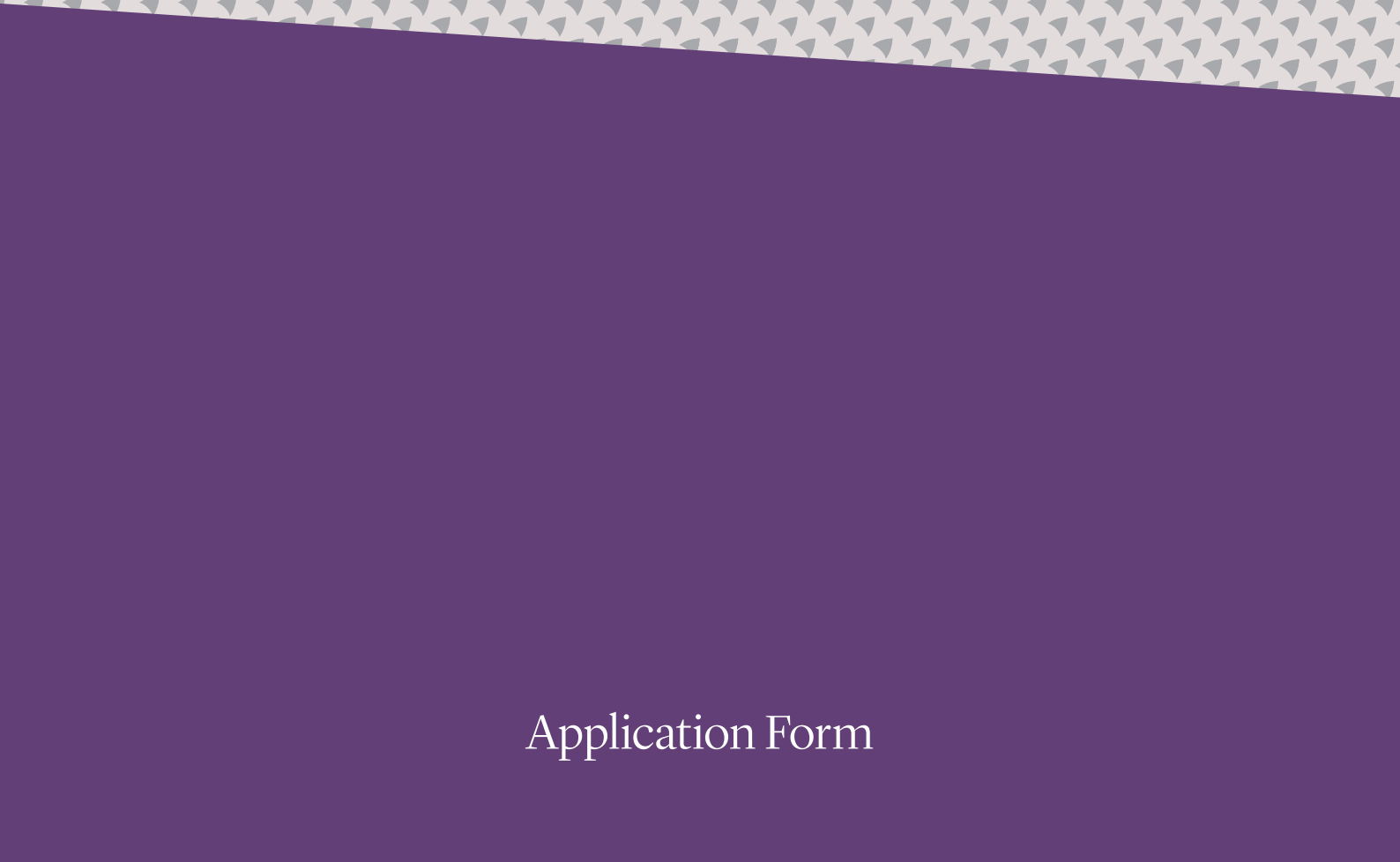


THE  
**APPLICATION  
FORM**



## A CONTACT DETAILS

### I/We hereby apply in the name/s of

(For Joint Investors, Applicant A should refer to the more experienced investor.)

