

THE  
BCP NON-INDIVIDUAL INVESTOR  
APPLICATION FORM FOR  
DEPOSIT PRODUCTS ONLY

This form is to be used for **Companies, Partnerships, Charities, Religious Orders, Associations, Trusts** and other non-natural entities only.

**A CONTACT DETAILS**

I/We hereby apply in the name of

NAME OF APPLICANT

ADDRESS

TELEPHONE

Day

Mobile

EMAIL

(required for listed notes/certificates, not deposits)

YOUR WEBSITE (IF APPLICABLE)

**B INVESTMENT CHOICE**

Investment advice was provided by:

Intermediary

BCP

Advice not provided

Is the applicant the beneficiary and controller of these investment funds?

Yes

No

If **No** please provide the name(s) of the Beneficial Owner/Controller and relationship to you:**BCP (€) Euro Electronic Funds Transfer (EFT) Details:**

Bank Name: HSBC Continental Europe, Ireland

Bank Address: 1 Grand Canal Square, Grand Canal Harbour, Dublin 2, D02 P820

Account Number: 37003680

Account Name: BCP AM Client Asset Account

Sort Code: 99-02-31

BIC Code: HSBCIE2D

IBAN No.: IE49 HSBC 9902 3137 0036 80

**CHEQUES SHOULD BE MADE PAYABLE TO: BCP Asset Management DAC****B1 NEW INVESTMENT**

BCP DEPOSIT NAME

INVESTMENT AMOUNT

€

€

**B2 TOP UP TO AN EXISTING HSBC 7 DAY NOTICE DEPOSIT**

For clients who are already invested in the Deposit subsequent investments have a minimum investment amount of €10,000.

ACCOUNT NUMBER

AMOUNT OF TOP-UP

BCP/HSBC 7 Day Notice Deposit

€

**B3 RE-INVESTMENT OF A MATURING BCP INVESTMENT****ACCOUNT NUMBER****BCP DEPOSIT NAME****INVESTMENT AMOUNT**

	€
--	---

	€
--	---

**REINVESTMENTS:** I/we would like to reinvest/part reinvest the maturity proceeds of my/our BCP investment in the above investment(s) as detailed above. I/we understand that on this basis the full maturity amount will not be issued to me/us directly but reinvested/part reinvested in the new BCP investment(s) as per the instruction above and in accordance with the product documentation signed.

**PARTIAL REINVESTMENTS:** Please return the balance of funds to me/us.

**C ANTI MONEY LAUNDERING REQUIREMENTS**

**As part of our Anti Money Laundering requirements we are obliged to obtain information about your economic activities, income, details on how you acquired the money you are investing and the source of the funds being used.**

**Please provide a description of your business activities**

**Please detail the country or countries where at least 20% of turnover is generated**

**POLITICALLY EXPOSED PERSON (PEP), RELATIVE OR CLOSE ASSOCIATE (RCA) OF A PEP AND OTHER PERSONS OF INFLUENCE**

**Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been), a PEP or RCA of a PEP?**

Yes ☐ No ☐

**Do any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner hold (or have held) a prominent position or enjoy (or have enjoyed) a high public profile?**

Yes ☐ No ☐

**Are any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner involved (or have been involved) in political lobbying?**

Yes ☐ No ☐

**If you have answered Yes to any of the above three questions, please complete the PEP, RCA and Other Persons of Influence Supplementary Form on pages 15 and 16. An explanation of these terms is provided in the Supplementary Form).**

**C** ANTI MONEY LAUNDERING REQUIREMENTS *Continued***SOURCE OF WEALTH**

Please select the relevant source(s) below to confirm how you accumulated the money you are currently investing. You may select more than one option.

