

# SKYLINE UMBRELLA FUND ICAV

## Account Opening Form DRZ Emerging Markets Value Fund

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:** You will need to contact the Distributor or the Administrator before completing this form if you are an Irish resident who is tax-exempt. You will need to request the specific declaration form.

This Account Opening Form constitutes your agreement to subscribe for Shares in the DRZ Emerging Markets Value Fund (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.**

Skyline Umbrella Fund

Attention: IQ-EQ TA Queries Team

C/o: Northern Trust International Fund Administration Services (Ireland) Limited

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Towlerton, Ballysimon

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Ireland

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**1. Registration Details** *Please complete in full*

Full Name of Applicant:	<input style="width: 100%;" type="text"/>		
Registered Office Address	Mailing Address (if different)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Date of Birth:	<input style="width: 150px;" type="text"/>	Date of Birth:	<input style="width: 150px;" type="text"/>
Telephone Number:	<input style="width: 150px;" type="text"/>	Telephone Number:	<input style="width: 150px;" type="text"/>
Contact Name:	<input style="width: 150px;" type="text"/>	Contact Name:	<input style="width: 150px;" type="text"/>
E-mail Address:	<input style="width: 150px;" type="text"/>	E-mail Address:	<input style="width: 150px;" 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 relevant chosen Fund.

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

Full Name:	<input style="width: 100%;" type="text"/>		
Relationship with the Applicant: (e.g. agent)	<input style="width: 100%;" type="text"/>		
Registered Office Address	Mailing Address (if different)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Telephone Number:	<input style="width: 150px;" type="text"/>	Telephone Number:	<input style="width: 150px;" type="text"/>
Contact Name:	<input style="width: 150px;" type="text"/>	Contact Name:	<input style="width: 150px;" type="text"/>
E-mail Address:	<input style="width: 150px;" type="text"/>	E-mail Address:	<input style="width: 150px;" type="text"/>

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**2. Bank Account Details<sup>6</sup>** *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 6 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 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 APPLICANTS 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 ADMINSTRATOR 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**

\_\_\_\_\_

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**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	
Correspondent Account Number / IBAN	
Correspondent Bank Address	

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### 3. Declaration of Residency

#### 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 shares 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 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 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: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### 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.]

- I declare that the information contained in this declaration is true and correct.
- I also declare that I am applying for the shares on behalf of the Applicant named below who is entitled to the shares 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 shares 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 Irish 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 Irish 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.

#### 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 shares 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 shares.

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- I/we\* undertake that, if the shares cease to be assets of \*the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the shares 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 on behalf of persons who
  - to the best of my/our\* knowledge and belief, have beneficial entitlement to each of the shares 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 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### IMPORTANT NOTES

1. This is a form authorised by the Irish 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 Irish Revenue Commissioners. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the share.
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

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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. 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 on my own/our own behalf/on behalf of a company\* and that I am/we are/the company\* is entitled to the shares 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 on behalf of persons:

- who will be beneficially entitled to the shares; 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):** \_\_\_\_\_

**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.

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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 Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the declaration.

### Section: AML Due Diligence Information

Please find the Anti-Money Laundering (AML) Due Diligence Documentary Requirements below in accordance with the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 -2021 (the "Act").

#### 1. Guide to completing this section:

- **Part I** To be completed by all Applicants
- **Part II** To be completed by all Applicants
- **Part III** Please provide the due diligence documentation outlined in this section.

#### 2. Certification of Documents

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:** 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 3:** 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 4:** 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 Applicant. For the avoidance of doubt, an internal person

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to the Applicant stated as acting in his/her professional capacity (e.g. in-house legal counsel) will be deemed acceptable in relation to the certification of a document as a true copy of the original document

**Note 5:** At time of submission, certification must be dated within the last 6 months.

**English translation**

Where due diligence documents are provided in a foreign language, the Administrator will seek a translated relevant extract from an independent source confirming also the adequacy of the documents.

**Due diligence documentation Beneficial Ownership Detail**

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

**All 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 control of the entity (including through Bearer Shareholdings),

Where there is no person identified as beneficial owner, the natural person(s) who hold the position of senior managing official(s)/director(s) will be deemed the beneficial owners. Where the beneficial owner is the senior managing official, verify the identity of that person.

\*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 regarding ultimate beneficial owner(s):

Name	Residential Address		Nationality	Date of Birth

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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 and insert applicable senior managing official(s) below whom will be deemed the ultimate beneficial owner:

Name	Address	Nationality	Date of Birth

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.

Please complete the below:

Name	Address	Nationality	Date of Birth

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**Due Diligence Information - Purpose of the Investment**

**Part I**

Part I (A) 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 must tick Part I (B). This information is required to meet the Administrators anti-money laundering ("AML") obligations under the current AML legislation in Ireland and will be used solely for those purposes.

A. What is the expected annual subscription to the Fund  
\_\_\_\_\_

How frequent 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

**Natural Persons only:**  
Source of wealth (activities that generated total net worth): \_\_\_\_\_  
\_\_\_\_\_

*\*confirmation of source of wealth requires the Applicant to confirm the bank account from which funds were generated as well as the specific activity that generated the funds subscribed (e.g. salary payments, sale of shares etc.)*

Source of Funds (activity that generated transaction funding): \_\_\_\_\_  
*\*Confirmation of source of funds requires the Applicant to confirm the activities that have generated the total net worth of the Applicant with reasonable collaboration of same (e.g. information and documents such as evidence of title; copies of trust deeds; audited accounts and tax returns).*

B. Institutional investor/ legal entity investing as part of their normal economic activity of investing in their own name for the benefit of one or more third parties. If no, see Part 1 (A).    Yes  No

**Due Diligence Documentation- Investor Type**

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**Part II**

**Please tick investor type below (Please note, investor type indicates the documents/ confirmations 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.      Yes     No

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

If the application form is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature along with due diligence in line with legal type.

**Due Diligence Documentation- Leverage Across Investments**

I hereby authorize 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 the administrator.      Yes     No

**Due Diligence Documentation- Requirements**

**Part III**

Outlined below is guidance on the documentation which the Fund / ICAV / Manager & the 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 & the 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.**

**Examples of Photographic Identity Documentation (for verification purposes)**

- Current passport.
- Current driving licence.

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

### **Examples of Proof of Address (for verification purposes)**

- Bank statements/credit card statements.
- Utility bill.
- Mobile phone bill (see Note 3 below)
- Household/motor insurance certificate and renewal notices.
- Correspondence from local authorities.
- Correspondence from the Irish 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 1 : All documentation must reflect the current residential address and must be dated within the previous 6 months other than in the case of an official document known to be issued only or typically at fixed intervals of more than 6 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 2: In the case of an elderly individual Applicant residing in a residential home, then written confirmation from the residential home, (identified as being in existence), that the individual is residing there will be deemed sufficient.

Note 3: A mobile phone bill can only be accepted as a second proof of address.

Note 4: The photograph on the proof of identity should be clear.

### **Letter of Assurance**

Please contact the Administrator for a Section 40/ Reliance template letter of assurance if required.

For Unregulated Nominees (of a regulated parent) or Regulated Credit or Financial Institution investors, please see templates below.

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

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### **Country Risk Ratings**

The Administrator applies enhanced due diligence to investors located in a country identified as a high risk third country by the EU.

