

# Aryabhata Global Assets Funds ICAV

Application Form

☐ Please tick( ) here if this has already been sent by email

## Mailing Address

c/o Apex Fund Services (Ireland) Limited  
2nd Floor, Block 5  
Irish Life Centre  
Abbey Street Lower  
Dublin,  
D01 P767  
Ireland Telephone: +353 1 567 9247  
Email: ApexTA@apexgroup.com

For initial subscriptions for Shares you must complete the Application Form and send it by email along with the supporting documentation required for Anti-Money Laundering purposes to the email address above at least 48 hours in advance of placing the initial trade.

Failure to provide the Application Form along with the documentation required for Anti-Money Laundering purposes may result in the deduction of tax due to the Irish Finance Act requirements outlined in the Anti-Money Laundering section and/or a delay in the acceptance and/or payment of a transfer/redemption/dividend request.

Please refer to the Administrator's AML CDD Requirements document which is included at the back of this Application Form for further detail in relation to the Administrator's anti-money laundering requirements.

Subsequent subscriptions may be made in writing or by email stating your registration details and the amount to be invested. Applications for such subsequent subscriptions must be received by the Administrator by 10.00am (Irish Time) on the relevant Dealing Day.

Non Retail Accounts - An authorised signatory list must be provided at the time of account opening for the investing entity in whose name the account is being opened. The Application Form must be signed in accordance with the authorised signatory list/mandate.

Any changes to the original account details must be received in original format or electronically and signed in accordance with the applicants, all account signatories must authorise every instruction.

This Application Form should be read in the context of and together with the Prospectus of the ICAV, as may be amended by addenda and supplements from time to time. Save where otherwise defined in this application form all capitalised terms shall have the same meaning as in the Prospectus.

# Aryabhata Global Assets Funds ICAV

Application Form

| Subscription Information                                   |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
|------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Please pay subscription monies to the following account(s) |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
|                                                            | USD                                                              | GBP                                                              | EUR                                                              | AUD                                                              | CHF                                                              | JPY                                                              | SGD                                                              | AED                                                              |
| <b>SWIFT Code</b>                                          | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         | CNORUS33                                                         |
| <b>Beneficiary Bank</b>                                    | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey | The Northern Trust International Banking Corporation, New Jersey |
| <b>Beneficiary</b>                                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         | Aryabhata Global Assets Fund ICAV - Coll                         |
| <b>Account Number</b>                                      | 341230-20010                                                     | 666339-20019                                                     | 666313-20019                                                     | 666289-20019                                                     | 666305-20019                                                     | 666347-20019                                                     | 666354-20019                                                     | 666271-20019                                                     |
| <b>Fedwire ABA</b>                                         | 026001122                                                        |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| <b>CHIPS ABA</b>                                           | 0112                                                             |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| <b>Sort Code</b>                                           |                                                                  | 203253                                                           |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |                                                                  |
| <b>IBAN/<br/>Intermediary<br/>account no.</b>              |                                                                  | 53529495                                                         | 0210472800                                                       | 1803007471500                                                    | CH100483509<br>8499033010                                        | 50234015                                                         | 0370035947                                                       | AE0903540220<br>03872532014                                      |
| <b>Intermediary<br/>Bank</b>                               |                                                                  | Barclays Bank PLC, London                                        | Barclays Bank PLC, Frankfurt                                     | National Australia Bank, Melbourne                               | Credit Suisse AG, Zurich                                         | Bank of America, NA, Tokyo                                       | DBS Bank Ltd., Singapore                                         | First Abu Dhabi Bank, Dubai                                      |
| <b>Intermediary<br/>SWIFT</b>                              |                                                                  | BARCGB22                                                         | BARCDEFF                                                         | NATAAU33                                                         | CRESCHZZ80A                                                      | BOFAJPJX                                                         | DBSSSGSG                                                         | NBADAEEA                                                         |

Subscription monies should be received by wire transfer in cleared funds by the relevant Subscription Settlement Cut-off as set out in the relevant Supplement in the currency of the relevant Shares. The Administrator may, at its discretion, accept payment in other currencies, but such payments will be converted into the currency of the relevant Share class at the then prevailing exchange rate and any conversion expenses shall be borne by the Shareholder. This may result in a delay in processing the application.

Please indicate whether your investment constitutes funds derived from India, from sources within India or whether you are a person resident in India as defined under the Indian Foreign Exchange Management Act, 1999 or the Indian Income tax act, 1961 ("Person resident in India") or whether you are acting on behalf of any beneficial owners who are directly or indirectly is a person resident in India.

☐ Yes ☐ No

Additional requirements for Regulated Investors :

- I/we confirm that I/we have furnished the Administrator with documentary proof proving that it I/we are a Regulated Investor.
- I/we agree that I/we will notify the Administrator immediately where there is a change in my/our status in that I / we become a Person Resident in India or hold Shares in the ICAV on behalf of any beneficial owners who directly or indirectly is a Person Resident in India.
- I/we agree that I/we shall provide a declaration in writing regarding the participation, if any, of a Person Resident in India immediately.

Additional requirements for investors (other than Regulated Investors) i.e. non-individual unregulated investors:

- I/we agree that I/we will notify the Administrator immediately where there is a change in my/our status in that I / we become a Person Resident in India or hold Shares in the ICAV on behalf of any beneficial owners who directly or indirectly is a Person Resident in India.
- I/we agree that I/we shall provide information like proof of identity and proof of address of a Person Resident in India immediately

<sup>1</sup>A regulated investor means one of the following:

- Government or
- Central bank or
- Sovereign fund or
- Multilateral agency or
- an appropriately regulated investor\* in the form of pension fund or University fund or a bank or collective investment vehicles such as mutual funds

\*An investor shall be considered to be appropriately regulated if it is regulated or supervised by the securities market regulator or the banking regulator of the country outside India of which it is resident, in the same capacity in which it has made investment in the fund.

# Aryabhata Global Assets Funds ICAV

Application Form

## Details of Investment

The Applicant, having received and read a copy of the Prospectus for Aryabhata Global Assets Funds ICAV (the "ICAV"), any relevant supplements or addendums thereto and the most recent annual and/or semi-annual report of the ICAV (if any) hereby applies to invest in the ICAV, as indicated in the table below:

| Fund Name            | Share Class                      | ISIN         | Currency | Value of Subscription |
|----------------------|----------------------------------|--------------|----------|-----------------------|
| Aryabhata India Fund | CLASS A RETAIL USD ACCUM.        | IE000G3C8AW8 | USD      |                       |
|                      | CLASS A RETAIL USD DIST.         | IE000NH710W4 | USD      |                       |
|                      | CLASS B RETAIL USD ACCUM.        | IE000ZN8BIX8 | USD      |                       |
|                      | CLASS B RETAIL USD DIST.         | IE000VFAYEO6 | USD      |                       |
|                      | RDR USD ACCUM.                   | IE000ILYNRB3 | USD      |                       |
|                      | RDR USD DIST.                    | IE000AEI9LZ8 | USD      |                       |
|                      | RDR GBP ACCUM.                   | IE000SB79LR5 | GBP      |                       |
|                      | RDR GBP DIST.                    | IE000SIFMY92 | GBP      |                       |
|                      | CLASS I INSTITUTIONAL EUR ACCUM. | IE000JRQWKQ8 | EUR      |                       |
|                      | CLASS A RETAIL EUR ACCUM.        | IE000XSXZZ8  | EUR      |                       |
|                      | RDR EUR ACCUM.                   | IE0008AZ60W8 | EUR      |                       |
|                      | CLASS I INSTITUTIONAL AUD ACCUM  | IE000OZCISG4 | AUD      |                       |
|                      | CLASS A RETAIL AUD DIST          | IE0000W3TFM1 | AUD      |                       |
|                      | CLASS A RETAIL CHF ACCUM         | IE000I5WYDA6 | CHF      |                       |
|                      | CLASS A RETAIL CHF DIST.         | IE000UO41M38 | CHF      |                       |
|                      | CLASS I INSTITUTIONAL CHF ACCUM  | IE000B4LIBK5 | CHF      |                       |
|                      | CLASS I INSTITUTIONAL CHF DIST   | IE0001WBT893 | CHF      |                       |
|                      | CLASS A RETAIL JPY ACCUM.        | IE0007A8K6X3 | JPY      |                       |
|                      | CLASS A RETAIL JPY DIST.         | IE000XDMLO34 | JPY      |                       |
|                      | CLASS I INSTITUTIONAL JPY ACCUM  | IE000CJ7YMM0 | JPY      |                       |
|                      | CLASS I INSTITUTIONAL JPY Dist.  | IE0001WMJGY3 | JPY      |                       |
|                      | CLASS C INSTITUTIONAL USD ACCUM. | IE000SDETI49 | USD      |                       |
|                      | CLASS F INSTITUTIONAL USD ACCUM. | IE000SZJ5VY2 | USD      |                       |
|                      | CLASS A RETAIL GBP ACCUM         | IE000F0QFY13 | GBP      |                       |
|                      | CLASS A RETAIL SGD ACCUM         | IE000O7N1582 | SGD      |                       |
|                      | CLASS A RETAIL AED ACCUM.        | IE000VENX1J2 | AED      |                       |
|                      | CLASS K RETAIL USD ACCUM.        | IE00072OXGL6 | USD      |                       |
|                      | CLASS I INSTITUTIONAL USD ACCUM  | IE000E2FR319 | USD      |                       |

We acknowledge that:

- (a) this subscription is irrevocable;
- (b) this subscription may be accepted or rejected by the ICAV, in its sole and absolute discretion and that if this Application form is rejected, than it shall have no force or effect; and
- (c) we are aware of and will comply with the minimum subscription amount and the minimum subsequent subscription amount for the abovementioned Class as set out in the Prospectus.

# Aryabhata Global Assets Funds ICAV

Application Form

## Account Registration Details

|                                                                                                                             |                                                                                                                                     |                                  |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|
| <b>Registered Name</b>                                                                                                      |                                                                                                                                     |                                  |                                                        |
| <b>Account Designation</b> <i>(if any)</i>                                                                                  |                                                                                                                                     |                                  |                                                        |
| <b>Shareholder Type</b> <sup>1</sup>                                                                                        |                                                                                                                                     |                                  |                                                        |
| <b>Occupation</b><br><i>(if individual or joint account) or</i><br><b>Nature of purpose of entity</b><br><i>(if entity)</i> |                                                                                                                                     |                                  |                                                        |
| <b>Source of funds for initial Investment</b><br><i>(Please tick (✓) multiple boxes if appropriate)</i>                     | <input type="checkbox"/> Inheritance                                                                                                | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business              |
|                                                                                                                             | <input type="checkbox"/> Salary                                                                                                     | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income             |
|                                                                                                                             | <input type="checkbox"/> Sale of assets <i>(please specify)</i>                                                                     | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other <i>(please specify)</i> |
|                                                                                                                             | Further supporting documentation may be requested if deemed necessary to verify the above information.                              |                                  |                                                        |
| <b>Source of wealth, i.e. Aggregation of Accumulated wealth</b><br><i>(Please tick (✓) multiple boxes if appropriate)</i>   | <input type="checkbox"/> Inheritance                                                                                                | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business              |
|                                                                                                                             | <input type="checkbox"/> Salary                                                                                                     | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income             |
|                                                                                                                             | <input type="checkbox"/> Sale of assets <i>(please specify)</i>                                                                     | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other <i>(please specify)</i> |
|                                                                                                                             | Further supporting documentation may be requested if deemed necessary to verify the above information.                              |                                  |                                                        |
| <b>Remitting Bank Details</b>                                                                                               | <b>1. Remitting Bank Details:</b>                                                                                                   |                                  |                                                        |
|                                                                                                                             | <input type="checkbox"/> As per bank account details for redemptions & dividends stated below OR please complete the details below* |                                  |                                                        |
|                                                                                                                             | <b>Remitting Bank Name</b>                                                                                                          |                                  |                                                        |
|                                                                                                                             | <b>Remitting Bank Address</b>                                                                                                       |                                  |                                                        |
|                                                                                                                             | <b>Account Holder Name</b>                                                                                                          |                                  |                                                        |
|                                                                                                                             | <b>Account Number</b>                                                                                                               |                                  |                                                        |
|                                                                                                                             | <b>IBAN</b>                                                                                                                         |                                  |                                                        |
|                                                                                                                             | <b>SWIFT Code</b>                                                                                                                   |                                  |                                                        |
|                                                                                                                             | <b>Correspondent bank name</b><br><i>(If applicable)</i>                                                                            |                                  |                                                        |
|                                                                                                                             | <b>Correspondent bank address if available</b> <i>(If applicable)</i>                                                               |                                  |                                                        |
|                                                                                                                             | <b>Correspondent bank sort code/swift</b> <i>(If applicable)</i>                                                                    |                                  |                                                        |
|                                                                                                                             | <b>Payment Type</b> <i>(Please Select and enclose proof of payment)</i>                                                             | <input type="checkbox"/> MT202   | <input type="checkbox"/> MT103                         |
|                                                                                                                             | *If you have more than one remitting bank please provide details on a separate sheet.                                               |                                  |                                                        |
|                                                                                                                             | <b>Registered Address</b><br><b>PO Box or C/O will not be accepted</b>                                                              |                                  |                                                        |
| <b>Mailing Address</b> <i>(If Different)</i>                                                                                |                                                                                                                                     |                                  |                                                        |
| <b>Contact Name</b>                                                                                                         |                                                                                                                                     |                                  |                                                        |
| <b>Contact Details</b>                                                                                                      | Telephone                                                                                                                           |                                  | Email                                                  |

## Joint Applicant(s)

Details of up to 3 additional holders may be added to the application. Please complete details in block capitals below.

