



WEALTH FUND SERVICES

APPLICATION FORM For individual investors

This application should be completed and sent to:

Wealth Fund Services Limited
c/o Apollo Global Equity Fund of Funds Variable Capital Investment Company Plc
12 – 14, Kennedy Avenue
Flat/Office 305
1087, Nicosia, Cyprus

Telephone: +357 22755506 | +357 22755507
Facsimile: +357 22755508

Applications should be made only by written application using the accompanying Subscription Agreement. Application forms duly completed should be sent to the address shown above by facsimile or electronic mail and original to follow by registered post. The Management Company reserves the right to reject any application in which event the application monies will be returned to the applicant without interest at his own risk.

1. Fund _____
2. Sub-Fund _____
3. Class of Investor Shares (if applicable) _____
4. ISIN code _____
5. Amount of subscription
 - Minimum initial subscription of _____ (_____) Net of Bank Charges
 - Minimum subsequent subscription of _____ (_____) Net of Bank Charges
6. Commission: _____ %
7. Registration Details

1st Holder:

Title (Mr / Mrs / Ms / Miss)

Surname / Family Name

Previous Name(s) if any

First Name

Investor's Residential Address

Nationality / Nationalities

Passport No.

Date of Birth

Telephone No.

Fax No.

E-mail address (if any)

Source of Wealth (savings, inheritance
investment switch, other to specify)

2nd Holder (in case of joint holders)¹:

Title (Mr / Mrs / Ms / Miss)

Surname / Family Name

Previous Name(s) if any

First Name

Investor's Residential Address

Nationality / Nationalities

Passport No.

Date of Birth

Telephone No.

Fax No.

E-mail address (if any)

Source of Wealth (savings, inheritance
investment switch, other to specify)

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3rd Holder (in case of joint holders)¹:

Title (Mr / Mrs / Ms / Miss)

Surname / Family Name

Previous Name(s) if any

First Name

Investor's Residential Address

Nationality / Nationalities

Passport No.

Date of Birth

Telephone No.

Fax No.

E-mail address (if any)

Source of Wealth (savings, inheritance
investment switch, other to specify)

4th Holder (in case of joint holders)¹:

Title (Mr / Mrs / Ms / Miss)

Surname / Family Name

Previous Name(s) if any

First Name

Investor's Residential Address

Nationality / Nationalities

Passport No.

Date of Birth

Telephone No.

Fax No.

E-mail address (if any)

Source of Wealth (savings, inheritance
investment switch, other to specify)

8. Permanent residential address (of the 1st holder)

Address: _____

Country: _____

Telephone No: _____

Fascimile No: _____

Email address: _____

Correspondence Address (for mailing purposes if different from the above)

The holder(s) hereby authorize(s) ad instruct Wealth Fund Services Ltd to send his/her correspondence as follows:

Correspondence Address: _____

Or

Email address: _____

Initialed by all the holders: 1. _____

2. _____

3. _____

4. _____

9. Please provide the following details as appropriate:

1st Holder:

☐ **Employed**

Employer

Industry

Job / Position

☐ **Self-Employed**

Name of Company

Industry

Address

☐ **Retired**

☐ **Other Remarks:**

2nd Holder:

☐ **Employed**

Employer

Industry

Job / Position

☐ **Self-Employed**

Name of Company

Industry

Address

☐ **Retired**

☐ **Other Remarks:**

3rd Holder:

☐ **Employed**

Employer

Industry

Job / Position

☐ **Self-Employed**

Name of Company

Industry

Address

☐ **Retired**

☐ **Other Remarks:**

4th Holder:

☐ **Employed**

Employer

Industry

Job / Position

☐ **Self-Employed**

Name of Company

Industry

Address

☐ **Retired**

☐ **Other Remarks:**

10. Bank Details:

The Investor(s) will arrange payment of the Subscription monies from the following account:

Name of Bank

Address

SWIFT Address / Bank Code

Account Number/IBAN Number

Account Name (must be the one of the registered holder)

NB: As a rule, any distributions and redemption proceeds will normally be made to the above account.