- |                            |                          |                              |
|----------------------------|--------------------------|------------------------------|
| Retained earnings          | <input type="checkbox"/> |                              |
| Sale of Asset / Investment | <input type="checkbox"/> | Please provide details below |
| Sale of business           | <input type="checkbox"/> | Please provide details below |
| Other                      | <input type="checkbox"/> | Please provide details below |

Please provide as **much information** as you can on your Source of Wealth in the box below. In some instances BCP Asset Management may be required to obtain proof of Source of Wealth depending on the type of client, investment amount etc.

**SOURCE OF FUNDS**

- |                         |                          |                                |                          |                               |                          |   |
|-------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------|--------------------------|---|
| Maturing BCP investment | <input type="checkbox"/> | Investment from existing funds | <input type="checkbox"/> | Non-BCP maturity / encashment | <input type="checkbox"/> | Please provide the name of financial institution in the box below |
|-------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------|--------------------------|---|

Financial Institution:

**PAYMENT METHOD**

- |        |                          |                   |                          |                                   |                            |                          |   |
|--------|--------------------------|-------------------|--------------------------|-----------------------------------|----------------------------|--------------------------|---|
| Cheque | <input type="checkbox"/> | EFT/Bank transfer | <input type="checkbox"/> | Please complete the section below | Bank / Credit Union Draft* | <input type="checkbox"/> | Please complete the section below and confirm the reason why a draft was used |
|--------|--------------------------|-------------------|--------------------------|-----------------------------------|----------------------------|--------------------------|---|

Reason for using Bank / Credit Union Draft:

**For payment by EFT/Bank transfer or Bank/Credit Union Draft please complete the details below:**

Institution Name

Location of Account

Account Name

IBAN

**\*Where payment is via Bank/Credit Union Draft we also require:** The Draft must be accompanied with evidence from the bank/credit union (machine printed) that confirms the account number from which the Draft was drawn and the amount debited from the account. The form must be signed by the applicant(s). Alternatively please provide a copy of the account statement showing the withdrawal of the funds for the Draft.

**BANK DETAILS FOR PAYMENTS**

**In order to pay maturity/income/interest proceeds please provide the relevant bank account details for you. Please note that maturity/income/interest proceeds can only be paid to an account in your name.**

Account Name

Bank/Credit Union/  
Building Society Name

Bank Address

IBAN

**D DECLARATION IN RESPECT OF DEPOSIT APPLICATIONS**

I/We authorise my/our advisor to view details of my/our account online via vespro.bcp.ie.

I/We agree to receive valuations and other communications from BCP online via vespro.bcp.ie.

I/We hereby request and authorise BCP to give effect to any written request, direction or instruction relating to the product on the signature(s) of me/us and I/We declare that this authorisation, unless terminated by my/our death or by operation of law, shall remain in full force and effect until the end of the Term of each product.

I/We understand the Terms and Conditions as set out in the Brochure including the location of the counterparty and agree to be bound by them.

I/We authorise BCP to hold my/our personal data on file, to contact me/us in writing, by telephone or by email in respect of financial services matters.

I/We confirm that I/we have received the BCP Client Asset Key Information Document.

I/We acknowledge that any deposit interest earned prior to the Start Date or after Maturity Date/Withdrawal will be retained by BCP, as will any deposit interest earned which is payable to BCP for services provided during the term of the Investment as set out in the relevant Brochure.

I/We acknowledge that all client assets held by BCP are held in an omnibus client asset account in the name of BCP.

I/We confirm that I have read and understand the benefits, risks and warnings as set out in the Brochure for each investment being applied for, and I have read and understand the Terms and Conditions and agree to be bound by them.

I/We confirm that I am/we are not a U.S. Person(s) and I am/we are resident outside the United States.

I/We confirm that I/we will notify BCP if I/we become a U.S. Person or reside in the United States during the term of the Bond(s). I/We understand that should this occur I/we cannot continue to hold the investment and must surrender the Bond(s) at its realisable value which may be more or less than the initial investment.

I/We confirm that where we have provided personal data in respect of an officer, director or employee I/we have obtained their consent for providing this information to BCP.