### First Additional Applicant Details

|                                                                                                                      |                                                                                                        |                                  |                                                 |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|
| <b>Registered Name</b>                                                                                               |                                                                                                        |                                  |                                                 |
| <b>Occupation</b><br>(if individual or joint account) <b>or</b><br><b>Nature of purpose of entity</b><br>(if entity) |                                                                                                        |                                  |                                                 |
| <b>Source of funds for initial Investment</b><br>(Please tick (✓) multiple boxes if appropriate)                     | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business       |
|                                                                                                                      | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income      |
|                                                                                                                      | <input type="checkbox"/> Sale of assets (please specify)                                               | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other (please specify) |
|                                                                                                                      | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                 |
| <b>Source of wealth, i.e. Aggregation of Accumulated wealth</b><br>(Please tick (✓) multiple boxes if appropriate)   | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business       |
|                                                                                                                      | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income      |
|                                                                                                                      | <input type="checkbox"/> Sale of assets (please specify)                                               | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other (please specify) |
|                                                                                                                      | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                 |
| <b>Registered Address</b><br><b>PO Box or C/O will not be accepted</b>                                               |                                                                                                        |                                  |                                                 |
| <b>Contact Name</b>                                                                                                  |                                                                                                        |                                  |                                                 |
| <b>Contact Details</b>                                                                                               | Telephone                                                                                              |                                  | Email                                           |

### Second Additional Applicant Details

|                                                                                                                      |                                                                                                        |                                  |                                                 |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|
| <b>Registered Name</b>                                                                                               |                                                                                                        |                                  |                                                 |
| <b>Occupation</b><br>(if individual or joint account) <b>or</b><br><b>Nature of purpose of entity</b><br>(if entity) |                                                                                                        |                                  |                                                 |
| <b>Source of funds for initial Investment</b><br>(Please tick (✓) multiple boxes if appropriate)                     | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business       |
|                                                                                                                      | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income      |
|                                                                                                                      | <input type="checkbox"/> Sale of assets (please specify)                                               | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other (please specify) |
|                                                                                                                      | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                 |
| <b>Source of wealth, i.e. Aggregation of Accumulated wealth</b><br>(Please tick (✓) multiple boxes if appropriate)   | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business       |
|                                                                                                                      | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income      |
|                                                                                                                      | <input type="checkbox"/> Sale of assets (please specify)                                               | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other (please specify) |
|                                                                                                                      | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                 |
| <b>Registered Address</b><br><b>PO Box or C/O will not be accepted</b>                                               |                                                                                                        |                                  |                                                 |
| <b>Contact Name</b>                                                                                                  |                                                                                                        |                                  |                                                 |
| <b>Contact Details</b>                                                                                               | Telephone                                                                                              |                                  | Email                                           |

# Aryabhata Global Assets Funds ICAV

Application Form

| Third Additional Applicant Details                                                                                          |                                                                                                        |                                  |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|
| <b>Registered Name</b>                                                                                                      |                                                                                                        |                                  |                                                        |
| <b>Occupation</b><br><i>(if individual or joint account) or</i><br><b>Nature of purpose of entity</b><br><i>(if entity)</i> |                                                                                                        |                                  |                                                        |
| <b>Source of funds for initial Investment</b><br><i>(Please tick (✓) multiple boxes if appropriate)</i>                     | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business              |
|                                                                                                                             | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income             |
|                                                                                                                             | <input type="checkbox"/> Sale of assets <i>(please specify)</i>                                        | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other <i>(please specify)</i> |
|                                                                                                                             | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                        |
| <b>Source of wealth, i.e. Aggregation of Accumulated wealth</b><br><i>(Please tick (✓) multiple boxes if appropriate)</i>   | <input type="checkbox"/> Inheritance                                                                   | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business              |
|                                                                                                                             | <input type="checkbox"/> Salary                                                                        | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income             |
|                                                                                                                             | <input type="checkbox"/> Sale of assets <i>(please specify)</i>                                        | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other <i>(please specify)</i> |
|                                                                                                                             | Further supporting documentation may be requested if deemed necessary to verify the above information. |                                  |                                                        |
| <b>Registered Address</b><br><b>PO Box or C/O will not be accepted</b>                                                      |                                                                                                        |                                  |                                                        |
| <b>Contact Name</b>                                                                                                         |                                                                                                        |                                  |                                                        |
| <b>Contact Details</b>                                                                                                      | Telephone                                                                                              |                                  | Email                                                  |

\*\* Correspondence will only be sent to the first named applicant/correspondence address. Additional applicants will be required to provide confirmation of residential address details for anti-money laundering verification purposes.

## Bank Account Details for Redemption and Distribution Payments

Please list the details of the account to which redemption proceeds, and/or dividend distributions should be paid. Payments will only be made to a bank account held in the name of the registered shareholder. No Third Party Payments will be made. Redemptions will not be processed on non cleared/verified accounts.

Both IBANS & SWIFT (BIC) Codes should be quoted for all banks within the EU/EEA.

**Payments will only be made back to the account of where the subscription monies came from.**

Amendments to investors' payment instructions will only be effected upon receipt of an original instruction which has been duly authorised. In the case of joint accounts, instructions will only be made upon receipt of instruction duly signed by all applicants.

The Administrator does not accept any responsibility for the bank account details quoted and any payments made using these details will be at your risk.

|                                                                                             |  |
|---------------------------------------------------------------------------------------------|--|
| <b>Beneficiary Bank Name</b>                                                                |  |
| <b>Beneficiary Bank Address</b>                                                             |  |
| <b>Beneficiary Bank Sort Code/<br/>SWIFT (BIC)/ ABA/Fedwire</b>                             |  |
| <b>Beneficiary Account Name</b>                                                             |  |
| <b>Beneficiary Account Number</b><br><i>(Please quote the full IBAN Number)</i>             |  |
| <b>Correspondent Bank Name</b><br><i>(If applicable)</i>                                    |  |
| <b>Correspondent Bank Address</b><br><i>(If applicable)</i>                                 |  |
| <b>Correspondent Bank Sort Code/<br/>SWIFT (BIC)/ ABA/Fedwire</b><br><i>(If applicable)</i> |  |
| <b>Currency</b>                                                                             |  |
| <b>Reference – If required</b>                                                              |  |
| <b>For Further Credit account<br/>number &amp; name - If required</b>                       |  |

## Dividend Policy (for distributing share class only.)

Please tick option as appropriate. Failure to complete this section will result in automatic reinvestment of dividends

|                         |                                                                             |
|-------------------------|-----------------------------------------------------------------------------|
| <b>Dividend Options</b> | <input type="checkbox"/> Cash <input type="checkbox"/> Reinvest (in shares) |
|-------------------------|-----------------------------------------------------------------------------|

For cash dividend option, cash payment will be made to the bank account listed above, net of bank charges.

## Return of Values (Investment Undertakings) Regulations 2013

Pursuant to the Return of Values (Investment Undertakings) Regulations 2013 (S.I. 245 of 2013) (the "Regulations"), the ICAV is required to collect certain information from non-Excepted Shareholders as defined below. All Applicants, whether individuals, bodies corporate or unincorporated bodies of persons, which are Irish Resident or Ordinarily Resident in Ireland should review the list of Excepted Shareholders set out below.

If the Applicant is Irish Resident or Ordinarily Resident in Ireland or non-Irish resident and is not an Excepted Shareholder, please provide the following information and documentations:

Tax Identification Number (TIN) / PPS Number:

Any one of the following additional documents is required to verify the TIN or PPS Number (either an original or a copy will suffice):

- Revenue Statement of Liability
- Payslip (where employer is identified by name or tax number)
- Drug Payment Scheme Card
- European Health Insurance Card
- Tax Assessment
- Tax Return Form
- PAYE Notice of Tax Credits
- Child Benefit Award Letter / Book
- Pension book
- Social Services Card
- Public Services Card

In addition, printed documentation issued by the Irish Revenue Commissioners or the Department of Social Protection which includes your name, address and tax reference number is also acceptable.

In the case of joint account holders, the additional documentation is required for each Applicant.

Your personal information will be handled by the Administrator, the ICAV or its duly appointed delegates as Data Processor for the ICAV in accordance with the Data Protection Acts 1988 to 2018 and the EU's General Data Protection Regulation 2016/679 ("GDPR") (each as may be amended or supplemented from time to time) (together the "Data Protection Legislation"). Further information is available in the Data Privacy Statement attached to this Application Form. Your information provided herein will be processed for the purposes of complying with the Regulations and this may include disclosure to the Irish Revenue Commissioners.

| Exempted Shareholders                                                                                                                                                                                                                                                                                                                                                           |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Share Holders                                                                                                                                                                                                                                                                                                                                                                   | Taxes Act reference  |
| The following entities will constitute Exempted Shareholders provided the Fund has obtained a duly completed appropriate declaration:                                                                                                                                                                                                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                                                                 |                      |
| An investment undertaking within the meaning of Section 739B of the Taxes Act                                                                                                                                                                                                                                                                                                   | <b>739D(6)(c)</b>    |
| An investment limited partnership within the meaning of Section 739J of the Taxes Act                                                                                                                                                                                                                                                                                           | <b>739D(6)(cc)</b>   |
| A pension scheme which is an exempt approved scheme within the meaning of Section 774 of the Taxes Act or a retirement annuity contract or a trust scheme to which Section 784 or 785 of the Taxes Act applies                                                                                                                                                                  | <b>739D(6)a)</b>     |
| A company carrying on a life business within the meaning of Section 706 of the Taxes Act                                                                                                                                                                                                                                                                                        | <b>739D(6)(b)</b>    |
| A special investment scheme within the meaning of Section 737 of the Taxes Act                                                                                                                                                                                                                                                                                                  | <b>739D(6)(d)</b>    |
| A unit trust to which Section 731(5)(a) of the Taxes Act applies                                                                                                                                                                                                                                                                                                                | <b>739D(6)(e)</b>    |
| A charity being a person referred to in Section 739D(6)(f)(i) of the Taxes Act                                                                                                                                                                                                                                                                                                  | <b>739D(6)(f)(i)</b> |
| A qualifying management company within the meaning of Section 739B of the Taxes Act                                                                                                                                                                                                                                                                                             | <b>739D(6)(g)</b>    |
| A qualifying fund manager within the meaning of Section 784A(1)(a) of the Taxes Act where the Shares held are assets of an approved retirement fund or an approved minimum retirement fund                                                                                                                                                                                      | <b>739D(6)(h)</b>    |
| A qualifying savings manager within the meaning of Section 848B of the Taxes Act where the Shares held are assets of a special savings incentive account                                                                                                                                                                                                                        | <b>739D(6)(h)</b>    |
| A personal retirement savings account ("PRSA") administrator acting on behalf of a person who is entitled to exemption from income tax and capital gains tax by virtue of Section 787I of the Taxes Act and the Shares are assets of a PRSA                                                                                                                                     | <b>739D(6)(i)</b>    |
| The National Asset Management Agency                                                                                                                                                                                                                                                                                                                                            | <b>739D(6)(ka)</b>   |
| The National Treasury Management Agency or a Fund investment vehicle (within the meaning of section 37 of the National Treasury Management Agency (Amendment) Act 2014) of which the Minister for Finance is the sole beneficial owner, or the State acting through the National Treasury Management Agency                                                                     | <b>739D(6)(kb)</b>   |
| The Motor Insurers' Bureau of Ireland in respect of an investment made by it of moneys paid to the Motor Insurer Insolvency Compensation Fund under the Insurance Act 1964 (amended by the Insurance (Amendment) Act 2018)                                                                                                                                                      | <b>739D(6)(kc)</b>   |
| A company which is within the charge to corporation tax in accordance with Section 110(2) of the Taxes Act in respect of payments made to it by the ICAV                                                                                                                                                                                                                        | <b>739D(6)m)</b>     |
| A credit union within the meaning of Section 2 of the Credit Union Act 1997                                                                                                                                                                                                                                                                                                     | <b>739D(6)(j)</b>    |
| A company that is within the charge to corporation tax in accordance with Section 739G(2) of the Taxes Act in respect of payments made to it by the ICAV, that has made a declaration to that effect and that has provided the ICAV with its tax reference number but only to extent that the relevant Fund is a money market fund (as defined in Section 739B of the Taxes Act | <b>739D(6)(k)</b>    |
| A Shareholder who is neither Irish Resident nor Ordinarily Resident in Ireland                                                                                                                                                                                                                                                                                                  | <b>739D(7)</b>       |
| A unit holder who holds their units in a recognised clearing system A Shareholder who holds their Shares in a Recognised Clearing System                                                                                                                                                                                                                                        | <b>739B</b>          |
| An Intermediary acting on behalf of persons who are neither Irish Resident nor Ordinarily Resident in Ireland                                                                                                                                                                                                                                                                   | <b>739D(9)</b>       |
| An Intermediary acting on behalf of persons who are Exempt Irish Investors                                                                                                                                                                                                                                                                                                      | <b>739D(9A)</b>      |

## Politically exposed person

A politically exposed person ("PEP") is defined as an individual who is, or has at any time in the preceding 18 months (or such longer period as is reasonably required to take into account the continuing risk posed by that person and until such time as that person is deemed to pose no further risk specific to politically exposed persons) been, entrusted with a prominent public function, including either of the following individuals (but not including any middle ranking or more junior official);

- (a) a specified official;
- (b) a member of the administrative, management or supervisory body of a state-owned enterprise.
- (c) any individual performing a prescribed function.

A "specified official" is further defined as any of the following officials (including any such officials in an institution of the European Communities or an international body):

- (a) a head of state, head of government, government minister or deputy or assistant government minister;
- (b) a member of a parliament or similar legislative body;
- (c) a member of the governing body of a political party;
- (d) a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- (e) a member of a court of auditors or of the board of a central bank;
- (f) an ambassador, chargé d'affaires or high-ranking officer in the armed forces;
- (g) a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.

An "immediate family member" of a PEP includes any of the following persons:

- (a) any spouse of the politically exposed person;
- (b) any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides;
- (c) any child of the politically exposed person;
- (d) any spouse of a child of the politically exposed person;
- (e) any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides;
- (f) any parent of the politically exposed person;
- (g) any other family member of the politically exposed person who is of a prescribed class;

A "close associate" of a PEP includes any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the PEP or any individual who has a sole beneficial ownership of a legal arrangement set up for the actual benefit of the PEP.

As an example, a "beneficial owner" of a body corporate is any individual who (other than a company having securities listed on a regulated market):

- a. ultimately owns or controls, whether through direct or indirect ownership or control (including through bearer shareholdings), more than 25 per cent of the shares or voting rights of the body; or
- b. otherwise exercises control over the management of the body.