<b>Regulated Credit or Financial Institutions</b>
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**Where the applicant is a Regulated Credit or Financial Institution in an Equivalent Jurisdiction, please provide the following:**

1. Proof of regulation
2. A letter of assurance from the Regulated Credit or Financial Institution.

# SKYLINE UMBRELLA FUND ICAV

## Account Opening Form DRZ Emerging Markets Value Fund

3. Identify any beneficial owner 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 there is no beneficial owner entitled to 25% or more, then the natural person(s) who hold the position of director(s) of the entity must be identified (along with address, date of birth and nationality).
4. Evidence of ultimate beneficial owner (“UBO”) registration on the Beneficial Ownership Register (EU Applicants only).

**Where the applicant is a Regulated Credit or Financial Institution but is not regulated in an Equivalent Jurisdiction, please provide the following:**

1. Full name of the company
2. Registered number of the company
3. Registered office address & 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 (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
6. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
7. Evidence of UBO registration on the Beneficial Ownership Register (EU investors only)

Note: Where the beneficial owner is a corporate entity, the Administrator 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).

8. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors; and (as applicable) identify and verify any beneficial owner entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the company is deemed high risk per the Administrator’s risk rating requirements, the identity should be verified in line with its legal form.

9. Verification of identity of the company from:
  - Extract from the relevant company registry; or
  - Copy of the Certificate of Incorporation or equivalent of the company; or
  - Copy of the Memorandum and Articles of Association or equivalent of the company; or
  - Copy of the latest audited financial statements of the company.

**Where the applicant is domiciled in a high risk jurisdiction<sup>7</sup>, the following is also required**

10. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
11. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO).
12. 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 entitled to 10% or more of the investment.

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<sup>7</sup> Please refer to the Department of Justice’s list of high risk jurisdictions here: <https://www.amlcompliance.ie/high-risk-jurisdictions/>



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All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

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### Individual(s) Including Joint Account Holders

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

1. Photographic identity document e.g. Passport or Driver's Licence;
2. One copy of non-photographic identity documents e.g. utility bill / bank statement dated within the last six months; and
3. Source of wealth and source of funds. In general e-mail confirmation or completion of the relevant section of the app will suffice.

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

4. Due Diligence Questionnaire (incl. Source of Funds and Source of Wealth). Documentary evidence may be required for high risk investors.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

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

### Nominee Company

**Where the applicant is a Regulated Nominee Company from an Equivalent Jurisdiction, please provide the following:**

1. Proof of regulation.
2. A letter of assurance from the regulated nominee company
3. Identification and verification (to the extent warranted by risk) of beneficial ownership for the financial intermediary/nominee (ensuring that where no natural person is identifiable who ultimately owns or controls the financial intermediary/nominee, Funds may consider the senior managing official(s) to be the beneficial owner(s)).
4. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

**Where the applicant is 1) not directly regulated and 2) a wholly owned subsidiary of a regulated parent entity (in an Equivalent Jurisdiction), please provide the following:**

1. Identification and verification of the financial intermediary/nominee entity, in accordance with a Fund's identification and verification requirements per legal form of that entity.
2. Identification and verification (to the extent warranted by risk) of underlying investor(s) as the beneficial owner(s) of the funds invested.
3. Authorised signatory list
4. Evidence of ultimate beneficial owners' registration on the Beneficial Ownership Register (EU Applicants only).
5. Confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors.
6. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

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**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identification and verification of the financial intermediary/nominee entity, in accordance identification and verification requirements per legal form of that entity;
2. Identification and verification of underlying investor(s) as the beneficial owner(s) of the funds invested.
3. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO).
4. 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 entitled to 10% or more of the investment.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

**Listed Company**

**Where the Applicant is a listed 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), please provide the following:**

1. Proof of listing on an equivalent market.
2. Entity name
3. Company registration number
4. Registered office address
5. Principal Business address

**Where the applicant is not a Listed Company on a regulated market, please provide the following:**

1. Proof of listing of the company.
2. Full name of the company.
3. Registered number of the company.
4. Registered office address of the company.
5. Principal business address of the company.
6. Details of Directors of the company- including name, residential address and date of birth.
7. Identification and verification of any beneficial owners who are natural persons, who own 25% or more.
8. Identify and verify two senior managing officials (usually directors).
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
10. 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. Note: Where the beneficial owner of the investment or the company is deemed high risk, the identity should be verified in line with its legal form.

Note: Where the beneficial owner of the investment or the company is deemed high risk, the identity should be verified in line with its legal form.

In addition to proof of listing on a stock market obtain one of the following::

- 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.

Note: Where the beneficial owner of the investment or the company is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

# SKYLINE UMBRELLA FUND ICAV

## Account Opening Form DRZ Emerging Markets Value Fund

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**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Proof of listing of the company
2. Full name of the company.
3. Registered number of the company.
4. Registered office and principal business address of the company.
5. Certificate of Incorporation or Equivalent.
6. Copy of Memorandum and Articles of Association.
7. Latest audited financial statement.
8. Details of directors of the company: Name, address, date of birth
9. Identify and verify two directors
10. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity.
11. Due diligence Questionnaire (incl. SOW/SOF for investor and UBO)
12. Receive 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 entitled to 10% or more of the investment

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Subsidiary of a Listed Company**

**Where the Applicant is a subsidiary of a listed 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), please provide the following:**

1. Proof of listing for the parent
2. Legal name of the entity.
3. Evidence of ownership by the listed company.
4. Identify the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (along with address, date of birth and nationality).
5. Evidence of ultimate beneficial owners registration on the Beneficial Ownership Register (EU Applicants only).

**Where the parent company is not a listed company on an above referenced regulated market, please provide the following:**

1. Legal name of the subsidiary company.
2. Registered number of the subsidiary company.
3. Registered office address of the subsidiary company.
4. Principal business address of the subsidiary company.
5. Proof of listing of the parent company.
6. Independent evidence of ownership by the company listed on a stock market.
7. 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.
8. Verify two directors.
9. 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.
10. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
11. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only)

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Note: Where the beneficial owner is a corporate entity, the Administrator 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).

12. Receive confirmation as to whether the company is investing on its own behalf or on behalf of underlying investors and (as applicable) identify and verify any beneficial owner entitled to 25% or more of the investment.

Note: Where the beneficial owner of the investment or the subsidiary company is deemed high risk, the identity should be verified in line with its legal form

Verification of identity of the company form by providing one of the below:

- Extract from 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 applicant is domiciled in a high risk jurisdiction, the following is also required:**

13. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the company. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
15. 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 entitled to 10% or more of the investment.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Private or Unlisted Company**

**Where the applicant is a Private Company/ Company not listed on a regulated financial market, please provide the following**

1. Full name of the company.
2. Registered number of the company.
3. Registered office address of the company.
4. Principal business address of the company.
5. Verification of identity of the company by providing one of the below:
  - Extract from 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 audited financial statements
6. List of directors of the company- including name, residential address and date of birth.
7. Documentation to verify the identity of two directors or one director and one authorised signatory in line with legal form (If individuals, one proof of ID and one proof of address is required).
8. Identification and verification of any beneficial owners who are natural persons, 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. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (Applicant) must be identified.
9. Evidence of ultimate beneficial owners registration on the beneficial ownership register (EU Applicants only).

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10. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Note: Where the beneficial owner is a corporate entity, the Administrator 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).