<b>(A) NAME (MR/MS)</b>	[Redacted]		
<b>DATE OF BIRTH</b>	[Redacted]	Place of Birth (Town/City)	[Redacted]
<b>PPS NUMBER</b>	[Redacted]		
<b>OCCUPATION/ FORMER OCCUPATION</b>	[Redacted]		
<b>ADDRESS</b>	[Redacted]		
<b>TELEPHONE</b>	Day	[Redacted]	Mobile [Redacted]
<b>EMAIL</b>	[Redacted]		

#### If you are Employed or Retired please confirm:

Name of Employer or former Employer	[Redacted]
What is/was your role/occupation	[Redacted]
What is/was the nature of your Employers/ former Employers business	[Redacted]

#### If you are Self Employed please confirm:

Please provide a brief description of your business activities	[Redacted]
Please detail the country or countries where at least 20% of turnover originates	[Redacted]
Your website (if applicable)	[Redacted]

<b>(B) NAME (MR/MS)</b>	[Redacted]		
<b>DATE OF BIRTH</b>	[Redacted]	Place of Birth (Town/City)	[Redacted]
<b>PPS NUMBER</b>	[Redacted]		
<b>OCCUPATION/ FORMER OCCUPATION</b>	[Redacted]		
<b>ADDRESS</b>	[Redacted]		
<b>TELEPHONE</b>	Day	[Redacted]	Mobile [Redacted]
<b>EMAIL</b>	[Redacted]		

#### If you are Employed or Retired please confirm:

Name of Employer or former Employer	[Redacted]
What is/was your role/occupation	[Redacted]
What is/was the nature of your Employers/ former Employers business	[Redacted]

#### If you are Self Employed please confirm:

Please provide a brief description of your business activities	[Redacted]
Please detail the country or countries where at least 20% of turnover originates	[Redacted]
Your website (if applicable)	[Redacted]

**(C) CORPORATES, CHARITIES, PENSION SCHEMES**

**NAME OF APPLICANT**

**ADDRESS**

**TELEPHONE** Day  Mobile

**EMAIL**

**LEGAL ENTITY IDENTIFIER (LEI)**  *(Required for Note based products not deposits)*

**Please complete for Corporates and Charities:**

Please provide a brief description of your business activities

Please detail the country or countries where at least 20% of turnover originates

Your website (if applicable)

**COMMON REPORTING STANDARDS (CRS) & FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

**For Common Reporting Standard & FATCA purposes:** Are you a resident of any country or territory other than Ireland for tax purposes?

**APPLICANT A:** Yes  No  **APPLICANT B:** Yes  No

If **Yes**, please list below all countries/territories in which you are resident and provide the relevant Tax Identification Number(s) (TIN):

**APPLICANT A:** Country/Territory  Tax Identification Number

**APPLICANT B:** Country/Territory  Tax Identification Number

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

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA of a PEP? Is the applicant the beneficiary and controller of these investment funds? Yes  No

Do you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner hold a prominent position or enjoy a high public profile? Yes  No

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner involved in political lobbying? Yes  No

**If you have answered Yes to any question, please complete the PEP, RCA and Other Persons of Influence Supplementary Form. An explanation of these terms is provided in Supplementary Form (page 14-16).**

**B INVESTMENT CHOICE**

Please complete the section below by entering your investment amount for each product(s).  
The minimum investment amount for each product is €30,000 and investments must be in increments of €1,000.

Investment advice was provided by:

Intermediary BCP **PRODUCT****INVESTMENT AMOUNT**

	€
	€
	€
	€
	€
	€
<b>TOTAL</b>	€

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:
**B INVESTMENT CHOICE CONTINUED****BCP (€) Euro Electronic Funds Transfer (EFT) Details:****Bank Name:** AIB**Bank Address:** 100 Grafton St. Dublin 2**Account Number:** 03623-969**Account Name:** BCP Asset Management DAC Client Asset Account**Sort Code:** 93-12-33**BIC Code:** AIBKIE2D**IBAN No.:** IE23 AIBK 9312 3303 6239 69**CHEQUES SHOULD BE MADE PAYABLE TO BCP Asset Management DAC****C SOURCE OF WEALTH & FUNDS****SOURCE OF WEALTH**