### ☐ SECTION A: TO BE COMPLETED ONLY IF THE PEP RULES APPLY WITH REFERENCE TO THE ABOVE DEFINITIONS

the application is being made by a PEP / immediate family member of a PEP / close associate of a PEP OR  
the applicant has a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP  
OR  
the application is being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP OR  
it is intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

|                      |  |                                                                         |  |
|----------------------|--|-------------------------------------------------------------------------|--|
| <b>Name of PEP</b>   |  | <b>Address of PEP</b>                                                   |  |
| <b>Office of PEP</b> |  | <b>Relationship of Applicant or Applicant's Beneficial Owner to PEP</b> |  |

Source of Wealth of the PEP (e.g. Income from employment, Income from company business, inheritance, etc)

- |                                                          |                                  |                                                 |
|----------------------------------------------------------|----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Inheritance                     | <input type="checkbox"/> Gift    | <input type="checkbox"/> Sale of Business       |
| <input type="checkbox"/> Salary                          | <input type="checkbox"/> Pension | <input type="checkbox"/> Investment income      |
| <input type="checkbox"/> Sale of assets (please specify) | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other (please specify) |

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

☐ **SECTION B: PLEASE TICK BOX BELOW IF THE PEP RULES DO NOT APPLY WITH REFERENCE TO THE DEFINITIONS ABOVE:**  
 I/we confirm that the application is NOT being made by a PEP / immediate family member of a PEP / close associate of a PEP AND  
 the applicant does not have a beneficial owner who is a PEP / immediate family member of a PEP / close associate of a PEP AND  
 the application is NOT being made for the benefit of a PEP / immediate family member of a PEP / close associate of a PEP AND  
 it is NOT intended to transfer the shares to a PEP / immediate family member of a PEP / close associate of a PEP

## US Person Confirmation

Please complete EITHER SECTION A OR SECTION B as applicable

☐ **SECTION A: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT**

I/We confirm that I am/we are a US Person (as defined in the Prospectus) and am/are acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, OR I/we intend to transfer any Shares in the Fund which I/we may purchase to any US Person.

PLEASE SUPPLY A COPY OF THE US INTERNAL REVENUE SERVICE FORM W-9 OR AN ORIGINAL W-8 BEN IF THE BENEFICIAL OWNER IS A NON-US PERSON.

☐ **SECTION B: PLEASE TICK BOX AND DELETE AS APPLICABLE IF THE STATEMENT BELOW IS CORRECT**

I/We confirm that I am/we are not a US Person (as defined in the Prospectus) and am/are not acquiring Shares in the Fund on behalf of, or for the benefit of, a US Person, nor do I/we intend to transfer any Shares which I/we may purchase to any US Person

## Personal Portfolio Investment Undertaking (PPIU)

☐ \*I/We confirm that \*I am/we are an Irish Resident or Irish Ordinary Resident who is a director or has a relationship with a director of the ICAV.

Please enter name(s) of PPIU

### Declarations and Signature

I/We, warrant that I/we have the right and authority to make the investment pursuant to this Application Form and hold such Shares whether the investment is my/our own or is made on behalf of another person or entity and that I/we are/will not be in breach of any laws or regulations of any competent jurisdiction and I/we hereby indemnify the ICAV, the Manager, the Administrator and other Shareholders for any loss suffered by them as a result of this warranty/representation not being true in every respect.

I/We agree that to the extent that I/we are an Ineligible Applicant, I/we shall indemnify the ICAV, the Manager, the Investment Manager, the Depositary, the Administrator and Shareholders for any loss suffered by it or them as a result of I/we acquiring or holding Shares in the ICAV.

I/We acknowledge that the ICAV has been established with segregated liability between its sub-funds (the "Funds" and each a "Fund"). I/We hereby agree that any amounts due or payable to me / us in respect of an investment in the Fund(s), howsoever arising (including any proven claim), will be limited to, and payable only out of, the assets of the relevant Fund and in no circumstances will the assets of any other Fund be used to discharge the amount due.

I/We, agree to provide the representations in this Application Form to the ICAV on an annual basis at the request of the Administrator or the ICAV and at such other times as the Administrator or the ICAV may request and to provide on request such certificates, documents or other evidence as the ICAV may reasonably require to substantiate such representations.

I/We, agree to notify the ICAV and the Administrator immediately if I/we become aware that any of the representations is/are no longer accurate and complete in all respects and, if deemed necessary by the ICAV at its absolute discretion, agree immediately to sell or to tender to the ICAV for redemption a sufficient number of Shares to allow the representation to be made.

I/We hereby agree that none of the ICAV, the Manager, the Investment Manager, the Administrator or the Depositary or any of their respective directors, officers, employees or agents will be responsible or liable for the authenticity of instructions from Shareholders reasonably believed to be genuine and shall not be liable for any losses, costs or expenses arising out of or in conjunction with any unauthorised or fraudulent instructions.

I/We, hereby confirm that the ICAV, the Directors and the Administrator are each authorised and instructed to accept and execute any instructions including subscription, redemption and /or conversion instructions and instructions relating to payment of redemption proceeds, given by me/ us by facsimile, email or such other means as may from time to time be permitted by the Directors or their delegate. I/ we acknowledge that any application for Shares will be rejected by the Administrator where anti-money laundering documentation required by the ICAV and the Administrator has not been provided to the Administrator in advance. I/we acknowledge that facsimile and email instructions are not a secure means of communication, and are aware of the risk involved. I/we hereby indemnify the ICAV, the Directors, the Manager and the Administrator and agree to keep each of them indemnified, against any loss of any nature whatsoever arising to each of them as a result of any of them acting on

facsimile and/or email instructions. The ICAV, the Directors, the Manager and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instructions or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons. I/we acknowledge that if I/we request the Administrator to pay redemption proceeds to an account or bank the details of which differ from those held on file. I/we understand that payment cannot be affected until such time as an instruction requesting this change is forwarded by me/us to the Administrator, together with any other documentation required by the Administrator, including that required for anti-money laundering purposes. I/we acknowledge that redemption proceeds will not be paid until the Application Form used on initial subscription, the redemption form, together with all documentation required by the ICAV and the Administrator, including all documentation required for anti-money laundering purposes has been received by the Administrator.

I/We hereby agree that I/we shall be liable to the ICAV for, and shall indemnify it against, any loss, cost, expense or fees incurred by it or the relevant Fund arising out of such non-receipt or non-clearance of subscription monies and that the ICAV will have the right to sell all or part of my/our existing holding of Shares in the relevant Class or any other Class or Fund (if any) in order to meet any losses, costs, expenses or fees incurred by the ICAV or the relevant Fund arising out of such non-receipt or non-clearance of subscription monies.

I/We, having received and considered a copy of the Prospectus, hereby confirm that this application is based solely on the Prospectus together (where applicable) with the most recent annual report and accounts of the ICAV and (if issued after such report and accounts) its most recent unaudited semi-annual report.

I/We hereby represent that I/we have regular access to the internet. I/We acknowledge that I/we have been offered the choice of receiving the Prospectus, KIID and Annual/Semi-Annual Reports on paper or in electronic form by means of a website and I/we hereby specifically consent to receiving the Prospectus, KIID and Annual/Semi-Annual Reports in electronic form by way of accessing the latest version of the document online at <http://aryabhatafunds.com/> (or such other website address as may be notified to us from time to time). The Prospectus, KIID and Annual/ Semi-Annual Reports will be available in the Funds section on <http://aryabhatafunds.com/> and I/we hereby confirm that I/we have also been notified electronically of this website address and the place where on the website the Prospectus, KIID and Annual/Semi-Annual Reports can be accessed. I/We hereby acknowledge that I/we have received or accessed by electronic means the Prospectus, KIID and Annual/Semi-Annual Reports. I/ We also consent to accessing the Prospectus, KIID and Annual/ Semi-Annual Reports by electronic means before making any subsequent and/or future subscriptions for Shares in any Share Class and/or Fund.

I/We, apply to be entered in the Register of the Shareholders as the holder/holders of the Shares issued in relation to this application.

I/We, acknowledge that due to money laundering requirements operating within Ireland, the Administrator, the Manager and/or the ICAV may require information and documentation pursuant to anti-money laundering

requirements and any other legal or regulatory requirement before the application can be processed and the ICAV, the Manager and/or the Administrator shall be held harmless and indemnified against any loss ensuing due to the failure to process this application, if such information as has been required by the parties hereto has not been provided by me/us.

I/We acknowledge that measures aimed at the prevention of money laundering and terrorist financing will require verification of my/our identity, address and source of funds and where applicable other persons including but not limited to any beneficial owner on a risk sensitive basis and the ongoing monitoring of my/our business relationship with the ICAV. I/We further acknowledge that the Administrator reserves the right not to issue Shares until such time as the Administrator has received and is satisfied with all the information and documentation requested to verify my/our identity, address and source of funds and where applicable other persons including but not limited to any beneficial owner. I/We acknowledge that the Administrator shall be indemnified and held harmless by me/us against any loss arising as a result of a failure to process my/our application for Shares if such information and documentation as has been requested by the Administrator has not been provided by me/us.

I/We acknowledge that the Administrator in its absolute discretion reserves the right to request from the applicant any such other or additional documentation from that outlined below when it deems it appropriate to do so to enable the Administrator to determine the applicant's compliance with applicable regulatory requirements or the applicant's anti-money laundering and terrorist financing verification status on a risk sensitive basis and the applicant shall provide to the Administrator from time to time such information as may reasonably be requested. Each person acquiring Shares in a Fund must satisfy the foregoing both at the time of initial subscription and at all times thereafter until such person ceases to be a Shareholder. Accordingly, the applicant agrees to notify the Administrator promptly if there is any change with respect to any of the foregoing and /or below information, declarations or representations and to provide the Administrator with such further information as the Administrator may reasonably require.

I/We acknowledge that I/we must disclose to the ICAV and Administrator, both at the time of initial subscription into a Fund of the ICAV and upon any change thereafter, any Shareholder or person or entity or beneficial owner that is or is acting, directly or indirectly for the Shareholder who is a politically exposed persons ("PEP"), and immediate family members, and close associates of such persons.

I/We acknowledge that the ICAV or the Administrator also reserves the right to refuse to make any redemption payment or distribution to a Shareholder if any of the Directors of the ICAV or the Administrator suspects or is advised that the payment of any redemption or distribution moneys to such Shareholder might result in a breach or violation of any applicable anti-money laundering or other laws or regulations by any person in any relevant jurisdiction, or such refusal is considered necessary or appropriate to ensure the compliance by the ICAV, its Directors or the Administrator with any such laws or regulations in any relevant jurisdiction.

I/We acknowledge that any failure to provide complete identification and verification documentation at the account opening stage will result in my/our account being blocked

for both redemptions and distribution payments pending receipt of the outstanding documentation. I/We acknowledge that I/we may be classified as a non-compliant investor. I/We acknowledge that any failure to provide complete identification and verification documentation at the account opening stage will result in delay of account opening and processing of my/our subscription application.

I/We acknowledge that any failure to provide complete identification and verification documentation upon request at any other stage during the course of the business relationship will result in my/our account being blocked for further subscriptions, transfers, conversions, redemption payments and distribution payments pending receipt of the outstanding documentation. I/We acknowledge that I/we may be classified as a non-compliant investor.

I/We acknowledge that the Investment Manager and/or the Board of Directors have the right to discontinue the business relationship with me/us upon my/our being classified as a non-compliant investor or a non-compliant legacy investor.

I/We acknowledge and confirm that my/our investment does not and will not constitute funds derived from India, from sources within India or from persons resident in India as defined under India's Foreign Exchange Management Act, 1999 and the Income-Tax Act, 1961 ("Person Resident In India"). I/we also represent that I/we are not a Person Resident in India and that I/we will notify the ICAV, Manager and the Investment Manager promptly in the event that I/we become a Person Resident in India or apply for Indian residency or raise funds from Indian residents and agree to immediately take such actions as the ICAV, the Manager and the Investment Manager promptly may direct including redemption of Shares. Unless permitted by the India's Foreign Exchange Management Act, 1999 and the Income-Tax Act, 1961, I/we represent that I/we will dispose of the interests in the ICAV in consultation with the ICAV and the Investment Manager, prior to me/us taking up residence in India or applying for or otherwise acquiring Indian nationality, should I/we take such step.

I/We represent that where I/we act as an intermediary on behalf of one or more underlying investors, who are natural persons, the underlying investors are not Persons Resident in India and that I/we will notify the ICAV, Manager and the Investment Manager promptly in the event that the underlying investors become Persons Resident in India or apply for Indian residency and agree to immediately take such actions as the ICAV, the Manager and the Investment Manager promptly may direct and which may include compulsory redemption of Shares in a Fund. I/we also represent that where I/we act as an intermediary for an underlying investor other than a natural person which also acts as an intermediary for indirect investors, such indirect investors are not Persons Resident in India and that I/we will notify the ICAV, Manager and the Investment Manager promptly in the event that the indirect investors become Person Resident in India or apply for Indian residency and agree to immediately take such actions as the ICAV, the Manager and the Investment Manager promptly may direct and which may include compulsory redemption of Shares in a Fund.

I/We hereby agree and undertake that where I / we hold :

- (a) 25% or more ownership of the Shares of a Fund, either directly or indirectly as (i) the beneficial owner of an investor investing in a Fund on its own behalf or (ii) the beneficial owner of an intermediary investor investing

in a Fund on behalf of one or more underlying investors (including direct / indirect holding through single or multiple entities); or

- (b) 25% or more ownership of a Fund by control, through means such as voting rights, agreements, arrangements etc., either directly or indirectly as (i) the beneficial owner of an investor investing in a Fund on its own behalf or (ii) the beneficial owner of an intermediary investor investing in a Fund on behalf of one or more underlying investors;

that I/we will make available such additional information that the ICAV, the Manager and/or the Administrator may require upon request, for example, the name of the beneficial owner, whether the holding is a direct/indirect stake, names of the entity/ies through which the stake in the Fund is held indirectly, method of control, whether the holding is held by an individual or a non-individual etc.