Note: Where the beneficial owner is deemed high risk per NT risk rating requirements, the identity should be verified in line with its legal form.

### **Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified and verified.
2. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards

### **Partnership**

#### **Where the applicant is a Partnership please provide the following:**

1. Full name of the partnership.
2. Registered office address
3. Principal business address of the partnership.
4. Identify all partners- including name, residential address and date of birth.
5. Or, in the case of a partnership fund, names and address and date of birth of general partner and partners who own more than 25% of the shares, profit or voting rights and listing of directors if appropriate.
6. Constitutional document for the partnership (e.g. partnership agreement).
7. 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.
8. Where there is no partner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
9. Verify the identity of the general partner and a second partner (or in the absence of same an authorised signatory).
10. Evidence of ultimate beneficial owners registration on the beneficial ownership register (EU Applicants only).

Note: Where the beneficial owner is a corporate entity, the Administrator 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.).

### **Where the applicant is not a Partnership Fund or located in one of the high risk jurisdictions, the following is also required:**

1. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO).
2. Identify and verify the identity of any partner who own 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the partnership. Where there is no partner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/partner(s) must be identified and verified.

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All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Limited Liability Company**

**Where the applicant is a Limited Liability Company (LLC), please provide the following:**

1. Full name of the LLC.
2. Registered office address of the LLC.
3. Principal business address of the LLC.
4. Details of all managing members- including name, residential address and date of birth.
5. Verify the identity of at least two managing members or one managing member and one authorised signatory (If individuals, one proof of ID and one proof of address is required)
6. Identification and verification of any member beneficially entitled to 25% or more (directly or indirectly) of the entity's share capital or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified.
7. Constitutional document (e.g. certificate of formation) or operating agreement.
8. Evidence of ultimate beneficial owners registration on the beneficial ownership register (EU Applicants only).
9. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

Note: Where the ultimate beneficial owner is a corporate entity, the Administrator 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).

Note: Where the ultimate beneficial owner is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/ managing members(s) of the entity must be identified and verified.
2. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Collective Investment Scheme ('CIS')**

**Where the applicant is a Collective Investment Scheme ('CIS') regulated as a designated person or listed on a regulated financial market in an Equivalent Jurisdiction, please provide the following:**

1. Full name of CIS.
2. Proof of regulation/listing.
3. Registered address of CIS.
4. Prospectus or equivalent.
5. Name and address of scheme promoter.
6. Name and address of scheme administrator.
7. Name and address of entity carrying out anti-money laundering checks upon the scheme investors and confirmation that entity is regulated for AML purposes.
8. Identity and verify any investors who own 25% or more (directly or indirectly) of the share capital.

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9. Identify SMOs (senior managing official(s)).
10. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice
11. AML comfort letter from the entity carrying out AML checks whom the Administrator is entitled to place reliance on
12. Evidence of ultimate beneficial ownership registration on the Beneficial Ownership Register (EU Applicants only).

**Where the CIS is not either listed on a regulated financial market or regulated as a designated person in an Equivalent Jurisdictions, please provide the following:**

13. Full name of the CIS.
14. Registered address of the CIS.
15. Prospectus or equivalent.
16. Name and address of the scheme promoter.
17. Name and address of the scheme administrator.
18. Name and address of the entity carrying out anti-money laundering checks upon the scheme investors and evidence that this entity is regulated for AML purposes. Identify and verify any investors (beneficial owners) who own 25% or more (directly or indirectly) of the share capital.
19. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity (investor) must be identified and verified.
20. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice
21. AML comfort letter from the entity carrying out AML checks whom the Administrator is entitled to place reliance on
22. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).

Note: Where the beneficial owner is deemed high risk per the Administrator's risk rating requirements, the identity should be verified in line with its legal form.

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
2. Identify and verify the identity of any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity;
- or
3. Written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.
4. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified and verified.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Pension Scheme**

**Where the applicant is an employee/superannuation or similar scheme in an Equivalent Jurisdictions, please provide the following confirmations**



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

Note: The above can be confirmed through constitutional documentation of the scheme or through receipt of written confirmation from the trustees of the scheme.

### Alternatively,

- Listed by the European Insurance and Occupational Pensions Authority or equivalent - HMRC registration certificate obtained from the investor satisfies this requirement for UK based pensions  
-OR-
- Obtain trust deed or equivalent which confirms that the entity is a pension or similar scheme which provide retirement benefits to employees
- Identify 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 there is no beneficial owner entitled to 25% or more the natural person(s) who hold the position of senior managing official(s)/ director(s) of the entity must be identified.

**Where the applicant is not an employee/ superannuation or similar scheme in an equivalent jurisdiction, please provide the following:**

1. Full name of the pension scheme.
2. Registered office address of the pension scheme
3. Confirmation of listing by EIOPA or equivalent HMRC cert obtained from the investor satisfies this requirement for UK based pensions.
4. Identify controllers/trustees/ directors/
5. Verify two trustees/directors/controllers
6. Constitutional/Formation Document (e.g. Trust Deed)
7. Identify and verify 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.
8. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

9. Identify and verify the identity of the scheme administrator and entity carrying out AML/CTF controls on scheme investors (per legal form); or
10. Receive written confirmation from the entity carrying out AML/CTF controls similar to that requested from a regulated third party undertaking due diligence.
11. Identify any beneficial owner beneficially entitled to 10% or more (directly or indirectly) of the share capital, profit or voting rights or otherwise exercise control over the management of the entity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/director(s) of the entity must be identified and verified.
12. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

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### **Registered Charity**

**Where the applicant is a registered Charity, please provide the following:**

1. Full name of the charity.
2. Nature/purpose of the charity
3. Nature and source of funding of the charity
4. Registered office address & principal business address of the charity.
5. Constitutional / Formation document (e.g. bye-laws or other governing document)
6. Name, address and date of birth of all trustees/directors/board members/governors (or equivalent) of the charity.
7. Identify and verify the company secretary or equivalent or, where applicable, verify the identity of one of the trustees.
8. (If a charitable trust), details of the settlor of the charitable trust.
9. Identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.
10. Evidence of ultimate beneficial owners registration on the beneficial ownership register (EU Applicants only).
11. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
12. Complete a check of the relevant charities register or source confirmation of the registration of the charity with the relevant tax authorities e.g. UK Charities Commission/Guidestar/HMRC

**Where the applicant is not a registered Charity the following is also required:**

1. Verify the identity of two trustees authorised to operation on behalf of the charity or, where applicable, one officer and one authorised signatory.  
Where there are a large number of trustees, consideration will be given as to whether more than two trustees need to be verified (e.g. where additional risk factors have been identified).
2. Certified copies of the audited financial statements.
3. Certified constitutional/ formation document of the charity.
4. Due Diligence Questionnaire (incl. source of funds/source of wealth for investor and ultimate beneficial owner (if applicable), and jurisdictions funds are received from and paid to where not already evident).
5. Identify and verify the identity of the beneficiaries (where ascertainable) of the charity. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.
6. Identify and verify the settlor, where applicable

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Trust**

**Where the applicants are Regulated Trustees investing on behalf of a trust or similar entity, please provide the following (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. Identify all Trustees and verify the identity of at least two trustees where applicable.
7. Identify and verify the settlor.
8. Identify and verify the protector.