I/We agree to advise BCP immediately if, during the term of my/our investment, I/we or any beneficial owner becomes a PEP or a relative or close associate of a PEP or other person of influence.

I/We agree to notify BCP immediately if, during the term of my/our investment, there is a change of any beneficial owner or controller.

I/We confirm all the information is true and complete, including that not completed in my/our own hand.

**E SIGNATURE(S)**

I/We consent to my/our personal information being used by BCP Asset Management DAC to provide information on new investment opportunities.

Yes

☐

No

☐

**I/We have reviewed this Application and confirm the Information, Declarations, Authorisations, Understandings, Acknowledgements and Consents given therein.**

**SIGNED All applicants must sign**

SIGNATURE (1)

DATE

SIGNATURE (2)

DATE

F

## INTERMEDIARY DECLARATION

Name of Intermediary Firm

Please note that for the purposes of face to face (see below), video calls do not constitute face to face, you must have met the client in person.

When was your last in person face to face meeting with the client

Month

Year

Never met  
in person

When was your last video meeting with the client

Month

Year

Never met  
via video

How long have you known the client

Have you completed all checks to verify the identity, address, source of funds and source of wealth of the applicant to the standards set out in the Anti-Money Laundering (AML) and Countering the Financing of Terrorism (CFT) legislation and is the transaction consistent with the pattern expected and does not give rise to AML/CTF concerns?

Yes

No

Please provide any additional information you feel may be relevant in assessing this application from an Anti-Money Laundering / Counter Terrorism Financing perspective e.g. how long you have known the client, source of wealth, various sources of income:

SIGNATURE

DATE

NAME

POSITION

For and on behalf of the intermediary

## MANDATE

At a meeting of the Directors/Trustees/Controllers duly convened and held on the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_ the following resolution was passed.

"It was resolved that the entity should invest:

PRODUCT NAME	AMOUNT
TOTAL	

and the following are authorised to complete, on behalf of the entity, the application forms and other documentation relating to this investment."

**Specimen signatures of those authorised to give instructions - a minimum of two signatories are required, unless the Company only has one Director\*:**

NAME	OFFICIAL POSITION	SIGNATURE

\*Please include all individuals including Directors who are authorised to apply for and give instructions in relation to this investment

**I certify the above to be a true copy of the Resolution recorded in the minute book**

**SIGNED** (Authorised Signatory)

**PRINT NAME**

DATE \_\_\_\_\_

Director/Secretary/Trustee\*  
\*Circle as appropriate



## FOR CORPORATE AND CHARITY INVESTMENTS

**TAX COMPLIANCE - SELF CERTIFICATION FOR ENTITIES**

For the purposes of FATCA and the Common Reporting Standard (CRS)

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 holders tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Entity with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/> in the case of CRS only.

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

Please refer to the accompanying explanatory notes/instructions and/or contact your tax adviser to help complete this form.

**SECTION A****ENTITY INFORMATION****ENTITY NAME****REGISTERED ADDRESS****POSTCODE****MAILING ADDRESS** (If different)**POSTCODE****COUNTRY OF INCORPORATION/  
ORGANISATION****SECTION B****ENTITY TAX RESIDENCY**

Please indicate ALL countries in which the Entity is incorporated/organised for the purposes of that country's income tax and the relevant Tax Identification Number or functional equivalent.

If you are unable to provide a relevant TAX Identification Number then please write the reason why in the TAX Identification Number section.

If the Entity is resident in the United States you must complete and return IRS (Internal revenue Service) form W-9. Please list additional non-US tax residencies in the table below.

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 principle office is located.

