.□□□□</i>	<input type="checkbox"/>

3.4. If the Entity is **not a Financial Institution**, please confirm the Entity's FATCA classification below by ticking one of the below categories:

I.	Active (NFFE)	<input type="checkbox"/>
II.	Passive (NFFE) <i>(Please tick the box that applies)</i> I. Passive (NFFE) with no Controlling Persons that are specified U.S Persons. II. Passive (NFFE) with Controlling Persons that are specified U.S Persons. <i>(If this box is ticked, please also complete section 6.1 for each of the Controlling Person(s) of the Entity and complete an "Individual (Including Controlling Person(s) Self-certification for FATCA and CRS" form for each Controlling Person(s) as outlined in section 6.2</i>	<input type="checkbox"/>
III.	Excepted (NFFE)	<input type="checkbox"/>
IV.	Direct Reporting NFFE <i>Please provide your GIIN</i> <i>□□□□□□.□□□□□□.□□.□□□□</i>	<input type="checkbox"/>

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*** Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency (Note that Entities may have more than one country of Tax Residence)**

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence and TIN's. <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers> en.347759

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

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 in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	∞If TIN unavailable Select (A, B or C) and check box below

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

- 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)

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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)

***Section 5: Entity's CRS Classification** ((The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above).

In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction.

For more information please see the OECD CRS Standard and associated commentary.

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

5.1 Financial Institutions under CRS:

If the Entity is a Financial Institution, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies and specify the type of Financial Institution below.

Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.

<http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction.</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial</p>	<input type="checkbox"/>

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	Institution or Specified Insurance Company	
III.	<p>Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p> <p><input type="checkbox"/> Central Bank</p> <p><input type="checkbox"/> Broad Participation Retirement Fund</p> <p><input type="checkbox"/> Narrow Participation Retirement Fund</p> <p><input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank</p> <p><input type="checkbox"/> Exempt Collective Investment Vehicle</p> <p><input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts</p> <p><input type="checkbox"/> Qualified Credit Card Issuer</p> <p><input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax. Specify the type provided in the domestic law.</p>	<input type="checkbox"/>

5.2 Non Financial Institutions (“NFE”) under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then, please tick one of the below categories confirming if you are an Active or Passive NFE.

I.	<p>Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market.</p> <p>Please provide the name of the established securities market on which the corporation is regularly traded:</p> <p>_____</p>	<input type="checkbox"/>
II.	<p>Active Non-Financial Entity – if you are a Related Entity of a regularly traded corporation.</p>	<input type="checkbox"/>

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	<p><i>Please provide the name of the regularly traded corporation that the Entity is a Related Entity of:</i></p> <p><i>Please provide details of the securities market on which the Entity is regularly traded:</i></p> <p>_____</p> <p><i>Please provide details of the securities market that the entity is listed on :</i></p> <p>_____</p>	
III.	Active Non-Financial Entity – a Government Entity or Central Bank	<input type="checkbox"/>
IV.	Active Non-Financial Entity – an International Organisation	<input type="checkbox"/>
V.	Active Non-Financial Entity – other than those listed in I, II, III or IV above. <i>(for example a start-up NFE or a non-profit NFE)</i>	<input type="checkbox"/>
VI.	Passive Non-Financial Entity (If this box is ticked please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and a separate "Individual (including Controlling Person's Self-Certification for FATCA and CRS form" as indicated in section 6.2 for each Controlling Person(s))	<input type="checkbox"/>

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard.

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

6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in either the FATCA or CRS Classification sections above, then please also complete this section for each of the Controlling Person(s) of the account holder and provide a

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separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form for each Controlling person as per **6.2 below**.

I.	
II.	
III.	

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiary(ies), AND any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate "Individual (including Controlling Persons) Self-Certification for FATCA and CRS" form for each Controlling Person listed in Section 6.1.

***Section 7: Declarations and Undertakings**

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our 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/We on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

***Authorised Signature(s):**

***Print Name(s):**

***Capacity in which declaration is made:**

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*Date: (dd/mm/yyyy): _____

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7b. Individual (including 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 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.

For further guidance see:<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Unless otherwise defined in the Account Opening Form, capitalised terms used in this Individual Self-Certification Form shall have the same meaning as set-out under FATCA and/or CRS, as applicable.

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(Mandatory fields are marked with an *)

***Section 1: Shareholder/Controlling Person Identification**

***Shareholder / Controlling Person Name:** _____

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

*Town or City of Birth: _____ *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.

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***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")).

NOTE: Under the Irish legislation implementing the CRS, provision of a 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 of Tax Residency	Tax ID Number	☐ If TIN unavailable Select (A, B or C) and check box below

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

- 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 required the collection of the TIN issued by such country/jurisdiction)
-

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)

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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	Entity Name
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) - trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) - protector- 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).