I/We agree and undertake to notify the ICAV, Manager and Administrator where I/we or any of my/our beneficial owners are or become:

- i. a "non-resident Indian", as defined under Rule 2 of the Foreign Exchange Management (Non-debt Instruments) Rules, 2019 ("NDI Rules") ("NRI"); or
- ii. an "overseas citizen of India", as defined under Rule 2 of the NDI Rules ("OCI"); or
- iii. directly or indirectly owned or controlled by an NRI or OCI; or
- iv. controlled by an investment manager that is controlled by an NRI / OCI.
- v. Resident Indians ("RIs") as defined under the Foreign Exchange Management Act, 1999 or the Income-Tax Act 1961.

I/We acknowledge and that I/we may need to provide such further information in this regard as the ICAV, Manager and/or Administrator may require.

I/We agree and undertake that in the event that I/we constitute(s) a NRI or an OCI or resident Indian, and in the event that I/we hold 25% or more of the Net Asset Value of a Fund, or in the event that that I/we hold in aggregate 50% or more of the Net Asset Value of a Fund together with other NRIs or OCIs or resident Indian, that I/we may be required to reduce my/our shareholding in a Fund or to redeem Shares in a Fund and to provide such further information to the ICAV, Manager and/or Administrator as may be required.

I/We acknowledge that any notice or document (including communications and reports) may be served by or on behalf of the ICAV on me/us in the manner specified from time to time in the Prospectus or in the ICAV's Instrument of Incorporation and for the purposes of the Electronic Commerce Act 2000, consent to any such notice or document being sent to me/us electronically to the email address which has been provided to the ICAV, the Administrator or its delegate in completing this share application form or otherwise which I/we acknowledges 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 electronically by notifying the ICAV and the Administrator in writing at the above address provided that my/our agreement to receive communications electronically shall remain in full force and effect pending receipt by the Administrator of written notice of such revocation. I/we undertake to keep the

ICAV and the Administrator informed of any change to such email address.

In the event that I/we subject to prior written agreement with the Administrator decide to send subsequent applications, redemptions and instructions electronically :

I/We acknowledge that electronic communications whether by email, swift or otherwise are an unsafe method of communication and emails and swift messages may be lost, subject to delays, interference by third parties, viruses and their confidentiality, security and integrity cannot be guaranteed. Further, I/we acknowledge that electronic communications cannot be guaranteed to be error-free.

I/We hereby confirm that I/we will not hold the ICAV, the Manager, the Investment Manager, the Administrator and the Depositary or any of their directors, officers, employees or agents liable now or at any time for any loss, damage, financial or otherwise which I/we may suffer as a result of any interception or breach of confidentiality or integrity or as a result of any delays, inaccuracy, imperfection, lack of quality, ineffective transmission, viruses, alteration or distortion howsoever arising affecting such electronic communication.

I/We undertake to keep each of the ICAV, the Investment Manager, the Administrator and the Depositary indemnified at all times against, and to save each of the ICAV, the Manager, the Investment Manager, the Administrator and the Depositary harmless from all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against any of the ICAV, the Manager, the Investment Manager, the Administrator and the Depositary or suffered or incurred by any of the ICAV, the Manager, the Investment Manager, the Administrator and the Depositary and which shall have arisen either directly or indirectly out of or in connection with me /us sending electronic communications.

We confirm that we, shall not send or transmit or arrange for any sending or transmitting on our behalf, any electronic communication which contains a virus or other media damaging to your property or computer systems or which may be defamatory, libellous, slanderous, obscene, abusive, offensive, menacing or immoral and will abide with all relevant laws and regulations and international conventions or treaties governing the content of and the transmission of such electronic communications.

The ICAV, the Manager, the Investment Manager, the Administrator and the Depositary may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction, electronic instructions, electronic subscriptions and redemptions or other instrument believed, in good faith, to be genuine.

I/we hereby consent to electronic delivery of notices, communications and reports to the e-mail address(s) provided on this application form and in consideration of the Administrator issuing notices, communications and reports electronically, I/we hereby agree as follows, use of electronic communications shall be subject to the requirements and authentication procedures of the Administrator, I/ we acknowledge that it is not possible to secure and maintain confidential electronic communications ("Internet Communications"), that any such Internet Communications can be delivered to a wrong address or that delivery of the same may not be timely; that any such Internet Communications are capable of being intercepted by third parties at any time and accordingly that the confidentiality, security and integrity of any Internet Communications cannot be assured. I/we shall

not hold the ICAV, the Directors or the Administrator or any director, officer, employee or agent thereof, liable now or at any time for any damage, financial or otherwise, which I/we may suffer as a result of any of the matters outlined above with respect to any Internet Communication affected between the ICAV or the Administrator and me/us or any person or entity that we authorise to receive information relating to my / our holding in the ICAV, or otherwise by reason of any third party receiving, gaining access to, obtaining, altering or distorting any information or documentation transmitted via Internet Communications or by reason of any other inaccuracy, imperfection, lack of quality, ineffective transmission, delay, alteration or distortion howsoever arising affecting such Internet Communications or in respect of any other document, financial data or other information prepared, circulated or otherwise processed by the Administrator. I/ we shall indemnify and keep indemnified the ICAV, the Directors, the Manager and the Administrator and any of its directors, officers, employees or agents against all losses, costs, damages, claims, demands and expenses (including claims or other demands whatsoever taken or made by any internet service provider) which any of them may suffer incur or sustain by reason of, sending Internet Communications to any party and/ or receiving Internet Communications from any party and / or dealing with any Internet Communications in respect of me/us.

I/We understand and agree that the ICAV prohibits the investment of funds by any persons or entities that are acting, directly or indirectly, (i) in contravention of any applicable laws and regulations, including anti-money laundering regulations or conventions, (ii) on behalf of terrorists or terrorist organisations, including those persons or entities that are included on the List of Specially Designated Nationals and Blocked Persons maintained by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"), as such list may be amended from time to time or named on the list of prohibited countries, territories, entities and individuals in the Official Journal of the European Communities, or (iii), for a shell bank (such persons or entities in (i) - (iii) are collectively referred to as "Prohibited Persons").

I/We understand and agree that the ICAV further prohibits the investment of funds by any PEP and immediate family members, and close associates of such persons, unless the ICAV, in conjunction with the Administrator, after being specifically notified by me/us in writing that I/we am/are such a person, conducts further due diligence, and determines that such investment shall be permitted.

I/We represent, warrant and covenant that: (i) I/we am/are not, nor is any person or entity controlling, controlled by or under common control with me/us, a Prohibited Person, and (ii) to the extent I/we have any beneficial owners, (a) I/we have carried out thorough due diligence to establish the identities of such beneficial owners, (b) based on such due diligence, I/we reasonably believe that no such beneficial owners are Prohibited Persons, (c) I/we hold the evidence of such identities and status and will maintain all such evidence for at least five years from the date of my/our complete redemption from the ICAV, and (d) I/we will make available such information and any additional information that the ICAV may require upon request.

If any of the foregoing representations, warranties or covenants ceases to be true or if the ICAV no longer reasonably believes that it has satisfactory evidence as to their truth, notwithstanding any other agreement to the contrary, the ICAV may be obligated to freeze my/our investment, either by

prohibiting additional investments, declining or suspending any redemption requests and/or segregating the assets constituting the investment in accordance with applicable regulations, or my/our investment may immediately be redeemed by the ICAV, and the ICAV may also be required to report such action and to disclose my/our identity to OFAC or other authority. In the event that the ICAV is required to take any of the foregoing actions, I/we understand and agree that I/we shall have no claim against the ICAV, the Manager, the Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents for any form of damages as a result of any of the aforementioned actions.

I/We understand and agree that any redemption proceeds paid to me/us will only be paid to the account of record. Furthermore, I/we understand and agree that any redemption proceeds paid to me/us will only be paid to a bank account in my/our name and with a recognised financial institution.

I/We agree to indemnify and hold harmless the ICAV, the Manager, Investment Manager, the Administrator, and their respective affiliates, directors, members, partners, shareholders, officers, employees and agents from and against any and all losses, liabilities, damages, penalties, costs, fees and expenses (including legal fees and disbursements) which may result, directly or indirectly, from any inaccuracy in or breach of any representation, warranty, covenant or agreement set forth in this section.

The investor acknowledges that the Directors have power under the Instrument of Incorporation to compulsorily redeem and/or cancel any Shares held or beneficially owned by an investor in contravention of any restrictions imposed by them or in breach of any law or regulation. I/we acknowledge that where an investor fails to pay subscription proceeds within the relevant settlement period the ICAV may charge the investor for any loss to the Fund arising out of such non-receipt or non-clearance. I/we acknowledge that in circumstances where an investor fails to pay subscription proceeds within the relevant settlement period, there is a risk that the Fund may not be able to recover such costs from such investor and such loss and any relevant credit charges may have to be discharged out of the assets of the relevant Fund and therefore will represent a diminution in the Net Asset Value per Share for existing Shareholders of the relevant Fund.

I/We acknowledge that the Directors may compulsorily redeem any Shares which are held by a Shareholder who fails to supply any information required to verify the identity of a Shareholder or any beneficial owner of such Shareholder or source of subscription monies within such time frame as may be requested by the Directors in writing.

I/We acknowledge that the ICAV and its delegates shall be held harmless against any loss arising as a result of a failure to process or a delay in processing his application for Shares or redemption request if such information and documentation as has been requested by the ICAV or its delegates has not been provided by the applicant.

I/We acknowledge that the ICAV operates a cash account in its name into which (i) subscription monies received from investors who have subscribed for Shares are deposited and held until Shares are issued as of the relevant Dealing Day; and (ii) redemption monies due to investors who have redeemed Shares are deposited and held until paid to the relevant investors; and (iii) dividend payments owing to Shareholders

are deposited and held until paid to such Shareholders (hereinafter referred to as the "Umbrella Cash Account"). We acknowledge that all subscriptions, redemptions and dividends payable to or from a Fund are channelled and managed through the Umbrella Cash Account.

I/We acknowledge that my/our subscription monies/ redemption monies / dividend monies will be paid into the Umbrella Cash Account, that such monies will be treated as an asset of the relevant Fund and I/we will not benefit from the application of any investor money protection rules (i.e. the monies will not be held on trust as investor monies for me/ us) and that I/we will be an unsecured creditor of the relevant Fund (i) with respect to the amount subscribed for Shares and held in the Umbrella Cash Account until such Shares are issued to me/us as of the relevant Dealing Day or (ii) with respect to the redemption/dividend amount to be paid and held in the Umbrella Cash Account until such amount is paid to me/us (whichever is applicable).

I/We acknowledge that in accordance with applicable anti money-laundering and terrorist financing requirements (the "AML Requirements"), redemption monies or dividend payments shall not be paid on un-verified accounts. In the event that I/we fail to submit the necessary documentation requested by the ICAV or its delegate as required under the AML Requirements, redemption monies or dividend monies will be held in the Umbrella Cash Account and shall remain an asset of the relevant Fund and I/we will not benefit from the application of any investor money protection rules (i.e. the redemption monies/dividend monies will not be held on trust for me/us). In such circumstances, I/we acknowledge that I/ we will be unsecured creditors of the relevant Fund in respect of such redemption monies or dividend payments until such time as the relevant documentation required by the ICAV has been received to its satisfaction and the redemption monies/ dividend payments have been paid to me/us.

I/We acknowledge that the following risks arise in relation to the operation of the Umbrella Cash Account:-

- a) in the event that subscription monies received and held in an Umbrella Cash Account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to the issue of Shares to the relevant investor as of the relevant Dealing Day, the ICAV on behalf of the Fund may be obliged to make good any losses suffered by the investor (in its capacity as a general creditor of the Fund), in which case such loss will need to be discharged out of the assets of the relevant Fund and therefore will represent a diminution in the net asset value per share for existing Shareholders of the relevant Fund;
- b) in the event that redemption or dividend monies held in an Umbrella Cash Account are lost (to include in the event of the insolvency of the bank with which such monies are held) prior to payment to the relevant investor/ Shareholder, the ICAV on behalf of the Fund may be obliged to make good any losses suffered by the investor/ Shareholder (in its capacity as a general creditor of the Fund), in which case such loss will need to be discharged out of the assets of the relevant Fund and therefore will represent a diminution in the net asset value per Share for existing Shareholders of the relevant Fund;
- c) in the event of an insolvency of the relevant Fund or the ICAV, there is no guarantee that the Fund or the ICAV will have sufficient funds to pay unsecured creditors in full. Investors who have forwarded subscription monies

in advance of a dealing day and which are held in the Umbrella Cash Account and investors / Shareholders due redemption / dividend monies which are held in the Umbrella Cash Account will rank equally with all other unsecured creditors of the relevant Fund and will be entitled to a pro-rata share of monies which are made available to all unsecured creditors by the insolvency practitioner. Therefore, in such circumstances, the investor subscribing for Shares may not recover all monies originally paid into the Umbrella Cash Account in relation to the application for Shares and the redeeming investor entitled to redemption monies and the Shareholder entitled to a dividend payment may not recover all monies originally paid into the Umbrella Cash Account for onward transmission to that investor/Shareholder;

- d) in addition, investors should note that in the event of the insolvency of another Fund of the ICAV, recovery of any amounts to which a relevant Fund is entitled, but which may have been used by such other insolvent Fund as a result of the operation of the Umbrella Cash Account will be subject to the principles of Irish trust law and the terms of the operational procedures for the Umbrella Cash Account. There may be delays in effecting and/or disputes as to the recovery of such amounts, and the insolvent Fund may have insufficient funds to repay the amounts due to the relevant Fund.

In the event that Shares are allotted / issued notwithstanding that cleared funds have not been received within the usual time limits by the Fund as set out in the Prospectus, I/we acknowledge that the Fund may cancel the allotment / issue of my / our Shares and I/we will be liable to pay to the Fund interest at such rate as may be determined by the Directors from time to time and/or other losses, charges or expenses suffered or incurred by the ICAV, the Manager, the Depositary or their delegates as a result of late payment or non- payment by me/us of subscription monies.