**COUNTRY OF  
TAX RESIDENCY****TAX IDENTIFICATION  
NUMBER****COUNTRY OF  
TAX RESIDENCY****TAX IDENTIFICATION  
NUMBER****COUNTRY OF  
TAX RESIDENCY****TAX IDENTIFICATION  
NUMBER****SECTION B1****FATCA DECLARATION SPECIFIED US PERSONS**

**PLEASE TICK EITHER (A), (B) OR (C) BELOW  
AND COMPLETE AS APPROPRIATE.**

Tax Identification Number

(A) The Entity **is** a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying Number (U.S. TIN) is:

(B) The Entity **is not** a Specified U.S. Person (please also complete Sections C, D and E)

(C) The Entity is a U.S. person but **not** a Specified U.S. Person (please also complete Sections C, D and E)



**ENTITY CLASSIFICATION FOR THE PURPOSES OF FATCA AND US IGAS**

The information provided in this section is for FATCA, please note your classification may differ from your CRS classification in section D.

**THE ENTITY IS A FINANCIAL INSTITUTION**

Participating Foreign Financial Institution

If you have registered as a Financial Institution (FI) or as a Sponsored Entity please enter your Global Intermediary Identification Number (GIIN). If you are a Sponsored closely held Investment Vehicle please provide the GIIN of your sponsoring FI.

Sponsor

vi) Other reason (Please specify):

**THE ENTITY IS NOT A FINANCIAL INSTITUTION**

ii) Passive NFFE (Please complete section E)

## ENTITY CLASSIFICATION FOR THE PURPOSES OF CRS

FINANCIAL INSTITUTION UNDER CRS

ii) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution  
(If this box is ticked, please complete section E)

## SECTION D2

## NON FINANCIAL INSTITUTION UNDER CRS

## IF THE ENTITY IS A NON FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES

i) Active Non-Financial Entity ☐ii) Passive Non-Financial Entity (If this box is ticked, please complete section E) ☐

## SECTION E

## CONTROLLING PERSONS SELF-DECLARATION OF RESIDENCY

Only complete this section if you have completed section C2 Passive NFFE, D1 part II or D2 Passive NFE.

If you have declared the Entity to be an FI in section C1, or an Active NFFE in Section C2 and D2, you do not need to complete this section.

If you have indicated that the Entity is a Passive NFE in section D and the Entity is a non-profit organisation you do not need to complete this section.

Please list below each controlling person.

For each controlling person it is MANDATORY to indicate ALL countries in which you are resident for the purposes of that country's income tax. You must provide the tax identification number (TIN) for each country they are tax resident in. Example TIN's include PPS Number, Social Security Number and US TIN (US).

If any of the controlling persons are a US citizen, US resident, or have a substantial presence in the US \*(see definition below), you must include US and any additional non-US tax residencies in the tax residency table.

\*Substantial presence is defined as if you were physically present in the US on at least: 31 days during the current year, and 183 days during the 3 year period that includes the current year and the 2 years immediately before that.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of Senior Management Official of the Entity.

## CONTROLLING PERSON 1

Type of Controlling Person: Control by Ownership ☐Control by Other Means ☐Senior Management Official ☐

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:  
(Mandatory)Country of Birth:  
(Mandatory)Country of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification Number

## CONTROLLING PERSON 2

Type of Controlling Person: Control by Ownership ☐Control by Other Means ☐Senior Management Official ☐

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:  
(Mandatory)Country of Birth:  
(Mandatory)Country of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification Number

## CONTROLLING PERSON 3

Type of Controlling Person: Control by Ownership ☐Control by Other Means ☐Senior Management Official ☐

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:  
(Mandatory)Country of Birth:  
(Mandatory)Country of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification Number

## CONTROLLING PERSON 4

Type of Controlling Person: Control by Ownership ☐Control by Other Means ☐Senior Management Official ☐

Full Name

Registered Address

Postcode

Date of Birth

Town/City of Birth:  
(Mandatory)Country of Birth:  
(Mandatory)Country of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification NumberCountry of  
Tax ResidencyTax Identification  
NumberReason for no Tax  
Identification Number

Please attach additional sheets if necessary.

## SECTION F

## DECLARATION

1. I undertake to advise BCP promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide BCP with an updated declaration within 30 days of such a change in circumstances.