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9. Identify all beneficiaries or the class of beneficiary beneficially entitled to trust's assets or the beneficial interest (Note: Verification of the beneficiaries will only be required where payment is made directly to the beneficiary) .
10. Verify the identity of the beneficiaries to the extent warranted by risk. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified.
11. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only).
12. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice

Note: Where the beneficial owner is a corporate entity, the Administrator 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 domiciled in a high risk jurisdiction, the following is also required:**

13. Confirmation as to how the settlor was in a position to make the investment.
14. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor)
15. Verify the identity of all trustees (i.e. in accordance with their legal structure)
16. Identify all beneficiaries or identify the class of beneficiaries.
17. Verify the identity of the beneficiaries beneficially entitled to trust's assets or beneficial interest, where practicable.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Foundation**

Where the foundation is a registered charity please refer to charity requirements.

Where the applicant is evidenced to be a local or community based foundation in another deemed low or medium risk country please provide the following:

#### **Please provide**

1. Full name of the foundation.
2. Registered address of foundation.
3. Legal form of the foundation.
4. Constitutional documents equivalent or confirmation of the entity to an appropriate register.
5. Identify and verify the founder where practical.
6. Nature / purpose of the foundation.
7. Details of all trustees- including name, residential address and date of birth.
8. Documentation to verify the identity of two trustees or one trustee and one authorised signatory. Where the trustee is regulated proof of regulation should be placed on file.
9. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
10. Verify the identity of the beneficiaries to the extent warranted by risk. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified.
11. Evidence of UBO Registration on the Beneficial Ownership Register (EU investors only)

Note: Where the beneficial owner is a corporate entity, the Administrator requires details of ultimate beneficial owners (this can be demonstrated through an organisation chart signed by an authorised signatory or

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## Account Opening Form DRZ Emerging Markets Value Fund

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shareholder register or other company documentation etc.).

Note: Where the beneficial owner is a corporate entity, the Administrator 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 domiciled in a high risk jurisdiction, the following is also required:**

11. Verify the identity of two trustees authorised to operation on behalf of the foundation or, where applicable, one officer and one authorised signatory.  
Where there are a large number of trustees, consideration will be given as to whether more than two trustees need to be verified (e.g. where additional risk factors have been identified)
12. Confirmation of the funding of the foundation.
13. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO)
14. Identify and verify the identity of the beneficiaries who hold 10% or more of the beneficial interest.  
Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity should be identified and verified.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Club or Society**

#### **Where the applicant is a club or society please provide the following:**

1. Full name of the club/society.
2. Registered office address of the club/society.
3. Nature/Purpose including the nature of funding of the club/society.
4. Confirmation of the legal status of the club/society.
5. 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 Mutuals Public Register in the UK).
6. Details of officers of the club/society including name, date of birth and address.
7. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory. Where there are a large number of officials, consideration will be given as to whether more than two officials need to be verified (e.g. where additional risk factors have been identified).
8. Evidence of ultimate beneficial ownership registration on the Beneficial Ownership Register (EU Applicants only).

### **Government / Public Body**

#### **Where the applicant is a Government/ public body in Ireland, please provide the following:**

1. Appropriate background information sourced from a reliable source (e.g. copy of the legal instrument establishing the government body/public authority and listing the names of key officials).
2. Entity legal name
3. Nature and status of entity
4. Registered office address of the entity
5. Name of the home state authority and nature of its relationship with public body.
6. Ownership/Gov. Dept. accountable for the entity.
7. Name of main public body officials/directors (or equivalent)

#### **Where the applicant is not a Government Body or Public Authority in Ireland, please provide the following:**

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1. Full name of the government/public authority.
2. Nature and status the government/public authority.
3. Registered office address of the government/public authority.
4. Name of the home state authority and nature of its relationship with the government/public authority.
5. Evidence of ownership of the public authority.
6. Details of main public body officials- where the country is deemed medium risk by the Administrator including name, residential address and date of birth & verify the identity of two officials or where applicable, one official and one authorised signatory.
7. Ownership/Government Department accountable for the entity.
8. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of this form will suffice.
9. Appropriate background information on the entity (e.g. via internet search).

### **Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identify and verify the identity the position of senior managing official(s) of the entity and evidence of authorisation to act on the customer's behalf.
2. Certified copy of the audited financial statements of the government body or public authority.
3. Due Diligence Questionnaire (incl. SOW/SOF for investor).

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **School, College or University**

#### **Please provide**

1. Full name of school, college or university.
2. Registered address school, college or university.
3. Verify the identity of school, college or university by checking relevant registers and/or from obtaining appropriate background information (e.g. via internet search).
4. Documentation to verify the identity of at least two officials or one official and one authorised signatory.
5. Obtain confirmation of ownership of the entity. In particular, determine if in public ownership or independent ownership. Where independently owned, identity detail of all persons who own or control 25% or more of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.
6. Evidence of ultimate beneficial owners registration on the Beneficial Ownership Register (EU Applicants only).
7. Identify and verify the settlor, where applicable.
8. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
9. Identify the main officials of school, college or university- including name, residential address and date of birth.

### **Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identify and verify the identity of all persons who own or control 10% or more of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.

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2. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.  
Where there are a large number of officials, consideration will be given as to whether more than two officials need to be verified (e.g. where additional risk factors have been identified).
3. Due Diligence Questionnaire (incl. SOW/SOF for investor and UBO/Settlor)

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Church**

**Where the applicant is a Church, please provide the following:**

1. Full name of the Church.
2. Registered office address & principal business address of the church.
3. Nature/purpose of the Church with details of how the Church is funded.
4. Complete check of a relevant church register or source a copy of the revenue approval for the church;
5. Name, address and date of birth of all trustees/directors/governors/board member 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. Identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.
8. Identify and verify the settlor where applicable.
9. Confirmation of source of wealth and source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.
10. Evidence of ultimate beneficial ownership registration on the Beneficial Ownership Register (EU Applicants only)

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Certified copies of audited financial statements for the church.
2. Identify and verify the identity of at least two officials or, where applicable, one official and one authorised signatory.  
Where there are a large number of trustees consideration will be given as to whether more than two trustees needs to be verified (e.g. where additional risk factors have been identified).
3. Certified constitutional/formation document of the church.
4. Due Diligence Questionnaire (incl. SOW/SOF for investor and settlor if applicable).
5. Identify and verify the beneficiaries (where ascertainable) of the church. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s)/trustee(s) of the entity must be identified and verified.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

### **Trade Union**

**Where the applicant is a Trade Union please provide the following:**

1. Full name of the Trade Union.
2. Registered 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.

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5. Deed or equivalent establishing the existence of the trade union (for example its constitution, bye-laws, rules).
6. Identify and verify all persons who are empowered to make the investment on behalf of the trade union (president, secretary, treasurer and other senior committee members).
7. Names or classes of persons who stand to benefit from the trade union: or identify and verify any beneficiary beneficially entitled to 25% or more of the assets. Where there is no beneficial owner entitled to 25% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified.
8. Confirmation of source of wealth & source of funds. In general email confirmation or completion of the relevant section of the app form will suffice.

**Where the applicant is domiciled in a high risk jurisdiction, the following is also required:**

1. Identify and verify the identity of at least two senior committee members of the trade union. Where there are a large number of officials, consideration will be given as to whether more than two officials need to be verified (e.g. where additional risk factors have been identified).
2. Due Diligence Questionnaire (incl. SOW/SOF for investor)
3. Identify and verify the identity of all persons who own or control 10% or more of the entity's share capital, profit or voting rights. Where there is no beneficial owner entitled to 10% or more, the natural person(s) who hold the position of senior managing official(s) of the entity must be identified and verified.