I/We, hereby acknowledge that by signing and submitting this Application Form, I/We will be applying irrevocably for Shares in the ICAV all subject to the terms of the Prospectus (which I/we have read in full and understood) and the Instrument of Incorporation of the ICAV.

In accordance with the provisions of the Data Protection Legislation, I/we are informed that personal data given in this Application Form (or otherwise provided in connection with an application to subscribe for Shares in the ICAV, on application or at any other time, including without limitation my/our name, age, contact details, bank account details, transactions and the invested amount, and any information regarding the dealing in Shares (subscription, conversion, redemption and transfer) (the "Personal Data"), will be collected, recorded, stored, adapted, transferred and processed, by electronic means or otherwise, by the ICAV as a "data controller" under the Data Protection Legislation, and as further described in the ICAV's Data Privacy Statement, which is attached to this Application Form and otherwise available upon request.

I/We agree that the Administrator may process personal data relating to me/us for the purposes of providing services to the ICAV, performing its legal and regulatory obligations and conducting financial crime risk management and other activities, including disclosing data to the ICAV and to third parties and transferring them internationally.

I/We acknowledge that the ICAV intends to take such steps as may be required to satisfy any obligations imposed by (i)

the Foreign Account Tax Compliance Act ("FATCA") or (ii) any provisions imposed under Irish law arising from the inter-governmental agreement between the Government of the United States of America and the Government of Ireland ("IGA") so as to ensure compliance or deemed compliance (as the case may be) with FATCA or the IGA from 1 July 2014.

Furthermore, I/We hereby acknowledge that the ICAV intends to take such steps as may be required to satisfy any obligations imposed by (i) the OECD's Standard for Automatic Exchange of Financial Account Information in Tax Matters ("the Standard"), which therein contains the Common Reporting Standard, as applied in Ireland by means of the relevant international legal framework and Irish tax legislation and (ii) EU Council Directive 2014/107/EU, amending Directive 2011/16/EU as regards mandatory automatic exchange information in the field of taxation ("DAC2"), as applied in Ireland by means of the relevant Irish tax legislation, so as to ensure compliance or deemed compliance (as the case may be) with the Standard/CRS and the DAC2 from 1 January 2016 (hereafter collectively referred to as "CRS").

In order for the ICAV to comply with the above FATCA and CRS obligations, I/We agree to provide to the ICAV, the Manager, the Investment Manager and the Administrator the necessary declarations, confirmations and/or classifications at such times as each of them may request and furthermore provide any supporting certificates or documents as each of them may reasonably require in connection with this investment by reason of FATCA or CRS, as described above, or otherwise. Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the ICAV, the Manager, the Investment Manager and the Administrator immediately of any such change and further agree to immediately take such action as the ICAV, the Manager, the Investment Manager and the Administrator may direct, including where appropriate, redemption of our Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the ICAV, the Investment Manager and the Administrator. If relevant, I/we agree to notify the ICAV, the Manager, the Investment Manager, the Administrator of any change to my/our tax residency status. I/we hereby also agree to indemnify and keep indemnified the ICAV, the Manager, the Investment Manager and the Administrator against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) which may result directly or indirectly as a result of a failure to meet our obligations pursuant to this section or failure to provide such information which has been requested by the ICAV, the Manager, the Investment Manager and the Administrator and has not been provided by me/us, and from any misrepresentation or breach of any warranty, condition, covenant or agreement set forth herein or in any document delivered by me/us to the Manager, the Investment Manager or the Administrator. I/We further acknowledge that a failure to comply with the foregoing obligations or failure to provide the necessary information required may result in the compulsory redemption of our entire holding in the ICAV, and that the ICAV and the Depositary are authorized to hold back from redemption proceeds or other distributions to me/us such amount as is sufficient after the deduction of any redemption charges to discharge any such liability and I/we shall indemnify and keep indemnified the ICAV and the Depositary against any loss suffered by them or other Shareholders in the ICAV in connection with any obligation or liability to so deduct, withhold or account.

I/We agree to waive any provision of any privacy, banking secrecy or other law or regulation of any jurisdiction and/or

the terms of any confidentiality agreement, arrangement or understanding that would, absent such a waiver, prevent the ICAV's compliance with FATCA and CRS requirements.

I/We hereby acknowledge that I/we should consult my/our own tax advisers about the applicability of FATCA, CRS, DAC6 and any other reporting requirements with respect to my/our own situation.

I/We acknowledge that the ICAV intends to take such steps as may be required to satisfy any obligations imposed by Council Directive (EU) 2018/822 (amending Directive 2011/16/EU), as applied in Ireland by means of the relevant Irish tax legislation ("DAC6"). I/We further acknowledge that this may, in specific circumstances, require the ICAV or any party that falls to be considered an "intermediary" for the purposes of DAC6 to exchange certain of my/our information (including details of my/our investment in the ICAV) to the Irish Revenue Commissioners and/or other relevant tax authorities. I/We hereby agree to the transmission of such data by the relevant party to the Irish Revenue Commissioners and/or other relevant tax authorities, as is required to comply with DAC6.

I/We confirm that we have accurately and correctly completed the relevant self-certification form included in this Application Form. I/We further confirm that if any information included in the self-certification form subsequently becomes inaccurate or incorrect we will notify the ICAV, the Investment Manager and/or the Administrator immediately of any such change and agree to immediately take such action as the ICAV, the Investment Manager and/or the Administrator may direct, including where appropriate, redemption of our Shares.

I/We hereby declare that we have approached the Investment Manager/distributor/placement agent and/or any other third party, by whatever name called, on my own directly without any action/solicitation/reference/placement/advertising/marketing by/through any Investment Manager/distributor/placement agent and/or any other third party, with respect to investment in Aryabhata Funds.

I/We understand that the aforesaid product is only registered and regulated in Ireland and may not be registered in other jurisdictions. I/We are fully aware that any and all tax responsibility and tax obligations that may accrue shall be enforceable against the investor and cannot be enforced against the Fund/Investment Manager. I/We understand that the tax consequences of any investments can vary considerably from one jurisdiction to another and will ultimately depend on the residency of investor.

I/We hereby agree to fully indemnify and keep indemnified the Investment Manager and its partners/officers/agents/representatives against any all losses, damages, costs, expenses, liabilities, actions and proceedings whatsoever arising from or in connection with the said application and/or carrying out such actions as requested by me/us.

I/We undertake to provide any additional information/documentation that may be required in connection with aforesaid declaration

1. Please complete either Option A or Option B

**Option A** ☐

By ticking the box above, I/we (or any person or entity on whose behalf Shares in the Fund are being acquired) confirm that I/we do not constitute any of the following:

1. Russian national
2. Natural person residing in Russia
3. Legal person, entity or body established in Russia
4. Legal person, entity or body which is owned by a Russian national or a natural person residing in Russia
5. Belarusian national
6. Natural person residing in Belarus
7. Legal person, entity or body established in Belarus;
8. Legal person, entity or body which is owned by a Belarusian national or a natural person residing in Belarus

### Option B ☐

By ticking the box above, I/we (or any person or entity on whose behalf Shares in the Fund are being acquired) confirm that I/we constitute one of the following:

1. Russian national or a natural person residing in Russia who is a national of an EEA Member State or Switzerland or who has a temporary or permanent residence permit in an EEA Member State or Switzerland;
2. Belarusian national or a natural person residing in Belarus who is a national of an EEA Member State or Switzerland or who has a temporary or permanent residence permit in an EEA Member State or Switzerland;
3. This information is being gathered by the Fund in order to comply with applicable obligations imposed on it under Article 5f of Council Regulation (EU) 833/2014 as amended and Article 1(y) of Regulation (EC) No 765/2006 as amended.

### For completion only by EEA resident investors or subscribers acquiring Shares in the ICAV on behalf of an EEA resident investor:

I/We hereby certify that, I/we am/are a professional client within the meaning of Annex II of Directive 2014/65/EU on Markets in Financial Instruments (MiFID Professional Client) or I/we are acquiring Shares in the ICAV on behalf of a MiFID Professional Client. I/we further confirm that I/we shall not make the Shares in the ICAV available to any EEA resident investor which is not a MiFID Professional Client and that I/we shall not transfer any Shares which I/we have acquired in the ICAV to any EEA resident investor which is not a MiFID Professional Client. I/we further confirm that I/we will notify the ICAV, the Manager or the Administrator in writing in the event that I/we or any underlying investor on whose behalf I/we have acquired Shares in the ICAV ceases to be a MiFID Professional Client and I/we agree that I/we may be prohibited from subscribing for additional Shares in the ICAV in such circumstances.

Please indicate the basis of your “**Professional Client**” status and where applicable that of any underlying investor by completing **Section A** or **Section B** below as appropriate in respect of each party.

### Section A: Please check one of the below applicable statement or statements:

A. ☐ We are required to be authorised or regulated in the financial markets and constitute one of the following entities from the list below (which we understand as including all authorised entities carrying out the characteristic activities of the entities mentioned: entities authorised by a Member State under a directive, entities authorised or regulated by a Member State without reference to a directive, and entities authorised or regulated by a non-Member State:

Credit institutions;  
Investment firms;  
Other authorised or regulated financial institutions;  
Insurance companies;  
Collective investment schemes and management companies of such schemes;  
Pension funds and management companies of such funds;  
Commodity and commodity derivatives dealers;  
Locals;  
Other institutional investors

Or

B ☐ We are a large undertaking meeting at least two of the following size requirements on a company basis:

balance sheet total: €20,000,000  
net turnover; €40,000,000  
own funds; €2,000,000

Or

C ☐ We are a National or regional government, public body that manages public debt at national or regional level, a Central Bank, international or supranational institution such as the World Bank, the IMF, the ECB, the EIB and other similar international organisation.

Or

D ☐ We are another institutional investor whose main activity is to invest in financial instruments, including entities dedicated to the securitization of assets or other financing transactions.

### Section B

Please check two or more of the following statements have been satisfied by you:

☐ I/we have carried out transactions, in significant size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters;

☐ The size of my/our financial instrument portfolio, defined as including cash deposits and financial instruments exceeds EUR 500,000;

☐ I/we work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisaged.

By ticking the box below, the applicant for Shares acknowledges and confirms on its own behalf and where applicable on behalf of any underlying investor that where it is relying on Section B above to constitute a Professional Client under MiFID, it has chosen to be treated as a Professional Client and in this regard has chosen to waive any applicable protections afforded to retail investors by the conduct of business rules under MiFID which may apply to this relationship and is aware of the consequences of losing such protection.

## Declaration of Residence Outside the Republic of Ireland

Applicants resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares/units.

Terms used in this declaration are defined in the Prospectus. **Please select either A or B:**

### A - Declaration on Own Behalf ☐

- i. 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 an Irish Resident or Ordinarily Resident in Ireland, and should I/we/the company\* become an Irish Resident, I/we will so inform you, in writing, accordingly.

### B - Declaration as Intermediary ☐

- i. 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 an Irish Resident or Ordinarily Resident in Ireland, and
- ii. I/ we\* also 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 such persons; and I/we\* will inform you in writing if I/we\* become aware that any person, on whose behalf I/we\* hold Shares, becomes an Irish Resident.

## Authorization

I/We agree to be bound by the Declarations, Representations, Consents and Indemnities set out in this Application Form

|                                  |  |
|----------------------------------|--|
| 1                                |  |
| Signature                        |  |
| Capacity of Authorised Signatory |  |
| Name Authorised Signatory        |  |

|                                  |  |
|----------------------------------|--|
| 2                                |  |
| Signature                        |  |
| Capacity of Authorised Signatory |  |
| Name Authorised Signatory        |  |

|                                  |  |
|----------------------------------|--|
| 3                                |  |
| Signature                        |  |
| Capacity of Authorised Signatory |  |
| Name Authorised Signatory        |  |

|                                  |  |
|----------------------------------|--|
| 4                                |  |
| Signature                        |  |
| Capacity of Authorised Signatory |  |
| Name Authorised Signatory        |  |

|      |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

## Important Information

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

To be valid, this application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant and in the case of joint applicants, each must sign. In the case of a corporation, the application must be signed by authorised signatories as agreed in the corporate signing mandate.

If the Application Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, an original or true copy of the power of attorney must be furnished in support of the signature.

Applicants who are Irish Resident or Ordinarily Resident in Ireland or are an Exempt Irish resident as defined in the Prospectus, please contact the Administrator immediately.

## 1. DECLARATION OF RESIDENCE WITHIN IRELAND

Resident Entities Composite Declaration - Declaration referred to in Section 739D(6) of Taxes Consolidation Act, 1997 ("TCA")

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/We declare that the information contained in this declaration is true and correct.
- I/We also declare that I am applying for the Shares on behalf of the applicant named below who is entitled to the Units in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is: (please tick ☒ as appropriate):

|                                                                                                                                                                  |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A pension scheme                                                                                                                                                 | <input type="checkbox"/> |
| A company carrying on life business within the meaning of Section 706 of TCA                                                                                     | <input type="checkbox"/> |
| An investment undertaking                                                                                                                                        | <input type="checkbox"/> |
| An investment limited partnership                                                                                                                                | <input type="checkbox"/> |
| A special investment scheme                                                                                                                                      | <input type="checkbox"/> |
| A unit trust to which Section 731 (5)(a) of TCA applies                                                                                                          | <input type="checkbox"/> |
| A charity being a person referred to in section 739D(6)(f)(i) TCA1997                                                                                            | <input type="checkbox"/> |
| A qualifying management company                                                                                                                                  | <input type="checkbox"/> |
| 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) | <input type="checkbox"/> |
| A PRSA Administrator                                                                                                                                             | <input type="checkbox"/> |
| A credit union within the meaning of section 2 of the Credit Union Act 1997                                                                                      | <input type="checkbox"/> |

### Additional Requirements where the declaration is completed on behalf of a Charity

- I/We\* 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:
  - o 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
  - o 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/We\* undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B of TCA ceases to be a person referred to in Section 739D(6)(f)(i) of TCA, I/we will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

\*Delete as appropriate

# Aryabhata Global Assets Funds ICAV

## Application Form

### Additional Requirements where the declaration as a Qualifying Fund Manager / Personal Retirement Savings Account ("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.
- 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\* 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 the ICAV or its delegate 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 of TCA; and
  - I/we\* will inform the ICAV or its delegate in writing if I/we\* become aware that any person ceases to be a person referred to in section 739D(6) of TCA.