2. I am aware that in certain circumstances BCP will be obliged to share information about the account with Irish tax authorities, who may pass it on to other tax authorities

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

SIGNATURE

PRINT NAME

CAPACITY

DATE

## FOR OFFICE USE ONLY

Please supply account number(s) if this is a new self certificate for use against existing accounts.



**Please complete this form for each person who has a Beneficial Ownership in this entity. Additional forms are provided from page 14 onwards.**

*Central Register of Beneficial Ownership of Companies and Industrial and Provident Societies (RBO)*

**Data which should be held by companies in their own internal Beneficial Ownership Register. The following must be completed for each Beneficial Owner:**

1	Company / Entity Name:
2	Company / Entity Number:
3	Surname:
4	Forename(s):
5	Date of Birth:
6	Nationality:
7	Country of residence:
8	Nature of Interest/Control (e.g. shareholder):
9	Extent of Interest/Control (e.g. 30%):
10	Residential address:
11	Eircode (optional):
12	Date of entry as beneficial owner:
13	Date of cessation as beneficial owner:
<p><b>If, having exhausted all possible means, no natural persons are identified as beneficial owners, please enter the names and details of the natural person(s) who hold the position(s) of senior managing official(s) of the company. Companies shall keep records of the actions taken to identify their beneficial owners (see Article 3(6)(ii), 4AMLD, and Regulation (5) of S1 560/2016).</b></p>	



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## DATA PROTECTION

BCP Asset Management DAC complies with the requirements of the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018.

"Information" means any information given by you or on your behalf in connection with your Investment Application to us. Where you are not a natural person, Information also includes any information you provide to us in respect of your officers, directors or employees, in this regard the use of the term 'you' in this Data Protection refers to you or such individuals as appropriate. Information includes any further information which may be given at a later stage either in writing, by email at a meeting or over the telephone including that furnished in connection with any application for any product/service available through us.

The Information will be used by us for the purposes of processing your applications, managing and administering your relationship with us and any products/services for which you have completed an application. The information will also be used for the prevention of money laundering, financing of terrorism or fraud, and compliance with any legal and regulatory obligations which apply to us.

The Information may be disclosed to BCP Asset Management group, third parties including, but not limited to, the intermediary acting on your behalf, product producers/service providers to which you have submitted an application or to which such submission is being contemplated, the providers of services to us, the Administrator, distributors, the Trustee and/or their respective delegates and agents of any Fund you are invested in. We may also disclose your data for legitimate business interest & legal obligations, to auditors, the Central Bank of Ireland, the Irish Revenue Commissioners, other relevant regulators and tax authorities. For further information on Foreign Account Tax Compliance Act (FATCA) or Common Reporting Standard (CRS) please refer to Irish revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link: <http://www.oecd.org/tax/automatic-exchange/common-reportingstandard/> in the case of CRS only.

Please refer to the BCP Data Privacy Notice and Data Privacy Summary on our website [www.bcp.ie](http://www.bcp.ie) for how we obtain your information.

### Right of access, rectification or erasure

You have the right at any time to request a copy of any "personal data" (within the meaning of the General Data Protection Regulation 2018 and the Irish Data Protection Act 2018) that we hold in relation to you and have it corrected if it is inaccurate or out of date. To exercise your Right of Access or to update your details under your Right of Rectification or Erasure please email your request to the [Dataprotection@bcp.ie](mailto:Dataprotection@bcp.ie)

### Data Retention

Information submitted by you when making an enquiry may be retained by us for a period of up to 12 months from the date of the enquiry. Your information will be held for a period of at least 6 years after the ending of the client relationship.

### Data Security

BCP Asset Management DAC intent is to strictly protect the security of your personal information and carefully protect your data from loss, misuse, unauthorised access or disclosure, alteration or destruction. We have taken appropriate steps to safeguard and secure information by us.

### Call Recording

Calls from and to the office may be recorded for verification, fraud prevention, training and monitoring purposes.