All investor supplied documents for high risk applicants (except the due diligence questionnaire) to be certified in-line with the Administrator's standards.

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**Letters of Assurance Requirements (Sample Template)- Unregulated Nominees and Regulated Credit or Financial Institution**

**Unregulated Nominee Letter of Assurance**

[On Letterhead of the Regulated Parent Company]

[Date]

Northern Trust International Fund Administration  
Services (Ireland) Limited  
Georges Court  
54-62 Townsend Street  
Dublin 2  
Ireland

**Re:** *[Insert Name of Unregulated Nominee/ Intermediary Company]* (‘the Nominee Company’)-  
Verification of Investor(s) Identity in accordance with applicable Anti Money Laundering and Counter  
Terrorist Financing (“AML/CFT”) Laws and Regulations<sup>8</sup>

Dear Sir/ Madam,

We confirm that, *[insert name of Regulated Parent Company]* (the “Parent Company”) with a registered office  
located at \_\_\_\_\_ *[insert address]* is licensed as  
\_\_\_\_\_ *(insert description)* by the  
\_\_\_\_\_ *[insert regulatory body]* and that we are supervised  
and monitored for compliance with AML/CFT regulatory requirements in \_\_\_\_\_ *[insert country]*.  
Our registration or licence number is \_\_\_\_\_ **[insert registration or licence number]**.

We confirm that the *Nominee Company* is a wholly owned subsidiary of *the Regulated Parent Company*.

We are satisfied for Northern Trust International Fund Administration Services (Ireland) Limited (as administrator  
to funds) to rely on this confirmation for all designations where the above referenced Nominee Company has  
holdings.

The Regulated Parent Company make the following representations, warranties and undertakings in respect to  
both the Nominee Company and the Parent Company:

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<sup>8</sup> Please complete the Declaration of Beneficial Ownership below.





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## Account Opening Form DRZ Emerging Markets Value Fund

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**Regulated Credit or Financial Institution Letter of Assurance (as Investor) (Sample Template)**

[On Letterhead of the Regulated Financial Intermediary]

[Date]

Northern Trust International Fund Administration  
Services (Ireland) Limited  
Georges Court  
54-62 Townsend Street  
Dublin 2  
Ireland

**Re:** *[Insert Name of Regulated Financial Intermediary Company]*- Verification of Identity in accordance with applicable Anti Money Laundering and Counter Terrorist Financing (“AML/CFT”) Laws and Regulations<sup>10</sup>

Dear Sir/ Madam,

We confirm that, *[insert name of Regulated Financial Intermediary]* with a registered office located at *[insert address]* is licensed as \_\_\_\_\_ (*insert description*) by the \_\_\_\_\_ *[insert regulatory body]* and that we are supervised and monitored for compliance with AML/CFT regulatory requirements in \_\_\_\_\_ *[insert country]*. Our registration or licence number is \_\_\_\_\_ *[insert registration or licence number]*.

We are satisfied for Northern Trust International Fund Administration Services (Ireland) Limited (as administrator to funds) to rely on this confirmation for all designations.

We hereby confirm the following in connection with all investors (“Investors”) and their beneficial owners in all designations:

- (i) we have established AML/CFT policies, procedures and internal controls to ensure ongoing compliance with applicable AML/CFT and economic sanctions laws and regulations \_\_\_\_\_ (*insert relevant law/regulation here*);
- (ii) our AML/CFT policies, procedures and internal controls incorporate systems and controls to identify and verify our customers and beneficial owners<sup>11</sup>, to identify source of funds, and performs (i) appropriate risk-grading procedures to differentiate between customer due diligence for high and low risk relationships (ii) ongoing customer due diligence, (iii) regular AML/CFT monitoring and sanction screening, (iv) staff AML/CFT training and (v) detect, investigate and, as required, report any suspicious activities to the relevant authorities;
- (iii) we have systems and controls in place to identify Politically Exposed Persons, their relatives and close associates (collectively PEPs) and we conduct enhanced due diligence, including establishing the source

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<sup>10</sup> Please complete the Declaration of Beneficial Ownership below.

<sup>11</sup> Beneficial owner includes the natural person(s) who ultimately owns or controls a customer and/or the natural person(s) on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.

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## Account Opening Form DRZ Emerging Markets Value Fund

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of wealth and the source of funds, and enhanced ongoing monitoring on PEPs and other high risk customers.

With regard to each investor who has invested via the financial intermediary in the Funds, we hereby confirm;

- (iv) the accounts will only be operated by the financial intermediary whom maintain ultimate, effective control over the account;
- (v) we have performed customer due diligence and identified and verified the beneficial owner(s) (to the extent warranted by risk of money laundering and the financing of terrorism), and have obtained the information on the purpose and the intended nature of the business relationship;
- (vi) to the best of our knowledge, we are unaware of any activities on the part of the customer(s), their beneficial owners which could lead us to suspect an involvement in criminal conduct money laundering or terrorist activities;
- (vii) we will retain documents and information on the customer(s), including any beneficial owner, obtained as part of customer identification and verification process for at least 5 years after the termination of their relationship with us;
- (viii) we will provide the Fund and/or Northern Trust with related customer due diligence documents and information, which we may have on our files relating to the identity of the customer(s) and beneficial owner(s) upon request;
- (ix) none of the customer(s) including any beneficial owner are subject to sanctions lists administered by the European Union, the United States (including OFAC) and the United Nations, and we undertake to notify you immediately upon our identification of same should we become aware of such circumstances;
- (x) we will notify the Fund and/or Northern Trust, on request, of its identification of PEPs.

We further undertake to advise you, should at any time in the future there be any change in any information provided above.

I confirm that I have sufficient knowledge of and responsibility for AML procedures and have the appropriate authority to provide the assurances given in this letter.

Yours faithfully,

*[Capacity of signatory – Money Laundering Reporting Officer / Head of Compliance / Head of Risk / Director / Other]*

For and on behalf of

*[Regulated Entity]*

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## Account Opening Form DRZ Emerging Markets Value Fund

**Beneficial Owner(s) Declaration**

Please tick one of the below boxes and complete the relevant section:

- We confirm there is a natural person(s) who is a beneficial owner<sup>1</sup> of the investor (Please complete section 1 below of this declaration); or.
- We confirm there is **no** natural person(s) who is a beneficial owner of the investor (Please complete section 2 of this declaration).

<b>Section 1: Natural person(s) who is a beneficial owner of the investor</b>		
<b>Beneficial Owner 1</b> (please complete in block capitals):		
Full Name:	Identification Number:	Occupation:
Date of Birth (DD-MM-YYYY) :	Place of Birth:	Nationality:
Shareholding %:		
Registered Address (PO Box or Care of will not be accepted):		
City, Town, State, Province or County	Postal/ZIP Code:	Country:
<b>Beneficial Owner 2</b> (please complete in block capitals):		
Full Name:	Identification Number:	Occupation:
Date of Birth (DD-MM-YYYY) :	Place of Birth:	Nationality:
Shareholding %:		
Registered Address (PO Box or Care of will not be accepted):		
City, Town, State, Province or County	Postal/ZIP Code:	Country:
<b>Beneficial Owner 3</b> (please complete in block capitals):		
Full Name:	Identification Number:	Occupation:
Date of Birth (DD-MM-YYYY) :	Place of Birth:	Nationality:
Shareholding %:		
Registered Address (PO Box or Care of will not be accepted):		
City, Town, State, Province or County	Postal/ZIP Code:	Country:

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**Section 2: No natural person(s) who is a beneficial owner of the investor.**

In the event where no natural person falls under the above scenario, the senior managing official(s) of the subscribing Nominee entity will be recorded as the Beneficial Owner (not any underlying customer of the entity / designation).