\*Delete as appropriate

|                                                |   |   |   |   |   |   |   |   |
|------------------------------------------------|---|---|---|---|---|---|---|---|
| <b>Name of applicant:</b>                      |   |   |   |   |   |   |   |   |
| <b>Irish tax reference number of applicant</b> |   |   |   |   |   |   |   |   |
| <b>Title: (Mr/Ms. Etc.)</b>                    |   |   |   |   |   |   |   |   |
| <b>Capacity in which declaration is made</b>   |   |   |   |   |   |   |   |   |
| <b>Date</b>                                    | D | D | M | M | Y | Y | Y | Y |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
|                                                                          |  |
|                                                                          |  |
| <b>Authorised signatory</b> <span style="float: right;">Declarant</span> |  |

### Important Information

- 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
- Tax reference number in relation to a person has the meaning assigned to it by Section 885 of TCA, in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the Share(s).
- 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 of TCA applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 of TCA. 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.

## AEOI FATCA and CRS Entity Self-Certification

**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".**

### Instructions for completion and Data Protection notice.

We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018). Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities located outside the EU.

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

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

<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

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

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

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

(Mandatory fields are marked with an \*)

### \*Section 1. Entity Account holder Details

|                                                   |              |                |  |
|---------------------------------------------------|--------------|----------------|--|
| <b>Account holder Name</b>                        | The "Entity" |                |  |
| <b>Country of Incorporation or Organisation:</b>  |              |                |  |
| <b>Current (Resident or Registered) Address</b>   |              |                |  |
| <b>Number</b>                                     |              | <b>Street</b>  |  |
| <b>City, town, State, Province or County</b>      |              |                |  |
| <b>Postal/ZIP Code</b>                            |              | <b>Country</b> |  |
| <b>Mailing address (if different from above):</b> |              |                |  |
| <b>Number</b>                                     |              | <b>Street</b>  |  |
| <b>City, town, State, Province or County</b>      |              |                |  |
| <b>Postal/ZIP Code</b>                            |              | <b>Country</b> |  |

Please tick either (I) or (II) or (III) below and provide U.S. TIN or exemption code as appropriate, and complete the appropriate sections below based on your FATCA classification.

☐☐☐☐☐

# Aryabhata Global Assets Funds ICAV

Application Form

Trustee's GIIN:

      -       -   -   

## 3.4. Non-Financial Foreign Entity ("NFFE") under FATCA:

If the Entity is not a Financial Institution but a Non-Financial Foreign Entity (NFFE), please confirm the Entity's FATCA classification by ticking one of the below categories.

- i. Active (NFFE) ☐
- ii. Confirm Type of Passive NFFE that applies (a) or (b) below ☐
- I. Passive (NFFE) with no Controlling Persons that are specified U.S. Persons. OR ☐
- II. Passive (NFFE) with Controlling Persons that are specified U.S. Persons ☐
- (If this box is ticked, also complete section 6 below and provide separate individual self-certification forms from each of the Controlling Persons)*
- iii. Excepted (NFFE)
- iv. Direct Reporting (NFFE) (Please provide your GIIN) ☐
- (Please provide your GIIN)*
- -   -

## \*Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency

(Note that Entities may have more than one country of Tax Residence)

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

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

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

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

| Country of Tax Residency | Tax ID Number (or TIN equivalent) | If TIN unavailable Select (A, B or C) and check box below |
|--------------------------|-----------------------------------|-----------------------------------------------------------|
|                          |                                   | <input type="checkbox"/>                                  |
|                          |                                   | <input type="checkbox"/>                                  |
|                          |                                   | <input type="checkbox"/>                                  |

☞ If a TIN is unavailable, please confirm the reason why below by ticking A, B, or C below.

- ☐ **Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents
- ☐ **Reason B** - The Account Holder is otherwise unable to obtain a TIN  
*Please explain why you are unable to obtain a TIN)*
- ☐ **Reason C** - No TIN is required.  
*(Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)*

Please tick this box to confirm you have specified all jurisdictions in which the Entity is resident for tax purposes.

☐

## \*Section 5: Entity's CRS Classification

The information provided in this section is for CRS. (Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information on CRS to assist with classification, please see the OECD CRS Standard and associated commentary. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

### 5.1 Financial Institutions (FI's) 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 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>

### CRS Financial Institution Type:

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| i.   | <b>A reporting Financial Institution resident in a participating CRS Jurisdiction</b><br><i>(including an Investment Entity, Depository FI, Custodial Institution, Specified Insurance company)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> |
| ii.  | <b>A Financial Institution resident in a Non-Participating CRS Jurisdiction</b><br><i>(Please also tick the box of FI that applies)</i><br><b>FI- Investment Entity resident in a Non-Participating Jurisdiction and is managed by another Financial Institution</b> <i>(If this box is ticked, also complete section 6 below and provide separate individual self-certification forms from each of the Controlling Persons)</i><br><b>FI- Investment Entity resident in a Non-Participating Jurisdiction but is not managed by another Financial Institution/ Other Financial Institution</b><br><i>(including a Depository Financial Institution, Custodial Institution or Specified Insurance Company resident in a non-participating jurisdiction).</i> | <input type="checkbox"/> |
| iii. | <b>Non-Reporting Financial Institution under CRS. (Specify the type of non-reporting FI below);</b><br>Governmental Entity International Organization Central Bank<br>Broad Participation Retirement Fund<br>Narrow Participation Retirement Fund<br>Pension Fund of a Governmental Entity, International Organization, or Central Bank Exempt<br>Collective Investment Vehicle<br>Trust whose trustee reports all required information with respect to all CRS Reportable Accounts<br>Qualified Credit Card Issuer<br>Other Entity (Defined under the domestic law as low risk of being used to evade tax).<br>Specify the type provided in domestic law:                                                                                                  | <input type="checkbox"/> |

## 5.2 Non-Financial Entity ("NFE") under CRS:

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

|      |                                                                                                                                                                                                                                                                                          |                          |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| i.   | <b>Active Non-Financial Entity (NFE) – Active (NFE)</b> -a corporation the stock of which is regularly traded on an established securities market <i>Please provide details of the established securities market on which the corporation is regularly traded</i>                        | <input type="checkbox"/> |
| ii.  | <b>Active (NFE) -if you are a Related Entity of a regularly traded corporation.</b><br>Please provide the name of the regularly traded corporation of which the Entity is a Related Entity<br>And provide details of the securities market on which the corporation is regularly traded: | <input type="checkbox"/> |
| iii. | <b>Active NFE-a Government Entity or Central Bank</b>                                                                                                                                                                                                                                    | <input type="checkbox"/> |
| iv.  | <b>Active NFE-an International Organisation</b>                                                                                                                                                                                                                                          | <input type="checkbox"/> |
| v.   | <b>Active NFE-Other than those listed in I,II,III, or IV above</b><br><i>For example a start-up or certain types of non-profit NFE's.</i>                                                                                                                                                | <input type="checkbox"/> |

Or

## Passive Non-Financial Entity (NFE)

|    |                                                                                                                                                                                                                                                                                                              |                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| i. | <b>Passive (NFE) If this box is ticked please also complete Section 6.1 for each of the Controlling Person(s) of the Entity and provide separate AEOI "Individual (including Controlling Persons) Self-Certification for CRS and FATCA form" as indicated in section 6.2 for each Controlling Person(s).</b> | <input type="checkbox"/> |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

## Section 6: Controlling Persons

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

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

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>

### 6.1 Controlling Person(s) of the Account Holder:

If you have ticked a Passive NFE with Controlling Persons in either the FATCA or CRS Classification sections above or An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution in the CRS section, then you must also complete this section for each of the Controlling Person(s) of the account holder and provide a separate "Individual (including Controlling Persons) FATCA and CRS Self-Certification" form for each Controlling person as per 6.2 below:

| Indicate the name of all Controlling Person(s) of the Account Holder below: |  |
|-----------------------------------------------------------------------------|--|
| i.                                                                          |  |
| ii.                                                                         |  |
| iii.                                                                        |  |
| iv.                                                                         |  |

### 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 for CRS purposes will be the natural person who holds the position of senior managing official of the Entity.

### 6.2 Arrange for each of the Controlling Persons listed in Section 6.1 to complete a separate "Individual (including Controlling Persons) Self-Certification for FATCA and CRS" form for each Controlling Person listed in Section 6.1.

Section 7: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

**I/We confirm (where applicable) that an “Individual (including Controlling Persons) Self-Certification for FATCA and CRS” form has been completed, signed and provided for each Controlling person, as defined under the CRS and FATCA regulations.**

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

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

Authorised Signature(s)

Print Name(s):

Capacity in which declaration is made

Date

D

D

M

M

Y

Y

Y

Y

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

### Instructions for completion and Data Protection Notice

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the General Data Protection Regulation (697/2016/EU) (the "GDPR") and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1988 to 2018. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

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

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

<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

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

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

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

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

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

(Mandatory fields are marked with an\*)

### \*Section 1. Account holder /Controlling Person Identification

|                                                            |  |                          |  |
|------------------------------------------------------------|--|--------------------------|--|
| <b>*Account Holder / Controlling Person/ Name:</b>         |  |                          |  |
| <b>*Current Address</b> <i>(Resident or Registered)</i>    |  |                          |  |
| <b>Number</b>                                              |  | <b>Street</b>            |  |
| <b>City, town, State, Province or County</b>               |  |                          |  |
| <b>Postal/ZIP Code</b>                                     |  | <b>Country</b>           |  |
| <b>Mailing address</b><br><i>(If different from above)</i> |  |                          |  |
| <b>Number</b>                                              |  | <b>Street</b>            |  |
| <b>City, town, State, Province or County</b>               |  |                          |  |
| <b>Postal/ZIP Code</b>                                     |  | <b>Country</b>           |  |
| <b>*Place and Date of Birth</b>                            |  |                          |  |
| <b>*Town or City of Birth</b>                              |  | <b>*Country of Birth</b> |  |
| <b>*Date of Birth</b>                                      |  |                          |  |

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

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

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

Or

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

**\*Section 3: Common Reporting Standard (CRS) Declaration of Tax Residency/Residencies including Citizenship and Residency by Investment disclosure.**

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

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

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

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

Please list ALL Tax ID Numbers below

| Country of Tax Residency | Tax ID Number (or TIN equivalent) | If TIN unavailable Select (A, B or C) and check box below |
|--------------------------|-----------------------------------|-----------------------------------------------------------|
|                          |                                   | <input type="checkbox"/>                                  |
|                          |                                   | <input type="checkbox"/>                                  |
|                          |                                   | <input type="checkbox"/>                                  |

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

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

- ☐ **Reason B** - The Account Holder is otherwise unable to obtain a TIN

(Please explain why you are unable to obtain a TIN)

- ☐ **Reason C** - No TIN is required.

(Note: This should only be selected if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

- ☐ Please tick this box to confirm you have specified all jurisdictions in which you are resident for tax purposes.

## 3.1 Citizenship/Residency by Investment (CBI/RBI)

Citizenship by Investment (CBI) and Residency by Investment (RBI) schemes are offered by a number of jurisdictions and allow foreign individuals to obtain citizenship or temporary/permanent residency rights based on local investments or against a flat fee. In this regard, the OECD have identified specific jurisdictions that operate CBI/RBI schemes which could potentially pose a high-risk to the integrity of CRS.

If, in this Section 3, you have confirmed that you are resident only in one or more of these specific jurisdictions (and not in any other jurisdiction), we are required to determine whether your citizenship/residency rights were obtained through a CBI/RBI scheme. If so, we must collect additional information.

For further details, including the list of jurisdictions and relevant CBI/RBI schemes, please refer to the OECD website: <https://www.oecd.org/en/topics/sub-issues/international-standards-on-tax-transparency/residence-citizenship-by-investment.html>

Please select one of the following options:

### Option 1:

☐

I confirm that I am either not resident or not solely resident in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity.

*(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)*

### Option 2:

☐

I confirm that I am solely resident in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity but I did not receive my residence rights under a CBI/RBI scheme *(If you select this box, no further information is required in this section – please proceed to Section 4, if applicable.)*

### Option 3:

☐

I confirm that I am solely resident in one or more of the jurisdictions designated by the OECD as operating a CBI/RBI scheme that may pose a high risk to CRS integrity and I solely obtained my residence rights in these jurisdictions under one or more CBI/RBI schemes.

*(If you select this box, please complete Section 3.2)*

## 3.2 CBI/RBI additional queries where an Account holder or Controlling person has obtained citizenship or residency in an OECD CBI/RBI high risk jurisdiction.

*(Additional questions to be completed ONLY where option 3 above has been ticked).*

☐

No

☐

Yes *(If yes, list the jurisdiction(s))*

---

Have you spent more than 90 days in any other jurisdiction(s) during the previous year?

☐

No

☐

Yes *(If yes, list the jurisdiction(s))*

---

In which jurisdiction(s) have you filed your personal income tax returns during the previous year?