Income from Employment

Sale of Asset

Gift/Inheritance

Bonus

Savings/Reinvestment

Retirement Lump Sum

**SOURCE OF FUNDS**

New investment from existing funds

Encashment of another product

Reinvestment from BCP product

Bonus

Other  
*(please provide details)*

**PAYMENT BY:**Personal Cheque Bank Draft Credit Union Draft EFT 

If payment by EFT or Bank Draft/Credit Union Draft, please complete below for originating bank account:

Bank/Building Society/  
Credit Union Name

Location of Bank Account

Account Name

IBAN

**D INVESTMENT EXPERIENCE**

The purpose of this section is to allow BCP to meet its regulatory obligations to ensure all investors in BCP products have an appropriate level of previous investment experience, knowledge and education, that would allow them to properly evaluate the features and the risks involved in the BCP product. Please note the completion of the table below is an important part of the application process so please complete all sections where relevant.

**(A) EXPERIENCE INVESTING IN SIMILAR PRODUCTS:**

Have you previously invested in hard capital protected structured products with 90% or 95% capital security?

Yes

No

If **Yes** please provide the no. of years' experience and no of investments made:

Have you previously invested in Kick-Out products?

Yes

No

If **Yes** please provide the no. of years' experience and no of investments made:

**(B) GENERAL INVESTMENT EXPERIENCE:**

Please complete for the most experienced person connected with the application and with as much information as possible.

Asset Class (Currently or Previously invested in via Pension or Investment Portfolio)	No Experience	Limited Experience	Good Experience	Number of Years' Experience	Number of investments/ trades placed	Investment Advice Used	No Investment Advice Used
	Please tick below where relevant			Please complete where relevant		Please tick below where relevant	
Multi-Asset Funds with minimum ESMA 4 risk rating							
Multi-Asset Funds with minimum ESMA 3 risk rating							
Equity Funds							
Listed Company Shares							
Capital Secure Deposit/ Tracker Bonds							
Capital Secure Note/ Certificate Bonds							
Property Funds							

Any other relevant information?

Do you have a professional qualification?

Yes

No

If **Yes** please describe:

**E DECLARATION**

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 Bond 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 confirm that I/we have received the Key Information Document (KID) for each investment.

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.

**F SIGNATURE(S)****Please tick and sign below as applicable:**

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

Tick box if applicable.

**SIGNED**

(All Bond holders must sign)

**SIGNATURE (A):**

**DATE:**

**SIGNATURE (B):**

**DATE:**

For and on Behalf of Applicant

Email address for vespro.bcp.ie registration to view your account online.

(Required)

Mobile number for vespro.bcp.ie for 2 factor authentication to view your account online.

(Required)

Email address for **additional user** for vespro.bcp.ie registrations to view your account online.

(Required)

Mobile number for **additional user** for vespro.bcp.ie for 2 factor authentication to view your account online.

(Required)

**WARNING: The value of your investment may go down as well as up. You may get back less than you invest.**

**G INTERMEDIARY DECLARATION**

**NAME OF INTERMEDIARY FIRM:**

**CLIENT MET FACE TO FACE?**

Yes

No

**DOES YOUR CLIENT MEET ALL OF THE TARGET MARKET CRITERIA OUTLINED IN THE BROCHURE FOR EACH INVESTMENT?**

Yes

No

(Please tick where applicable)

If you have answered 'No' please explain the reason(s):

**I hereby confirm that I have provided investment advice to my client with respect to this investment.**

**SIGNATURE**

**DATE**

**NAME**

**POSITION**

**For and on behalf of the Intermediary.**

**WARNING: The value of your investment may go down as well as up. You may get back less than you invest.**

# BCP ASSET MANAGEMENT DAC INVESTMENT SERVICES APPLICATION FORM

## SERVICE TO BE PROVIDED BY BCP

ADVISORY



This document is to confirm that BCP are providing 'Advisory' services to you as an investor. In the provision of investment advice, BCP Asset Management DAC is required to ask for information concerning your investment objectives, experience and knowledge, risk parameters and relevant facts about your financial position and capacity for loss. This will enable us to provide recommendations to you which are suitable to your needs and act in your best interests. In order for us to fully assess your financial needs and objectives and for us to determine the suitability of a product or service to meet these needs, it is important you provide all information we request from you and any other relevant information.