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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.

Further information is available on the OECD website; <http://oecd.org/tax/automatic-exchange/>
And on the Irish Revenue website -<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

*Authorised Signature: _____

*Print Name: _____

*Date: (dd/mm/yyyy): _____

*Capacity (if Controlling Person): _____

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8. Return of Values (Investment Undertakings) Regulations 2013 (for Irish resident investors only)

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Return Regulations"), the Fund is required to collect certain information from certain Irish residents. All applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish resident or ordinarily resident should review the list of Exempt Irish Investors in the Prospectus. If the applicant is Irish resident or ordinarily resident and is not an Exempt Irish Investor, please provide the relevant Tax Identification Number (TIN) / PPS Number together with any one original or copy of the following additional documents: P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter / Book, Pension book, Social Services Card, or Public Services Card. In addition, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes the applicant's name, address and tax reference number is also acceptable. In the case of joint account holders, the additional documentation is required for each applicant. By signing this Account Opening Form the applicant acknowledges that information relating to its investment in Shares in the Fund, the value of such investment and its name(s), address(es) and tax reference / PPS number may be subject to disclosure to the Revenue Commissioners in accordance with the Return Regulations.

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9. Applicant Signatures *Please sign*

Checklist prior to submission of the Account Opening Form to the Administrator (please tick (√) when complete where applicable)	
Section 1: Are all registration details completed?	
Section 1: Are all registration details completed in relation to an authorised contactee/agent?	
Section 2: Have all details been completed to include the amount of shares in figures and words?	
Section 2: Are all bank account details provided?	
Section 3: Have you completed the Declaration of residency form (to include the tax exempt declaration, where relevant) and completed and attached all relevant documentation?	
Section 4: Have you completed the Identity verification section fully and attached the required identity verification documentation?	
Section 5: Have you read and understood the Representations & Warranties section? Have you signed it?	
Section 7a: Have you completed the FATCA form if completing on behalf of an entity?	
Section 7b: Have you completed the FATCA form if you are an individual investor?	
Section 7a: Have you completed the CRS form if completing on behalf of an entity?	
Section 7b: Have you completed the CRS form if you are an individual investor?	
Section 8: Have you completed the Return of values (investment undertakings) section fully? (Irish resident investors only)	
Section 9: Have you fully signed and dated this Account Opening Form?	
If applicable, have you attached supporting evidence for anti-money laundering purposes?	

I/we agree to be bound by the representations and statements set out in this Account Opening Form. If applicable, attach an authorised signatory list of those entitled to instruct on this investment.

Signature

Date

Joint Applicant (if applicable) Signature

Date

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APPENDIX I – SUBSCRIPTION FORM

This Subscription Form is for investors wishing to subscribe for shares in the Sub-Fund(s) indicated below. The completed Subscription Form should be completed in compliance with the Prospectus and delivered to the Administrator, at the address below, by post, facsimile or as provided for in the Prospectus.

ADDRESS FOR DOCUMENTATION

Attention: Transfer Agency
 c/o Northern Trust International Fund Administration Services (Ireland) Limited
 2nd Floor, Block A
 City East Plaza
 Towlerton, Ballysimon
 Limerick
 V94 X2N9
 Ireland
 T +353 1 4345124
 F +353 1 4345285
 E davy_ta_queries@ntrs.com

I/we hereby apply to purchase Shares in the amount of which sum will be paid by telegraphic transfer, and agree to be bound by the Instrument of Incorporation of the ICAV and its material contracts as set out in the Prospectus:

Share Class Name		Monetary Amount*	Monetary Amount in words*	Number of Shares*
Class A Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class C Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class E Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares**	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class A Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class C Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class E Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares**	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class A Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class C Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Class E Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares**	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Please complete EITHER monetary amount/monetary amount in words OR number of shares**
**** Note that the Directors shall close the Class F to further subscriptions 12 months after the Initial Offer Period (as set out in the Supplement) begins. Existing investors in Class F may continue to subscribe for new shares in Class F after the 12 months have lapsed. The 12 months may be extended up to 24 months at the discretion of the Directors.**

The minimum initial subscription amounts are set out below:

Share Class Name		Minimum initial investment amount
Class A Shares	EUR	€5,000,000
Class B Shares	EUR	€15,000,000
Class C Shares	EUR	€50,000,000
Class D Shares	EUR	€100,000,000
Class E Shares	EUR	€400,000,000
Class F Shares	EUR	€20,000,000
Class A Shares	GBP	£5,000,000
Class B Shares	GBP	£15,000,000
Class C Shares	GBP	£50,000,000
Class D Shares	GBP	£100,000,000
Class E Shares	GBP	£400,000,000
Class F Shares	GBP	£20,000,000
Class A Shares	USD	\$5,000,000
Class B Shares	USD	\$15,000,000
Class C Shares	USD	\$50,000,000
Class D Shares	USD	\$100,000,000
Class E Shares	USD	\$400,000,000
Class F Shares	USD	\$20,000,000

Please complete in full

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Cleared subscription monies must be received no later than close of business on the **second Business Day following the relevant Dealing Day**.