In the event that the Investor instructs that any distribution or redemption proceeds are to be paid in a different account, an original Redemption Form as per **Appendix C** of the Prospectus must be received by the Management Company (for the purposes of being provided to) before the proceeds will be paid.

11. I / We confirm that:

1. The above information is true and correct.
2. The funds have not been obtained by any illegal activity.
3. **Apollo Global Equity Fund of Funds Variable Capital Investment Company Plc** (or any duly authorised affiliate), may contact my / our bankers and / or others in order to fulfil the various legal requirements.
4. I am / We are expected to seek advice from my / our own taxation adviser and to make the appropriate taxation declarations.
5. I / We attach the information required by me / us in accordance with the requirements set out in Schedule B.
6. I / We are not a U.S. Person and am/are not acquiring Investor Shares on behalf of, or for the benefit of, a U. S. Person nor do I/we intend selling or transferring any Investor Shares which I/we may purchase to any person.
7. (i) I/We confirm that I/we are 18 years of age or over, or
(ii) We confirm that we are duly registered and in good standing.

Initialed by all the Investors:

1. _____

3. _____

2. _____

4. _____

12. Instructions from joint Holders

The joint holders hereby authorize and instruct Wealth Fund Services Ltd to act upon: (please tick the appropriate box):

- ☐ Joint instruction with individual signature (the consent of only one of the holders is sufficient for instructions to be carried out)
- ☐ Collective instruction (the consent of all the holders is required for any instruction to be carried out)

13. Personal Data

I / We confirm that:

1. **Wealth Fund Services Limited** in its capacity as the external Manager and Administrator of the Fund as well as the Controller of the personal data, has delivered to me/us in paper form the "*Data Privacy Notice*" that is also published in the external Manager's website (<http://wealthfs.com.cy/en/>) in the form of a storable electronic document.
 2. I / We have read and fully comprehended the "*Data Privacy Notice*" which contains information about the categories of the personal data that the Controller collects and processes, the sources from which the personal data are collected, the purposes of and the legal grounds for the processing, the third recipients to which the personal data are disclosed, my/our rights towards the Controller in relation to the processing of personal data, the means to exercise the respective rights and the Controller's obligation to respond to my respective requests, the contact details of the officer appointed by the Controller as responsible to safeguard the security and legitimacy of data processing, and my right to submit a complaint to the Commissioner for Personal Data Procession.
 3. I / We have been informed that the information included in the "*Data Privacy Notice*" will always be kept accurate and up to date by the data Controller and I /we acknowledge that I may download and store the respective electronic document published on the Controller's website for any future reference.// Alternatively I /We acknowledge that I/ We have the right to request from the Controller a new copy in paper form of the "*Data Privacy Notice*" at any time in the future, which will be delivered to me/us free of charge.
- **Wealth Fund Services Limited may send to me/us via mail or e-mail suggestions and newsletters for other products and services it offers which Wealth Fund Services Limited believes I /we will also be interested in.**

I consent	<input type="checkbox"/>	I do not consent	<input type="checkbox"/>
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14. Signatures

The holder(s) confirm(s), by signing the present application form, having read with particular care, and understood the prospectus and the Key Investor document (KIID), available on the following website: www.wealthfs.com.cy or upon request, in paper format, at the registered office of the Management Company.