Where Non-Advisory services are provided to retail clients in relation to complex financial instruments, we are required to gather relevant information in relation to your investment experience and knowledge only.

APPLICANT

Email Address

APPLICANT

Email Address

## CONFIDENTIAL PRIVATE CLIENT INFORMATION

**WARNING: Not providing the information, or providing insufficient information, will not allow us to determine whether the service or product envisaged is appropriate for you. Should there be any material change in your circumstances please notify us. All information received is treated in confidence in accordance with the Data Protection Acts 1988 - 2018. "Information" means any information given by you or on your behalf in connection with this application or 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.**

## CLIENT CONFIRMATION

I/We hereby request BCP Asset Management DAC to provide Investment Services to me/us in accordance with its Terms of Business.

I/We understand and acknowledge that all transactions will be subject to the Terms of Business of BCP Asset Management DAC that are applicable at the time of each such transaction, and that the Terms of Business applicable at the date of this application may subsequently be varied.

I/We undertake to inform BCP Asset Management DAC in writing without delay if any information provided to the firm, including my/our address, residency, citizenship or tax status, changes.

I/We acknowledge that we have read, understand and accept BCP Asset Management DAC's Terms of Business.

I/We consent to the Information provided being used as described in the Data Protection section of the Terms of Business and I/we consent to the extent required to the processing of the Information relating to me/us, including the transfer of the Information outside the EEA, as outlined therein.

### CLIENT SIGNATURE

(or Authorised Signatory for and on behalf of client)

### POSITION (If Applicable)

(Director/Trustee/Other/Specify)

DATE

### CLIENT SIGNATURE

(or Authorised Signatory for and on behalf of client)

### POSITION (If Applicable)

(Director/Trustee/Other/Specify)

DATE

Pages 8-12 are only relevant for Corporate and Charity Investments

## MANDATE FOR CORPORATE, CHARITY INVESTMENTS

At a meeting of the Directors duly convened and held on the \_\_\_\_\_ day of \_\_\_\_\_ 2019 the following resolution was passed.

"Resolved that (insert applicant name): \_\_\_\_\_ should invest;

PRODUCT NAME	AMOUNT
<b>TOTAL</b>	

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

**Specimen signatures of those authorised to give instructions (Minimum 2 signatories are required)\*:**

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**

Director/Secretary\*  
\*Delete as appropriate

**DATE**



## 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****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)

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

The Entity will either be a Financial institution (FI) or a Non-Financial Foreign Entity (NFFE). If you are an FI please complete Section C1 below, or if you are an NFFE please complete Section C2 below to determine the status of the Entity.  
 The information provided in this section is for FATCA, please note your classification may differ from your CRS classification in section D.

**SECTION C1 THE ENTITY IS A FINANCIAL INSTITUTIONS**

**IF THE ENTITY IS A FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES BELOW AND PROVIDE THE ENTITY’S GIIN.**

- Irish Financial Institution or a Partner Jurisdiction Financial Institution
- Registered Deemed Compliant Foreign Financial Institute
- Participating Foreign Financial Institution

**a) Registered with IRS**

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.

Please confirm whether the GIIN is your own or your sponsors:      Own       Sponsor

Name of Sponsor (if applicable):

**b) If the Entity is unable to provide a GIIN please indicate the reason below**

- i) The Entity has applied, or is going to apply, for a GIIN (but has not yet received it)
- ii) The Entity is an ‘Exempt Beneficial Owner’
- iii) The Entity is a ‘Certified or Otherwise Deemed Compliant FI’ for FATCA purposes (e.g. Irish registered charity)
- iv) The Entity is a ‘Non-Participating FFI’
- v) Exempt FFI
- vi) Other reason (Please specify):

**SECTION C2 THE ENTITY IS NOT A FINANCIAL INSTITUTION**

**If the Entity is not an FI, it will be considered to be a ‘Non-Financial Foreign Entity (NFFE)’. It can be Active or Passive. Please confirm the status of the Entity according to Irish regulations:**