In completing the below, we confirm we have read and understood the above definition and we have provided below details of a senior manager(s) who should be recorded as the Beneficial Owner(s).

Senior managing official details (please complete in block capitals):

Full Name		
Date of Birth (DD-MM-YYYY):	Place of Birth:	Nationality:
Registered Address (PO Box or Care of will not be accepted):		Title:
City, Town, State, Province or County:	Postal/ZIP Code:	Country:

<sup>1</sup> **Beneficial Owner:** A Beneficial Owner is any individual who ultimately owns or controls an investor or on whose behalf a transaction is conducted.

- A. Beneficial Owner, in relation to a body corporate which is not a company whose securities are listed on a Regulated Market, is any individual who ultimately owns or controls, whether through direct or indirect ownership or control (including through Bearer Shareholdings), 25% or more of the shares or voting rights of the body corporate or through control via other means.

Beneficial owner, in relation to a body corporate::

- (i) A shareholding of 25% or more or an ownership interest of 25% or more in the customer held by a natural person shall be an indication of direct ownership.
- (ii) (A shareholding of 25% or more or an ownership interest of 25% or more in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership.

- B. Beneficial Owner, in relation to a partnership (other than a limited liability partnership), means any individual who:
  - (i) ultimately is entitled to or controls, whether the entitlement or control is direct or indirect, 25% or more of the share of the capital or profits of the partnership or 25% or more of the voting rights in the partnership; or
  - (ii) controls the partnership.

- C. Beneficial Owner, in relation to a trust, means all of the following:
  - (i) the settlor; (ii) the trustees; (iii) any individual who is determined as being entitled to a vested interest in possession, remainder or reversion, whether or not the interest is defeasible, in the capital of the trust property (a beneficiary); (iv) in the case of a trust other than one that is set up or operates entirely for the benefit of individuals referred to in the paragraph relating to body corporates above, (v) the class of individuals in whose main interest the trust is set up or operates; or any individual (including the settlor, protector or trustees) who has control over the trust.

In addition to the measures required in relation to a customer and a beneficial owner, in the case of beneficiaries of trusts or of similar legal arrangements that are designated by particular characteristics or class, a designated person shall obtain sufficient information concerning the beneficiary to satisfy the designated person that it will be able to establish the identity of the beneficiary at the time of the pay out or at the time of the exercise by the beneficiary of its vested rights.”

- D. Beneficial Owner, in relation to a foundation or other legal arrangement similar to a trust, means those individuals who hold equivalent or similar positions to those set out above.
- E. Beneficial Owner, in relation to the estate of a deceased person where the estate is in the course of administration, means the executor or administrator of the estate concerned

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Beneficial Owner in relation to a legal entity or legal arrangement, that does not fall within the above definitions, means:

- i. If the individuals who benefit from the entity or arrangement have been determined, any individual who benefits from the property of the entity or arrangement;
- ii. If the individuals who benefit from the entity or arrangement have yet to be determined, the class of such individuals in whose main interest the entity or arrangement is set up or operates;
- iii. Any individual who exercises control over the property of the entity or arrangement; and
- iv. Any individual holding a position, in relation to the legal entity or legal arrangement that is similar or equivalent to the position specified in relation to a trust.

Beneficial Owner, in any other case, means the individual who ultimately owns or controls the entity or arrangement or on whose behalf a transaction is being conducted.

NTIFASIL will consider persons who may exercise 'control through other means' (where identified) as per EBA Guidelines;

- i. control without direct ownership, for example through close family relationships, or historical or contractual associations;
- ii. using, enjoying or benefiting from the assets owned by the customer;
- iii. responsibility for strategic decisions that fundamentally affect the business practices or general direction of a legal person.

Identification of beneficial owners means the individual name. Verification (as warranted by the degree of risk) may for a beneficial owner include date of birth, nationality and residential address.

**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 of the Fund, 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, the 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 Common Reporting Standard (“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 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.

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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 relevant 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.
25. I/we understand that any redemption proceeds held for any time in a Subscription/Redemption account shall remain an asset of the relevant 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-

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laundering procedures have been fully complied with, following which redemption proceeds will be released to me/us.

**UCITS Key Investor Information Document and Packaged retail and insurance-based investment products Key Investor Information Document, (together the “KID” and or “KIDs”)**

1. I/we hereby acknowledge and confirm that I/we have received, read and understood the KID 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 KID prior to each subscription and that any future investments to any other fund or share class of the ICAV can also be transacted based on this confirmation. The KID is available on <https://iqeq.com/skyline/>.

2. I/we represent and acknowledge that:

I/we have regular access to the internet and acknowledge and agree that the provision of the KID 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 KID on paper and in electronic form by means of a website or by email and hereby specifically consent to receiving the KID in electronic form by email or by accessing the latest version of the document online at <https://iqeq.com/skyline/> and PRIIPS <https://iqeq.com/priips-skyline/> (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 KID can be accessed.

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

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

The KID shall be reviewed at least every 12 months and that the up-to-date version of the KID at any given time shall be made available on <https://iqeq.com/skyline/> and <https://iqeq.com/priips-skyline/> (or such other website as may be notified to me/use from time to time. I/We agree that I/we will inspect the KID 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 KID and that, in any event, I/we consent to be, and shall be deemed to have been, provided with the up-to-date KID 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 KID for the relevant Share Class. Where permitted by applicable law, “provided” shall include informing the investor of the applicable website where the KID may be obtained, which is <https://iqeq.com/skyline/> and <https://iqeq.com/priips-skyline/> (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**

A. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the ICAV, the Manager, or the Investment Manager and their delegates, agents or affiliates in accordance with the Irish Data Protection Acts 1988 to 2018. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Fund(s) and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal, tax or regulatory obligations including legal obligations under company law, tax law and anti-money laundering legislation and (e) for disclosure and transfer whether in Ireland or elsewhere (including companies situated

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in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, taxation authorities, auditors, technology providers or to the Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (f) For other legitimate business interests of the Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Funds are data controllers and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Act 1988 to 2003. The Administrator may only transfer personal data outside of the EEA by using an EU-approved 'model contract' by means of which the non-EEA data receiver agrees to abide by the instructions of the data controller (the Administrator), and agrees to comply with security measures which are appropriate to the circumstances of the data transfer, and which are specified in the contract itself.