*(list the jurisdiction(s) below)*

---

## Section 4 – Type of Controlling Person\*\*

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

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

| Controlling Person of a Legal Person                            | Please Tick all that apply | 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 (Please select all that apply) | Please Tick all that apply | Entity Name |
|--------------------------------------------------------------|----------------------------|-------------|
| 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)<br>Please select all that apply | Please Tick all that apply | Entity Name |
|---------------------------------------------------------------------------------------|----------------------------|-------------|
| Controlling Person of a legal arrangement (non-trust) – Settlor-Equivalent            |                            |             |
| Controlling Person of a legal arrangement (non-trust) – Trustee-Equivalent            |                            |             |
| Controlling Person of a legal arrangement (non-trust) – Protector-Equivalent          |                            |             |
| Controlling Person of a legal arrangement (non-trust) – Beneficiary-Equivalent        |                            |             |
| Controlling Person of a legal arrangement (non-trust) – Other-Equivalent              |                            |             |

## \*Section 5: Declaration and Undertakings:

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

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

I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

### Data Protection - Customer Information Notice :

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

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 website -<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>

**Authorised Signature(s)**

|                       |  |
|-----------------------|--|
| <b>Print Name(s):</b> |  |
|                       |  |

|                                              |  |
|----------------------------------------------|--|
| <b>Capacity in which declaration is made</b> |  |
|----------------------------------------------|--|

|             |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|
| <b>Date</b> | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

## DATA PRIVACY STATMENT

### ARYABHATA GLOBAL ASSETS FUNDS ICAV DATA PRIVACY STATEMENT

In accordance with the General Data Protection Regulation (697/2016/EU) (the “GDPR”) and applicable Irish data protection legislation (currently the Irish Data Protection Acts 1998 to 2018) (collectively, Data Protection Legislation), Aryabhata Global Assets Funds ICAV (the “ICAV”) being a data controller, must provide you with information on how the personal data that you provide as part of your subscription for shares in the ICAV will be processed by the ICAV, its service providers and delegates and their duly authorised agents and any of their respective related, associated or affiliated companies.

As a consequence of your investment, the ICAV acting as a data controller may itself or through third parties (including but not limited to Apex Fund Services (Ireland) Limited in its capacity as administrator, registrar and transfer agent of the ICAV (the “Administrator”), European Depositary Bank SA, Dublin Branch in its capacity as depositary of the ICAV (the “Depositary”), Abakkus Asset Manager Private Limited in its capacity as investment manager and global distributor of the ICAV (the “Investment Manager”), EPIC Investment Partners (Ireland) Limited in its capacity as UCITS management company of the ICAV (the “Manager”) and together with any sub-distributors that may be appointed from time to time (collectively the “Distributors”), local paying agents and mailing firms appointed by any of the foregoing (together the “Service Providers”) process your personal information or, to the extent that you are a non-natural person, that of your directors, officers, employees, intermediaries and/or beneficial owners. Save where otherwise expressly provided, any reference in this Data Privacy Statement to “you” or “your” in the context of processing personal data of data subjects shall be understood to mean and relate to the personal data of your directors, officers, employees, intermediaries and/or beneficial owners as the context may require.

In this regard, please note the following:

#### Purposes of Processing and Legal Basis for Processing

The personal data collected from you or provided by you or on your behalf in connection with your application for Shares in the ICAV will be collected, stored, disclosed, used and otherwise processed by the Service Providers, their delegates, duly authorised agents and any of their respective related, associated or affiliated companies on behalf of the ICAV for the purposes outlined in the table below.

| Processing Activity by or on behalf of the ICAV                                                                                                                                                                                                                                                                                                                                                                          | Legal Basis for Processing                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Where you are a natural person, opening your account with the ICAV and managing and administering your holdings in the ICAV and any related account on an ongoing basis                                                                                                                                                                                                                                                  | Performance of the contract between the ICAV and you                                                                                                                        |
| Where you are a natural person, disclosures to third parties such as but not limited to the auditors, regulatory authorities, tax authorities and technology providers in the context of the day to day operations of the ICAV                                                                                                                                                                                           | Performance of the contract between the ICAV and you.                                                                                                                       |
| Where you are a non-natural person, disclosures to third parties such as but not limited to the auditors, regulatory authorities, tax authorities and technology providers in the context of the day to day operations of the ICAV                                                                                                                                                                                       | Pursuing the legitimate interests of the ICAV in managing and administering the holdings of the non-natural person in the ICAV and any related account on an ongoing basis. |
| Money laundering / counter terrorist financing legislation. Complying with any applicable Irish or non-Irish legal, tax or regulatory obligations imposed on the ICAV or any Fund of the ICAV including legal obligations under investment funds law (such as inter alia the Irish UCITS Regulations and CBI UCITS Regulations), under tax law and under anti-money laundering / counter terrorist financing legislation | Compliance with a legal obligation to which the ICAV or any Fund of the ICAV is subject.                                                                                    |
| Processing Activity by or on behalf of the ICAV                                                                                                                                                                                                                                                                                                                                                                          | Legal Basis for Processing                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <p>Carrying out statistical analysis and market research for the following purposes:</p> <p>(i) Recording, maintaining, storing and using recordings of telephone calls and electronic communications that you make to and receive from the ICAV, the Service Providers and their delegates or duly appointed agents and any of their respective related,</p> <p>to investment in the ICAV, dispute resolution, record keeping, security and/or training purposes; and</p> <p>(ii) direct marketing purposes relating to other funds of the ICAV.</p> | <p>Pursuing the legitimate interests of the ICAV.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

Please note that where personal data is processed for purposes of legitimate interests, you have a right to object to such processing and the ICAV and its appointed Service Providers will no longer process the personal data unless it can be demonstrated that there are compelling legitimate grounds for the processing which override your interests, rights and freedoms or for the establishment, exercise or defence of legal claims.

The Depositary and the Administrator may act as a data controller including, but not limited to, circumstances when they are conducting activity required to comply with any applicable law, regulation or internal policy or at the request of any competent regulator, public authority or governmental authority. For further information in relation to how the Depositary and the Administrator process your personal data please refer to their Data Protection Notices at Data Protection Notice (apexgroup.com) and <https://www.europeandepositarybank.com/privacy-policy/>.

The Manager and its affiliates may also collect, store, disclose, use or otherwise process your personal data in its capacity as a data controller for the purposes outlined below:

- using such personal data in order to comply with its own legal obligations under relevant anti-money laundering/counter-terrorist financing laws or other legislation or regulation;
- to improve the delivery of service to its clients (business analysis, training and related purposes) in pursuit of its legitimate interests; and
- for the purposes of the establishment, exercise or defence of legal claims brought against the Manager in pursuit of its legitimate interests.

For further information in relation to how the Manager processes your personal data please refer to their Data Protection Notice at <https://www.epicip.com/policies/data-privacy-statement>.

In circumstances where the Administrator, the Depositary or the Manager acts as a data controller in respect of the information that has been provided to it by you, all rights afforded to you as a data subject under the GDPR shall be exercisable by you solely against the Administrator, the Depositary or the Manager.

### Profiling and Screening

The ICAV and its appointed Service Providers may engage in PEP screening and financial sanctions screening programs defined by the European Union ("EU"), the United Nations ("UN"), Her Majesty's Treasury ("HMT") and the Office of Foreign Assets Control ("OFAC") for the purposes of complying with anti-money laundering and counter terrorist financing legislation and with UN, EU and other applicable sanctions regimes. The implementation of such PEP and financial sanctions screening programmes may result in the ICAV or its Service Providers refusing an application for Shares in the ICAV or delaying or refusing to make any redemption payment or distribution payment to you if you, your directors or any beneficial owner of your Shares appear on such screening programmes. In the event that you are identified as a PEP as a result of the screening process, you may be required to provide additional information and/or documentation to the ICAV or its Service Providers.

Undertaking in connection with other parties  
By accepting to provide personal data to the ICAV

you undertake to be authorised to disclose to the ICAV relevant information applicable to the beneficial owner of the investment, to your directors and authorised signatories and to persons that own, directly or indirectly, an interest in the ICAV. In this respect you confirm that you have provided these persons with all the information required under applicable data protection law, notably regarding their data protection rights, and received from these persons their authorisation for the processing and transfer of their personal data to us.

### Disclosures to Service Providers and / or Third Parties

Personal data relating to you which is collected from you or provided by you or on your behalf may be handled by Service Providers appointed by the ICAV and its or their duly appointed agents and any of related, associated or affiliated companies within any Service Provider group(s) for the purposes specified above.

These parties will be obliged to adhere to the data protection laws of the countries in which they operate.

The ICAV may disclose your personal data to other third parties where required by law or for legitimate business interests.

This may include disclosure to third parties such as auditors and the Central Bank of Ireland, regulatory bodies, taxation authorities and technology providers.

### Transfers Abroad

Personal data collected from you or provided by you or on your behalf may be transferred outside of Ireland including to companies situated in countries outside of the European Economic Area ("EEA") which may not have the same data protection laws as in Ireland. These countries include India, Asia Pacific countries and the Americas.

Where a transfer of personal data outside of the EEA takes place, the ICAV is obliged to ensure in advance of such transfer that appropriate safeguards have been put in place to protect the privacy and integrity of such personal data (as detailed in Articles 45, 46 and 47 of GDPR), for example the implementation of binding corporate rules between companies within any Service Provider group(s) and/or ensuring the implementation of model contracts by the Service

Providers and their affiliates. Please contact BNP Paribas at email [gdpr.desk.cib@bnpparibas.com](mailto:gdpr.desk.cib@bnpparibas.com) or the Manager at email [Aryabhata@epicip.com](mailto:Aryabhata@epicip.com) should you wish to obtain information concerning such safeguards entered into by or on behalf of the ICAV.

In the absence of such safeguards, the ICAV is only permitted to transfer such data pursuant to certain derogations in accordance with Article 49 of GDPR, for example where a data transfer to a non-EEA country is necessary for the performance of the contract between the data controller and the data subject provided the transfer of data is occasional. In this context, it may be necessary for certain personal data to be transferred by or on behalf of the ICAV to:

(i) the Securities and Exchange Board of India ("SEBI") or any third party licensed by SEBI to receive such data (including inter alia the designated depository in India and/or any Indian KYC Registration Agent) in order that a Fund may invest in Indian securities in accordance with the conditions of a foreign portfolio investor ("FPI") approval granted to that Fund by SEBI; and

(ii) the Central Board of Direct Taxes of the Indian Government Ministry of Finance in accordance with the conditions of any approval granted by the CBDT to a Fund pursuant to Section 9A of the Income Tax Act 1961 of India permitting a Fund to be managed on a discretionary basis by an Indian investment manager without the Fund being deemed to have a business connection in India thereby facilitating the appointment of the Indian investment manager as disclosed in the Prospectus or relevant Fund supplement to that Fund.

### Data Retention Period

The ICAV and its appointed Service Providers will retain all information and documentation provided by you in relation to your investment in the ICAV for such period of time as may be required by Irish legal and regulatory requirements, being at least six years after the period of your investment has ended or the date on which you had your last transaction with us.

### Your data protection rights

Please note that you have the following rights under the GDPR. In each case, the exercise of these rights is subject to the provisions of the GDPR:

- i. You have a right of access to and the right to amend and rectify your personal data.
- ii. You have the right to have any incomplete personal data completed.
- iii. You have a right to lodge a complaint with a supervisory authority, in particular in the Member State of your habitual residence, place of work or place of the alleged infringement if you consider that the processing of personal data relating to you carried out by the ICAV infringes the GDPR.
- iv. You have a right to be forgotten (right of erasure of personal data).
- v. You have a right to restrict processing.
- vi. You also have the right to object to processing where personal data is being processed for direct marketing purposes and also where the ICAV is processing personal data for legitimate interests.

Where you wish to exercise any of your data protection rights against the ICAV, please contact us via the details

The ICAV or the applicable Service Provider will respond to your request to exercise any of your rights under the GDPR in writing, as soon as practicable and in any event within one month of receipt of your request, subject to the provisions

### Failure to provide personal data

data by you is required for us to manage and administer your holdings in the ICAV and so that we can comply with the legal, regulatory and tax requirements referenced above. Where you fail to provide such personal data in order to we may be prohibited from making redemption or any applicable dividend payments to you and/or may be required to discontinue our business relationship with you by compulsorily redeeming your shareholding in the ICAV.

### Updates to the Data Privacy Statement

A copy of this Data Privacy Statement any updates thereto can be accessed at

### Contact us

If you have any questions about our use of your personal data by the ICAV and the Service Providers, please contact the Investment Manager at the following email address: [id-info@aryabhatafunds.com](mailto:id-info@aryabhatafunds.com)

## Joint Declaration

CONFIRMATION/DECLARATION AND NO OBJECTION LETTER FOR INVESTMENT OR REDEMPTION OF MONIES TO ARYABHATA INDIA FUND THROUGH A BANK ACCOUNT WITH A THIRD PARTY AS JOINT HOLDER OR SINGLY BY PRIMAY HOLDER

I/We, \_\_\_\_\_ the applicant(s) of Aryabhata India Fund confirm and declare that we are aware of and have no objection to accept the funds or credit the redemption proceeds to a bank account with a different joint holder  
I/We the applicant(s) of the Aryabhata India Fund further confirm that the joint holder/third party in the bank account is our own family member and residing in the same address declared in the subscription form.

I \_\_\_\_\_ a joint holder/third party of the bank account which is declared as the account for investment and redemption in your Aryabhata India Fund declare that I am completely aware about this invest- ment monies are getting wired from the account which I am jointly holding/operating and any redemptions or payouts in the future will be credited to the same bank account.

I/We, \_\_\_\_\_ the applicant(s) of Aryabhata India Fund confirm and declare that we are aware of and have no objection to accept the funds or credit the redemption proceeds to a bank account in the name of the primary applicant

I/We understand that the above declaration will hold true and valid during the entire tenure of the investments irrespective of any changes in the bank account details carried out by the registered shareholders in the subscription. I/We will not dispute funds invested/redeemed to the above bank account or will not hold Investment Manager or any of its partners responsible for the same and agree to indemnify the Investment Manager or any of its partners of any disputes/claims/tax liabilities arising out of it.

### AML CDD Requirements

In order to comply with Anti-Money laundering legislation the Fund (or the Administrator on behalf of the Fund) is required to obtain identity verification documents from each Subscriber.

Below is a list of anti-money laundering documentation to be provided by investors and is provided as a guide outlining simplified and standard due diligence requirements. Please note that the AML reviews are carried out on a risk based approach and depending on the risk category of your investment, additional AML documentation may be required. The administrator will confirm customer due diligence documentation requirements at account opening stage.

Where the investor is deemed to be High Risk, we may require additional documentation in addition to Original Certified true copies of all documents.