If payment in full in cleared funds is not received within the required number of Business Days any provisional allotment of shares may be cancelled.

Please note any subscription proceeds paid in currencies other than the Base Currency of the Fund or the designated currency of the relevant Share Class will be converted into that currency at prevailing exchange rates. This foreign exchange transaction will be arranged by the Administrator at the cost and risk of the relevant investor.

Bank account details for USD Subscription Payments

Pay subscription monies in USD to the following bank account:

U.S. Dollar
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
SWIFT: CNORUS33
Fedwire ABA: 026001122
CHIPS ABA: 0112
Beneficiary: Skyline Umbrella Fund ICAV - Sprucegrove Global UCITS - 193714-20010
Reference: * Sprucegrove Global UCITS

Note: Currency subscription settlement times

- GBP 16:00 GMT
- EURO 14:30 GMT
- USD 16:00 GMT

Bank account details for EUR Subscription Payments

Pay subscription monies in EUR to the following bank account:

Euro – EUR
Intermediary Bank: Barclays Bank PLC, Frankfurt
SWIFT: BARCEFF
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
SWIFT: CNORUS33
A/C Number: 0210472800
Beneficiary: Skyline Umbrella Fund ICAV - Sprucegrove Global UCITS - 628834-20019
Reference: * Sprucegrove Global UCITS

Bank account details for GBP Subscription Payments

Pay subscription monies in GBP to the following bank account:

British Pound – GBP

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Intermediary Bank: Barclays Bank PLC, London
SWIFT: BARCGB22
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
SWIFT: CNORUS33
IBAN: GB64BARC20325353529495
Beneficiary: Skyline Umbrella Fund ICAV - Sprucegrove Global UCITS - 628875-20019
Reference: * Sprucegrove Global UCITS

Note: Currency subscription settlement times
GBP 15:00 GMT

REGISTERED INFORMATION

Registered Account Name

Account Number¹

Your Company Contact

Name:	Phone No:
	Fax No:

¹ Please note you would have received this by email from the Administrator

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APPENDIX II – REDEMPTION FORM

This Redemption Form is for client(s) redeeming Shares from the Sub-Fund(s) below.

This completed Redemption Form should be posted or sent by facsimile to the Administrator at the address below no later than the Dealing Deadline. Redemptions will not be processed on non-cleared/verified accounts.

ADDRESS FOR DOCUMENTATION

Attention: Transfer Agency
c/o Northern Trust International Fund Administration Services (Ireland) Limited
2nd Floor, Block A
City East Plaza
Towlerton, Ballysimon
Limerick
V94 X2N9
Ireland
T +353 1 4345124
F +353 1 4345285
E davy_ta_queries@ntrs.com

Please see the Prospectus for full details of how to apply for a redemption of shares.

Any redemption request which would reduce the value of your aggregate shareholding below the Minimum Subscription amounts specified in the Prospectus may be refused or may result in the redemption of all of your shares.

It should be noted that any outstanding unpaid interest that you owe, arising due to late settlement of subscription monies, may be deducted from the redemption proceeds.

Redemption monies for the Classes of Shares in the ICAV will be remitted in the designated currency of the Class of Shares (or such other currency as the Directors may from time to time determine).

I/We, having received and read a copy of the Prospectus and Instrument of Incorporation of the ICAV wish to redeem Shares in the ICAV as indicated in the table below:

Share Class Name		Monetary Amount*	Monetary Amount in words*	Number of Shares*
Class A Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class C Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class E Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares	EUR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class A Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Class C Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class E Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares	GBP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class A Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class B Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class C Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class D Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class E Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class F Shares	USD	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Please complete EITHER monetary amount/monetary amount in words OR number of shares**

Payments will be made by default to the details provided at the time of registration. If these details have changed please complete the following and contact the Administrator.

Bank Details (for the purposes of receiving redemption monies):

Bank Name:	<input type="text"/>
Branch Name:	<input type="text"/>
IBAN:	<input type="text"/>
BIC:	<input type="text"/>
Account Name:	<input type="text"/>
Account Number:	<input type="text"/>
Sort Code:	<input type="text"/>

I/we acknowledge and agree that if all of the relevant anti-money laundering ("AML") information and Tax information requested under Application Form has not been supplied to the Administrator, that my/our shareholding will be redeemed but that the related monies will be held by the Administrator until such documentation requested has been supplied.