Place and date of signature: _____

Signature Holder 1: _____

Name: _____

Signature Holder 2 : _____

Name: _____

Signature Holder 3: _____

Name: _____

Signature Holder 4: _____

Name: _____

Supplement CRS

Self-Certification Form (Individual investors)

Pursuant to the Agreements for the automatic exchange of information which were concluded and/or will be concluded between the Republic of Cyprus and other countries for tax matters and the relevant legislation (including those relating to the Common Reporting Standard - CRS), Wealth Fund Services Ltd ('the Company') is required to identify account holders that are tax residents in foreign jurisdictions (for purposes of CRS) and report all related information to the Tax Department in Cyprus which in turn will report this information to Tax Departments of the foreign jurisdictions. The personal data requested below will be processed and transmitted by the Company only for the scopes of the automatic exchange and you have the right to exercise any of your rights described in the "Privacy Notice" already notified to you, before the Company submits the information to the Cyprus Tax Department,

We therefore request you to complete this Self-Certification Form.

Account Holder 1			
Passport Number / ID Number		Country of Issue	
Date of Birth			
City of Birth		Country of Birth	
Permanent Residence Address:			
Street and Number	City	Postal Code	
	Country		

Country of Tax Residence	Taxpayer Identification Number (TIN)	Social Security Number (if TIN is not available)	If no TIN available enter Reason A, B or C*

* Complete only for CRS countries – If a TIN is not available please provide the appropriate **reason A, B or C**

Reason A – The Country where the account Holder is a tax resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain)

Reason C – No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

Account Holder 2			
Passport Number / ID Number		Country of Issue	
Date of Birth			
City of Birth		Country of Birth	
Permanent Residence Address:			
Street and Number	City	Postal Code	
	Country		

Country of Tax Residence	Taxpayer Identification Number (TIN)	Social Security Number (if TIN is not available)	If no TIN available enter Reason A, B or C*

* Complete only for CRS countries – If a TIN is not available please provide the appropriate **reason A, B or C**

Reason A – The Country where the account Holder is a tax resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain)

Reason C – No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

Account Holder 3			
Passport Number / ID Number		Country of Issue	
Date of Birth			
City of Birth		Country of Birth	
Permanent Residence Address:			
Street and Number		City	Postal Code
	Country		

Country of Tax Residence	Taxpayer Identification Number (TIN)	Social Security Number (if TIN is not available)	If no TIN available enter Reason A, B or C*

* Complete only for CRS countries – If a TIN is not available please provide the appropriate **reason A, B or C**

Reason A – The Country where the account Holder is a tax resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain)

Reason C – No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

Account Holder 4			
Passport Number / ID Number		Country of Issue	
Date of Birth			
City of Birth		Country of Birth	
Permanent Residence Address:			
Street and Number		City	Postal Code
	Country		

Country of Tax Residence	Taxpayer Identification Number (TIN)	Social Security Number (if TIN is not available)	If no TIN available enter Reason A, B or C*
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* Complete only for CRS countries – If a TIN is not available please provide the appropriate **reason A, B or C**

Reason A – The Country where the account Holder is a tax resident does not issue TINs to its residents

Reason B – The Account Holder is otherwise unable to obtain a TIN (Please explain)

Reason C – No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

DECLARATION & SIGNATURES

The Account Holder declares and confirms that the information given above is true, correct and complete.

Further he undertakes to inform the Company promptly of any subsequent change in the above information.

Date:

Initialed by all the Investors:

1. _____

3. _____

2. _____

4. _____

NOTES

- (a) The original Application Form must be sent to the Management Company.
- (b) To be valid, Application Forms must be signed by each authorized signatory as specified in such Application Form.
- (c) If this Application Form is signed under power of attorney, such power of attorney or a duly certified copy thereof must accompany this Application Form.

I / We understand that **Apollo Global Equity Fund of Funds Variable Capital Investment Company Plc** will not accept any Subscription monies for investment unless or until satisfied with the results of its verification procedures.

Dated at _____ in _____, this _____ day of _____, 20__.

Signed, Sealed and Delivered as a Deed in the presence of: Name of Investor(s) (please print):

Witness:

(Signature of or on behalf of Investor)

(Signature of or on behalf of Investor)

(Signature of or on behalf of Investor)

(Signature of or on behalf of Investor)