- i) Active NFFE
- ii) Passive NFFE (Please complete section E)

**SECTION D ENTITY CLASSIFICATION FOR THE PURPOSES OF CRS**

**Please note an Entity’s CRS classification may differ from its FATCA classification in Section C.**

**SECTION D1 FINANCIAL INSTITUTION UNDER CRS**

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

- i) Financial Institution under CRS (other than (ii) below)
- 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 Residency Tax Identification Number Reason for no Tax Identification Number Country of Tax Residency Tax Identification Number Reason for no Tax Identification Number Country of Tax Residency Tax Identification Number Reason 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 Residency Tax Identification Number Reason for no Tax Identification Number Country of Tax Residency Tax Identification Number Reason for no Tax Identification Number Country of Tax Residency Tax Identification Number Reason 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 Residency  Tax Identification Number  Reason for no Tax Identification Number   
Country of Tax Residency  Tax Identification Number  Reason for no Tax Identification Number   
Country of Tax Residency  Tax Identification Number  Reason 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 Residency  Tax Identification Number  Reason for no Tax Identification Number   
Country of Tax Residency  Tax Identification Number  Reason for no Tax Identification Number   
Country of Tax Residency  Tax Identification Number  Reason 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.

## DATA PROTECTION

BCP Asset Management DAC complies with the requirements of the General Data Protection Regulation 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.

### 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.

**BCP**

Invest with confidence



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

Supplementary Form

**A INVESTOR DETAILS**

We are obliged under AML legislation to identify PEPs, RCAs and other Persons of Influence.

APPLICANT A:

APPLICANT B:

**B PEP\RCA STATUS**

An explanation of PEP and RCA is detailed overleaf

Are you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been within the last 12 months), a PEP or Relative or Close Associate of a PEP?

Yes  No

I/We am/are a PEP:

Yes  No

If you have answered **Yes**, please provide the details of the prominent public function you perform:

I/We am/are a Relative or Close Associate of a PEP:

Yes  No

If you have answered **Yes**, please complete below:

Relationship to PEP:

Name of PEP:

Prominent public function performed by the PEP:

**C OTHER PERSONS OF INFLUENCE**

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

Yes  No

If you have answered **Yes** please confirm:

Name of the person who holds the prominent position

Please confirm the prominent position held:

A Senior local or regional public official with the ability to influence the awarding of public contracts

Yes  No

A decision making member of a high profile sporting body

Yes  No

An individual that is known to influence the government and other senior decision makers

Yes  No

Another prominent position *(please specify)*

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

Yes  No

If you have answered **Yes** please confirm

Name of the person involved in political lobbying

Name of the relevant political lobbying entity

**D** **ROLE DETAILS****Role Options : Beneficiary, Trustee, Settlor, Appointer, Company Owner, Director, Beneficial Owner**

For each person for whom you have answered yes to the above question, please complete the following:

<b>ROLE</b>	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>ADDRESS</b>

**Please sign and date.**

**SIGNATURE A:**

**DATE:**

**SIGNATURE B:**

**DATE:**

**For and on behalf of applicant**

**INFORMATION NOTE****Who is a Politically Exposed Person (PEP)?**

A "politically exposed person" means any individual, who currently is, or has at any time in the past 12 months, been entrusted with a prominent public function and performs one of the following roles:

- (A) A member of a parliament/member of a legislature or equivalent
- (B) A member of a Supreme Court, Constitutional Court or any other high level judicial body which passes non-appealable verdicts (except in exceptional circumstances)
- (C) A member of a court of auditors or the board of a central bank
- (D) An ambassador, charge d'affairs or high ranking officer in the armed forces
- (E) A member of the administrative, management or supervisory body of a state owned enterprise

**Who is a Relative?**

- (A) Any spouse of the Politically Exposed Person
- (B) Any person who is considered to be a common law spouse of the politically exposed person under law
- (C) A child of the politically exposed person
- (D) Any spouse of the child of a politically exposed person
- (E) Any parent of the politically exposed person
- (F) Any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance

**Who is a Close Associate?**

- (A) Any individual who has a joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations with the politically exposed person
- (B) Any individual who has a sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person