Signature:	<input type="text"/>	Signature:	<input type="text"/>
Print name:	<input type="text"/>	Print name:	<input type="text"/>

Position (only if signing on behalf of the beneficial owner)

Date: / /

Date: / /

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REGISTERED INFORMATION

Registered Account Name

Account Number²

Your Company Contact

Name:	Phone No:
	Fax No:

² Please note you would have received this by email from the Administrator

APPENDIX III

This notice sets out how the Fund will process personal information (as a Data Controller)

Where your details are provided to the Fund as a consequence of your investment in the Fund, then the Fund, acting as a data controller may itself (or through a third party such as Northern Trust International Fund Administration Services (Ireland) Limited (the “**Administrator**”) acting in its capacity as the Fund’s administrator) process your personal information or that of your directors, officers, employees and/or beneficial owners. When processing your personal information, there may also be times where the Administrator will act as a data controller. In connection with this, please note the following:

Purposes of Processing and Legal basis for processing

Your personal data may be processed by the Fund or the Administrator (or any of their affiliates, agents, employees, delegates or sub-contractors) for the following purposes:

- to facilitate the opening of your account with the Fund, the management and administration of your holdings in the Fund and any related account on an on-going basis (the “**Services**”) which are necessary for the performance of your contract with the Fund, including without limitation the processing of redemption, conversion, transfer and additional subscription requests and the payment of distributions;
- in order to carry out anti-money laundering checks and related actions which the Fund considers appropriate to meet any legal obligations imposed on the Fund relating to, or the processing in the public interest or to pursue the Fund’s legitimate interests in relation to, the prevention of fraud, money laundering, terrorist financing, bribery, corruption, tax evasion and to prevent the provision of financial and other services to persons who may be subject to economic or trade sanctions, on an on-going basis, in accordance with the Fund and the Administrator’s anti-money laundering procedures;
- to report tax related information to tax authorities in order to comply with a legal obligation;
- to monitor and record calls and electronic communications for (i) processing and verification of instructions, (ii) investigation and fraud prevention purposes, (iii) for crime detection, prevention, investigation and prosecution, (iv) to enforce or defend the Fund and its affiliates’, itself or through third parties to whom it delegates such responsibilities or rights in order to comply with any legal obligation imposed on the Fund, (v) to pursue the Fund’s legitimate interests in relation to such matters or (vi) where the processing is in the public interest;
- to disclose information to other third parties such as service providers of the Fund, auditors, regulatory authorities and technology providers in order to comply with any legal obligation imposed on the Fund or in order to pursue the legitimate interests of the Fund;
- to monitor and record calls for quality, business analysis, training and related purposes in order to pursue the legitimate interests of the Fund to improve its service delivery;
- to update and maintain records and fee calculation;
- to retain AML and other records of individuals to assist with the subsequent screening of them by the Administrator including in relation to other funds or clients of the Administrator in pursuance of the Administrator’s and its clients’ legitimate interests;

and which are necessary to comply with the Fund or the Administrator’s legal obligations and/or which are necessary for the Fund or the Administrator’s legitimate interests indicated above and/or the processing is in the public interest.

Recipients of Data and International Transfer of Data

The Fund may disclose your personal information as follows:

- to its service providers, including the Administrator, and their affiliates, and other third party service providers engaged by the Fund in order to process the data for the above mentioned purposes;
- to competent authorities (including tax authorities), courts and bodies as required by law or requested or to affiliates for internal investigations and reporting; and

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The disclosure of personal information to the third parties set out above may involve the transfer of data to the USA and other jurisdictions outside the European Economic Area (**EEA**) in accordance with the requirements of the General Data Protection Regulation. Such countries may not have the same data protection laws as your jurisdiction. The Fund has authorised the Administrator as its agent to put in place Standard Contractual Clauses with relevant parties to whom personal data will be transferred. Please contact the Administrator for copies of the Standard Contractual Clauses that have been entered into on behalf of the Fund.

Retention period

The Fund and the Administrator will retain your personal information for as long as required for the Fund or the Administrator to perform the Services or perform investigations in relation to same depending on whether additional legal/regulatory obligations mandate that the Fund retains your personal information.

Data Subject Rights

You have the following rights, in certain circumstances, in relation to your personal information:

- Right to access your personal information.
- Right to rectify your personal information.
- Right to restrict the use of your personal information (in certain specific circumstances).
- Right to request that your personal information is erased (in certain specific circumstances).
- Right to object to processing of your personal information (in certain specific circumstances).
- Right to data portability (in certain specific circumstances).

Where the Fund or the Administrator requires your personal information to comply with AML or other legal requirements, failure to provide this information means the Fund may not be able to accept you as an investor in the Fund.

You have the right to lodge a complaint with a supervisory authority in the EU Member State of your habitual residence or place of work or in the place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the Fund or its service providers infringes the General Data Protection Regulation.

How to contact us

If you have any questions about our use of your personal information, please contact us at ManCo@davygfm.com.