#### 1. Section 1. Simplified Due Diligence

A Subscriber qualifies for simplified due diligence from General Identification Requirements when one of the following conditions is met **and** the Subscriber's subscription proceeds have originated from an "Approved Country"<sup>1</sup>

##### A. Regulated Financial Institution:

Where the Subscriber is a Regulated Financial Institution regulated by an "Approved Regulator"

<sup>2</sup>or is a 100% owned subsidiary of such an entity;

##### I. Documentation Requirements for entities investing on their own behalf:

- Own behalf declaration confirming investing on own behalf (Appendix 1)
- Proof of regulation
- Copy of the Commercial Register/Certificate of Good Standing
- Copy of the authorised signatory list with specimen signatures on company letterhead
- Copy of the Structure chart or shareholders chart, including the % ownership and control
- UBO Declaration identifying individuals owning/controlling 25% or more (As set out in appendix 2 of this section)

##### II. Requirements for Regulated Entities investing on behalf of a third Party in addition to point (I):

- Declaration confirming investing on behalf of a third party (Appendix 1)
- AML Comfort Letter - please revert to Appendix 3 for the Apex template
- \*In some instances a Wolfsberg Questionnaire may be required

##### B. Nominees:

Where a subscriber is a nominee account with a Regulated Parent:

##### I. Documentation Requirements:

- Proof of regulation in a low risk Jurisdiction
- AML Comfort Letter - please revert to Appendix 3 for the Apex template
- \*In some instances a Wolfsberg Questionnaire may be required
- Copy of the authorised signatory list with specimen signatures on company letterhead
- Copy signatories' ID where they have signed the application form & will place the orders
- Copy of the Structure chart or shareholders chart, including the % of ownership and controlling
- UBO Declaration identifying individuals owning/controlling 25% or more (As set out in appendix 2 of this section)

##### C. Listed Entities + Subsidiaries of Listed Entities:

Where the Subscriber is quoted or listed on an "Approved Market"<sup>3</sup> or Stock Exchange or is a 100% owned subsidiary of such an entity;

##### I. Documentation Requirements:

- Confirmation that investing on own behalf (Appendix 1)
- Proof of listing in a low risk jurisdiction
- Copy of the authorised signatory list with specimen signatures on company letterhead
- Copy signatories' ID where they have signed the application form & will place the orders
- Copy of commercial register/Certificate of good standing
- Copy of the Structure chart or shareholders chart, including the % of ownership and controlling
- UBO Declaration identifying individuals owning/controlling 25% or more (As set out in appendix 2 of this section)

<sup>1</sup> Please refer to the administrator for confirmation of approved countries

<sup>2</sup> Please refer to the administrator for confirmation of approved regulators

## II. For subsidiaries and in addition to point (I):

- Attach proof of listed parent ownership
- Copy of certificate of incorporation or equivalent for subsidiary
- Copy of memorandum and articles of association or equivalent constitutional documents for subsidiary

## D. Regulated Pension Scheme:

Where the Subscriber is a Regulated Pension Scheme in a low risk Jurisdiction; or where the entity is a state pension scheme in a low risk jurisdiction.

Where information is available online from a reputable source, please provide all of the relevant links at account opening stage.

## I. Documentation Requirements:

- Proof of regulation in a low risk jurisdiction
- Copy of the articles of the pension scheme where available from a reputable online source, please provide the link to same
- Copy of the authorised signatory list with specimen signatures on company letterhead
- Copy of the Structure chart or shareholders chart, including the % of ownership and controlling
- UBO Declaration identifying individuals owning/controlling 25% or more (As set out in appendix 2 of this section)
- Copy ID and Proof of address for any person owning/controlling 25% or more of the investment

## 2. Section 2. General Identification Requirements: Standard Due Diligence

### A. Entities

Where a Subscriber is an entity that is domiciled/incorporated in an "Approved Country"<sup>4</sup> and the Subscriber's subscription proceeds originate from an "Approved Country" ALL the following information and identification documentation must be forwarded with the subscription application;

### Corporate Entities (General):

#### I. Documentation Requirements:

- Confirmation investing on own behalf
- Copy of Certificate of Incorporation /Good Standing
- Copy of Memorandum and Articles of Association or equivalent constitutional documents
- Copy of the latest financial report or equivalent (If not available, copies of IDs and Proof of address for two directors may be required along with a letter confirming that the company is financially solvent)
- Copy of the authorised signatory list with specimen signatures on company letterhead
- Copy of the signatories' IDs who signed the application form & will place orders
- Copy of the list of Directors/Members/Partners on letterhead paper of the Company
- Copy ID for at least 2 controllers (where a partnership - one of these must be the GP)
- Copy of the Structure chart or shareholders chart, including the % of ownership
- Complete "UBO Declaration" (Appendix 2) on behalf of the Entity – See Appendix 2

*\*The declaration must be completed by an authorized individual from the Entity and on Entities letterhead.*

- If there is a UBO with 25% or more shareholding the person must be identified as per section 2 ( B )
- In the case of an Entity, where the Managing Member is not an individual, the entity must also be identified as per requirements in Section 2 (A).

### Trusts:

#### II. Documentation Requirements:

- Copy of the latest trust deed
- Copy Signature List on company letterhead
- Copy of the IDs of the signatories on the application form/who will place deals on the account
- Identification and verification of the identity of the Settlor and the Trustee according to their legal forms
- Identification and verification of the identity of the Protector if any, according to its legal forms
- Information on the Source of Wealth of the Settlor
- Copy Structure Chart/Shareholder Chart, showing the % ownership and control of all beneficial owners and controllers
- UBO Declaration - Identifying all individuals owning or controlling any part of the trust if not available within the

<sup>3</sup> Please refer to the administrator for confirmation of approved stock exchanges

<sup>4</sup> Please refer to the administrator for confirmation of approved countries

- trust deed/structure chart
- Copy ID and proof of address (dated within the last 6 months) for any persons owning or controlling any part of the trust

### **B. Individuals:**

Where a Subscriber is an Individual from an “Approved Country”<sup>5</sup> and where the Subscriber’s subscription proceeds originate from an “Approved Country”<sup>6</sup>. All the following information and identification documentation must be forwarded with the subscription application;

#### **I. Information Requirements:**

- Full Legal Name
- Date of Birth
- Place of Birth
- Residential Address, (including Country of Residence)
- Nationality
- Government ID Number
- Source of Wealth
- Signature

#### **II. Documentation Requirements:**

- Copy of a valid ID document (passport /driver’s license or other form of Government issued photo identification) bearing clear picture, expiry date and signature
- Copy proof of residential address dated within the last six months, in the form of household utility bill or bank statement
- Completed source of wealth declaration (please contact Administrator for the relevant template)

<sup>5</sup> Please refer to the administrator for confirmation of approved countries

<sup>6</sup> Please refer to the administrator for confirmation of approved countries

**Appendix 1 – Own Behalf Declaration**

**“Company Letterhead”**

**{Date}**

**Apex Fund Services (Ireland) Limited,**

2nd Floor, Block 5 Irish Life Centre  
Abbey Street Lower  
Dublin D01 P767 Ireland

**Subject: Declaration of the investment on own behalf/ third party behalf**

Investor Name: \_\_\_\_\_

Fund: \_\_\_\_\_

**Dear Sirs,**

**We declare that investments made in the above mentioned Fund are made**

- **on my/our own behalf**
- **on behalf of our client(s)**

**Printed name of the investor/authorised signatory**

\_\_\_\_\_

**Signature** \_\_\_\_\_

\_\_\_\_\_  
\*Please refer to the administrator for confirmation of approved countries

## Appendix 2

### ULTIMATE BENEFICIAL OWNER DECLARATION

[Place on the Applicant's letterhead]

[Date]7

Apex Fund Services (Ireland) Limited ("Apex") 2nd Floor,  
Block 5 Irish Life Centre Abbey Street Lower  
Dublin DO1 P767  
Ireland

#### Ultimate beneficial owner declaration

We confirm the below in regards to [Insert Registered Investor Name]

(the "Applicant"), invested in Aryabatta India Fund

#### Section 1 – Please confirm regarding ownership of Applicant

One or more Natural Person(s) (Individual) owns/controls directly or indirectly 25% or more of the investment as beneficial owner.

☐ **Yes** - provide details of the natural person(s) identified in the space provided below and proceed to section 3.

☐ **No** - proceed to section 2.

Full Name:

Date of Birth:

Place of birth: (city, country)

Registered address:  
(street, city, country of residence)

Nationality (all if several):

National ID number:

Percentage Holding (directly or indirectly 25% or more):

Source of wealth:

\*Further information on Ultimate Beneficial Ownership information may be requested.

#### Section 2 - Please confirm regarding control of the Applicant

Please provide details of one or more Natural Person(s) (Individual) with significant responsibility for managing the Applicant (e.g. a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer) or any other individual who regularly performs similar functions.

Full Name:

Date of Birth:

Place of birth: (city, country)

Registered address:  
(street, city, country of residence)

Nationality (all if several):

National ID number:

\*Further information on Ultimate Beneficial Ownership information may be requested.

# Aryabhata Global Assets Funds ICAV

## Application Form

### Section 3

Is there a requirement to submit a beneficial ownership register in the investor's country of registration - please select as appropriate

☐ Yes ☐ No

If the answer to the above is yes, please confirm if the investor is required to submit a beneficial ownership register and has done so

☐ Yes ☐ No - please provide a brief explanation

Where the answer to the above is yes, please provide a copy of the Beneficial ownership filing details. Please note we may require further information on any individual identified on the beneficial ownership register filing

### Section 4

☐ Tick this box if any of the individuals identified in sections 1,2 or 3 (i.e. the Beneficial Owner or Controlling Person) or any authorised individual for the Applicant is considered a "Politically Exposed Person" (PEP)<sup>8</sup>.

Full Name:

---

Date of Birth:

---

Position / name of entity

---

Place of birth (city, country):

---

Registered address:  
(street, city, country of residence)

---

Nationality (all if several):

---

National ID number:

---

If there are any subsequent changes to the ownership or control structure set out above, we shall inform Apex as soon as reasonably practicable upon becoming aware of such change and supply such information as Apex requires in order to establish and prove the submitted details.

We confirm that we are not aware of any activities on the part of the Applicant that lead us to suspect that the beneficial owners are or have been involved in criminal conduct of money laundering. Should we subsequently become suspicious of any such activity then, subject to any legal constraints, we shall inform Apex and/or the relevant regulatory authorities accordingly.

The undersigned declares that the details given are true and correct in regards to the beneficial ownership and control structure of the Applicant.

Yours sincerely,

---

Authorised Signatory

---

Authorised Signatory

### Appendix 3 - AML Letter

#### Letterhead of the Regulated Entity

{Date}

Apex Fund Services (Ireland) Limited

2nd Floor, Block 5 Irish Life Centre Abbey  
Street Lower Dublin  
D01 P767 Ireland

**Re: [Name of Investor]**

"Introductory section of the company, its regulated status and registration number"

"Name of the Entity" hereby confirms the following in accordance with the standards of a prudent professional and the applicable laws and regulations:

1. We maintain Anti Money Laundering & Counter Terrorist Financing ("**AML/CTF**") policies applicable to all employees and an on-going training program. We have implemented **related procedures** and controls including a procedure on suspicious activity reports;
2. We perform a **risk assessment of the underlying investor, mandates and proxy holders** using a combination of relevant risk factors prior entering into a business relationship and obtain information on the purpose of the business relationship (Risk Based Approach);
3. We perform the **identification and verification** of the identity of the underlying investor based on the initial risk assessment. Where applicable, the identification and verification of the **identity of our clients, beneficial owners, controlling parties and proxy holders** is performed, such that the ownership and control structure of the underlying investors in particular legal persons, trusts and similar legal arrangements are understood and risks are assessed;
4. We perform **enhanced due diligence on higher risk** underlying investors and their beneficial owners, where applicable, including **politically exposed persons** and, where a relationship is established with countries or territories which do not or insufficiently apply AML-CTF measures;
5. We perform **on-going monitoring** of the business relationship to maintain KYC information current including detection of unusual transactions which are not consistent with the expected business activity, and where necessary, the origin of funds and origin of wealth;
6. We perform **sanctions screening prior the account opening and on an on-going basis** of the underlying investors, their beneficial owners, mandate and proxy holders where applicable. The sanctions lists are amongst others, the resolutions of the United Nations Security Council as well as acts adopted by the European Commission regarding CTF/EU sanction list. [In addition where applicable, we are required to comply with OFAC sanctions programs and perform sanctions screening against the listings of the US Department of Treasury, Office of Foreign Asset Control ("OFAC")];
7. We **retain investor due diligence documentation during a period of at least five years** following the end of the business relationship and **will make it available upon written request to Apex Ireland** notwithstanding any applicable rules on confidentiality or local secrecy laws.
8. We confirm that screening is performed on all of our employees and we will provide Apex with information relating to individuals such as full name, date of birth, place of birth, if required.
9. We will inform you immediately if we become aware of any introduced investor(s) engaging in activities which lead us to believe that such introduced investor(s) is involved in money laundering or terrorist activities to the extent permitted by law;
10. We **do not enter into business relationship with shell banks** or accept shell banks as underlying investors or beneficial owners;
11. We acknowledge that Apex Fund Services (Ireland) Limited is relying on us to satisfy their investor due diligence requirements with respect to **[Name of Investor]**.

Yours sincerely,

Authorized Signatory \_\_\_\_\_

Authorized Signatory \_\_\_\_\_

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

Print name: \_\_\_\_\_

## Appendix 4 – Certification Requirements

- Certification must be made by independent 3rd party (self-certification is not acceptable)
- The certifying body must perform the certification in presence of the original documentation and must meet the client personally when certifying the documents
- Certification can only be made by a competent authority:
  - » Notary Public
  - » Embassy/Consular Staff
  - » Commissioner of Oaths (which register number is available)
  - » Justice of the Peace
  - » A director or authorised signatory of a regulated financial institution in an approved jurisdiction
  - » Lawyer or solicitor
  - » Chartered & Certified Public Accountants
- Certification must be dated within 6 months
- Certification wording should state:
  - » That the document is a true copy of the original document
  - » That the document has been seen and verified by the certifier
  - » Where an ID document, that the photo is a true likeness of the individual
  - » Date of Certification
  - » Name, Title, signature, registration number and contact details of the Certifier (i.e. if is a financial institution – name of bank, person, title, phone, etc.)