- B. 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.
- C. 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.
- D. From time to time, the 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 Data Protection Acts, 1988 and 2003 of Ireland. 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 Irish 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 on FATCA or CRS please refer to the Irish Revenue Commissioners or the Organisation for Economic Co-operation and Development ("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.*  
(Mandatory fields are marked with an \*)

**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: \_\_\_\_\_

**Mailing address (if different from above):**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

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**\*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. tax identification numbers) 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"/>

**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.	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 :  <b>Sponsor's Name:</b> _____	<input type="checkbox"/>
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VI.	<p><b>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</b></p> <p>Trustee's Name: _____</p> <p>Trustee's GIIN: □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>
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### 3.4. Non-Financial Institutions (Non-Foreign Financial Entity/NFFE) under FATCA:

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

I.	<p><b>Active Non-Financial Foreign Entity</b></p>	<input type="checkbox"/>
II.	<p><b>Passive Non-Financial Foreign Entity (NFFE)</b></p> <p><i>(Please tick the box that applies)</i></p> <p><b>I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons.</b></p> <p><b>II. Passive Non-Foreign Financial Entity with controlling persons that are specified U.S Persons. (If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete</b></p>	<input type="checkbox"/>
III.	<p><b>Excepted Non-Financial Foreign Entity</b></p>	<input type="checkbox"/>
IV.	<p><b>Direct Reporting NFFE</b></p> <p>Please provide your GIIN</p> <p>□□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>

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**\*Section 4: 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.

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 if you selected Reason B)*

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- Reason C** - No TIN is required. (Note: Only select this reason 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

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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.

*Note: Please check the Irish Revenue Commissioners 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.*

<https://www.revenue.ie/en/companies-and-charities/documents/aeoi/participating-jurisdictions.pdf>

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

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	<input type="checkbox"/> International Organization  <input type="checkbox"/> Central Bank  <input type="checkbox"/> Broad Participation Retirement Fund  <input type="checkbox"/> Narrow Participation Retirement Fund  <input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank  <input type="checkbox"/> Exempt Collective Investment Vehicle  <input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts  <input type="checkbox"/> Qualified Credit Card Issuer  <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:  _____  _____	
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### 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><b>Active Non-Financial Entity</b> – a corporation the stock of which is regularly traded on an established securities market. Please provide the name if the established securities market on which the corporation is regularly traded: _____</p>	<input type="checkbox"/>
II.	<p><b>Active Non-Financial Entity</b> – if you are a Related Entity of a regularly traded corporation. Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: _____  Please provide details of the securities market that the entity is listed on: _____</p>	<input type="checkbox"/>

III.	<b>Active Non-Financial Entity – a Government Entity or Central Bank</b>	<input type="checkbox"/>
IV.	<b>Active Non-Financial Entity – an International Organisation</b>	<input type="checkbox"/>
V.	<b>Active Non-Financial Entity – other than those listed in I, II, III or IV above.</b>  <i>(for example a start-up NFE or a non-profit NFE)</i>	<input type="checkbox"/>
VI.	<b>Passive Non-Financial Entity</b> (""If this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s)	<input type="checkbox"/>

**Section 6: Controlling Persons**

**NB: Please note that each controlling person must complete a Separate Individual 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/>

**Name of All Controlling Person(s) of the Account Holder:**

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

**6.1 Indicate the name of all Controlling Person(s) of the Account Holder:**

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 (Controlling Person’s) Self-Certification for FATCA and CRS 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 Commissioners 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:**

\_\_\_\_\_

**\*Date: (dd/mm/yyyy):** \_\_\_\_\_

**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 Data Protection Acts, 1998 and 2003 of Ireland. 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 Revenue Commissioners, the Irish tax authority. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

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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 on FATCA or CRS please refer to the Irish Revenue Commissioners or OECD websites at: <http://www.revenue.ie/en/business/aeoi/index.html> / or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange> 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>

**(Mandatory fields are marked with an \*)**

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

**\*Account Holder / 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:**

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# SKYLINE UMBRELLA FUND ICAV

## Account Opening Form DRZ Emerging Markets Value Fund

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

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

\_\_\_\_\_

**OR**

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

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

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers (“TINs”). For further guidance please refer to the OECD CRS Information Portal (<http://www.oecd.org/tax/automatic-exchange/>).

**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** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)
- Reason C** - The Account Holder is otherwise unable to obtain a TIN (Please explain why you are unable to obtain a TIN if you selected Reason C)

\_\_\_\_\_

**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 Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For Joint or multiple Controlling Persons please use a separate Self-Certification 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 OECD).

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

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the

account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

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

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/> and on the Irish Revenue Commissioners website - <http://www.revenue.ie/en/business/aeoi/>

\*Authorised Signature: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Date: (dd/mm/yyyy): \_\_\_\_\_

\*Capacity (if Controlling Person): \_\_\_\_\_

#### **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 Irish revenue commissioners in accordance with the return regulations.

**9. Applicant Signatures**

*Please sign*

<b>Checklist prior to submission of the Account Opening Form to the Administrator (please tick ( v ) when complete where applicable)</b>	
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?	
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**



# SKYLINE UMBRELLA FUND ICAV ACCOUNT OPENING FORM DRZ EMERGING MARKETS VALUE FUND

## Appendix I – Subscription Form

This Subscription Form is for investors wishing to subscribe for shares in the 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: IQ-EQ TA Dealing 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](mailto:davy_ta_queries@ntrs.com)

## DRZ Emerging Markets Value Fund

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*
Founders Class A USD			
Founders Class A EUR			
Founders Class A GBP			
Class Z USD			
Class Z EUR			
Class Z GBP			
Class S USD			
Class S EUR			
Class S GBP			

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

The minimum initial subscription amounts are set out below:

<b>Share Class Name</b>	<b>Minimum initial investment amount</b>
Founders Class A USD	USD 1000
Founders Class A EUR	EUR 1000
Founders Class A GBP	GBP 1000
Class Z USD	USD 1000
Class Z EUR	EUR 1000
Class Z GBP	GBP 1000
Class S USD	USD 1000
Class S EUR	EUR 1000
Class S GBP	GBP 1000

**REGISTERED INFORMATION**

Registered Account Name

Account Number<sup>7</sup>

Your Company Contact

Subscription monies must be received no later than 2.30pm (Irish time) on the **third 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 relevant 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.**

<sup>7</sup> Please note you would have received this by email from the Administrator

# SKYLINE UMBRELLA FUND ICAV DRZ EMERGING MARKETS VALUE FUND

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## Bank account details for GBP Subscription Payments

Pay subscription monies in GBP to the following bank account:

	FOR GBP SETTLEMENT
<b>To:</b>	Barclays Bank
<b>Address:</b>	1 Churchill Place, London E14 5HP
<b>ABA/Sort Code:</b>	
<b>Swift Code:</b>	BARCGB22
<b>Beneficiary Bank</b>	The Northern Trust International Banking Corporation, New Jersey SWIFT: (CNORUS33)
<b>A/C Number:</b>	53529495
<b>Beneficiary account name &amp; number:</b>	Skyline Umbrella Fund ICAV - DRZ EMERGING MARKET VALUE FUND 663252 20019
<b>Reference:</b> - The Fund Name - Register number and/or order number	

**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:

	FOR EURO SETTLEMENT
<b>To:</b>	Barclays Bank PLC,
<b>Address:</b>	Frankfurt
<b>ABA/Sort Code:</b>	
<b>Swift Code:</b>	BARCDEFF

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# SKYLINE UMBRELLA FUND ICAV DRZ EMERGING MARKETS VALUE FUND

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<b>Beneficiary Bank</b>	The Northern Trust International Banking Corporation, New Jersey  SWIFT: CNORUS33
<b>A/C Number:</b>	0210472800
<b>Beneficiary account name &amp; number:</b>	<b>Skyline Umbrella Fund ICAV - DRZ EMERGING MARKET VALUE FUND</b>  <b>663203 20019</b>
<b>Reference:</b>  -The Fund Name  - Register number and/or order number	

## Bank account details for USD Subscription Payments

Pay subscription monies in USD to the following bank account:

	<b>FOR USD SETTLEMENT</b>
<b>To:</b>	The Northern Trust International Banking Corporation
<b>Address:</b>	New Jersey
<b>ABA/Sort Code:</b>	FedwireABA: 026001122  CHIPS ABA: 0112
<b>Swift Code:</b>	CNORUS33
<b>Beneficiary Bank</b>	
<b>A/C Number:</b>	
<b>Beneficiary account name &amp; number:</b>	<b>Skyline Umbrella Fund ICAV - DRZ EMERGING MARKET VALUE FUND</b>  <b>250100 20010</b>
<b>Reference:</b>  -The Fund Name  - Register number and/or order number	

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**APPENDIX II – REDEMPTION FORM**

**This Redemption Form is for client(s) redeeming Shares from the 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: IQ-EQ TA Dealing 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](mailto: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:

**DRZ Emerging Markets Value Fund**

Share Class Name	Monetary Amount*	Monetary Amount in words*	Number of Shares*
Founders Class A USD			
Founders Class A EUR			
Founders Class A GBP			
Class Z USD			
Class Z EUR			

**SKYLINE UMBRELLA FUND ICAV  
DRZ EMERGING MARKETS VALUE FUND**

Class Z GBP			
Class S USD			
Class S EUR			
Class S GBP			

**\* 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):**

<b>Bank Name:</b>	
<b>Branch Name:</b>	
<b>IBAN:</b>	
<b>BIC:</b>	
<b>Account Name:</b>	
<b>Account Number:</b>	
<b>Sort Code:</b>	

I/we acknowledge and agree that if all of the relevant AML information and tax information requested under Account Opening 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.

<b>Signature:</b>	<b>Signature:</b>
<b>Print name:</b>	<b>Print name:</b>

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

Date: / /

Date: / /

**REGISTERED INFORMATION**

Registered Account Name

Account Number<sup>8</sup>

Your Company Contact  Name:  Phone No:

<sup>8</sup> Please note you would have received this by email from the Administrator

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**Appendix III – DATA PROTECTION DISCLOSURE STATEMENT**

**Introduction**

This document outlines our data protection obligations and your data protection rights as they relate to your investment in the Fund under the EU data protection regime introduced by the General Data Protection Regulation (Regulation 2016/679, the "**Data Protection Legislation**").

The Fund will be characterised as a "data controller" under the Data Protection Legislation. The Management Company, the Investment Manager and the Investment Advisor and its affiliates and delegates may act as "data processors" under the Data Protection Legislation.

In this document, "we", "us" and "our" refers to the Fund, the Management Company, the Investment Manager and the Investment Advisor and its affiliates and delegates.

**Your personal data**

You understand that by virtue of making an investment in the Fund and your associated interactions with us (including this application, and including the recording of electronic communications or phone calls where applicable) or by virtue of you otherwise providing us with personal information on individuals connected with you as an investor (for example directors, trustees, employees, representatives, shareholders, investors, clients, beneficial owners or agents), you will provide us with certain personal information which constitutes personal data within the meaning of the Data Protection Legislation. This includes, but is not restricted to, data such as your name, residential address, email address, place of birth, date of birth, bank account details and details relating to your investment activity.

**Why we may use your personal data**

You understand that we may collect, store and use this data for lawful purposes including, in particular: (i) where this is necessary for the performance of the contract to purchase shares in the Fund; (ii) where this is necessary for compliance with a legal obligation to which we are subject (such as the anti-money laundering obligation to verify the identity of our customers (and, if applicable their beneficial owners) and retain copies of materials in respect thereof for five years after the relationship terminates); and/or (iii) where this is necessary for the purposes of the legitimate interests of us or a third party and such legitimate interests are not overridden by your interests, fundamental rights or freedoms.

It is noted that the Data Protection Legislation states that the use of personal data for direct marketing purposes (that is, providing you with information on products and services that may be of interest) may be regarded as being for the purposes of a legitimate interest. Analysing personal data for quality control, business and statistical analysis, tracking fees and costs, training and related purposes are also legitimate interests for using your personal data.

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Accordingly, you understand that we may use your personal data for such purposes as described above, provided that we are acting in a fair, transparent and accountable manner and have taken appropriate steps to prevent such activity having any unwarranted impact on you and also noting your right to object to such use, as discussed below.

Given the specific purposes for which we envisage using your personal data, under the provisions of the Data Protection Legislation, we do not anticipate being required to obtain your consent to do so. Should we wish to use your personal data for other specific purposes that require your consent, we will contact you to request this.

**Why we may transmit your personal data**

You understand that in certain circumstances we and/or our authorised delegates may be legally obliged to share your data and other financial information with respect to your interest in the Fund with the Irish Revenue Commissioners and they, in turn, may exchange this information with foreign tax authorities including tax authorities located outside the EEA.

We anticipate disclosing your personal data to the Administrator, the Management Company, the Investment Manager and the Investment Advisor and their respective affiliates and this may include certain entities located outside the EEA.

**The data protection measures we take**

Any transmission of personal data by us or our duly authorised delegates outside the EEA shall be in accordance with the conditions in the Data Protection Legislation.

We and our duly authorised delegates shall apply appropriate information security measures designed to protect data in our/our delegates' possession from unauthorised access by third parties or any form of computer corruption.

We shall notify you of any personal data breach affecting you that is likely to result in a high risk to your rights and freedoms.

**Your data protection rights**

You understand that you have certain rights regarding our use of this data such as:

- the right to access your data (in an easily readable form);
- the right to examine and correct your data;
- the right to restrict the use of your data;



- 
- the right to withdraw any consent given to the processing of your data (where applicable);
  - the right to receive information regarding any entities we disclose your data to;
  - the right to lodge a complaint with the office of the Data Protection Commissioner (our lead supervisory authority).

You also have the right to object to the processing of your data where we have considered this to be necessary for the purposes of our legitimate interests.

Please note that the right for your data to be erased (the "right to be forgotten") that applies in some contexts under the Data Protection Legislation is not likely to be applicable to most, if not all, of the personal data you provide to us, given the specific nature of the purposes for which we use the data, as described above.

#### **Our retention of your personal data**

We or our duly authorised delegates may retain your personal data for a period of up to seven years following your disinvestment from the Fund.

#### **Transferring information outside the jurisdiction of the operation of the entity which provides service to you**

We may transfer the personal information we collect about you to other countries for the reasons detailed above. In most cases, those countries will either be within the EU or will have been subject to an adequacy decision by the European Commission. In such cases the countries to which we transfer your data are deemed to provide an adequate level of protection for your personal information. In the event that your data is to be transferred to a country outside the EU and which does not have an adequacy decision by the European Commission, we shall ensure that a contract is entered into by the recipient third party under the terms of which, the recipient agrees to take such measures as we deem appropriate and necessary to ensure the security of your data.

#### **Getting in touch**

As we do not process personal data on a large scale, we are not required to designate a data protection officer. However, should you have any queries or wish to discuss your data protection rights with us, please contact [ManCo@iqeq.com](mailto:ManCo@iqeq.com).

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