

THE  
**PROPERTY VALUE  
ADD FUND**  
FOR ADDITIONAL SUBSCRIPTIONS

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## INVESTOR DETAILS

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

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

**(A) NAME (MR/MS)****DATE OF BIRTH**Place of Birth  
(Town/City)**PPS NUMBER****OCCUPATION/  
FORMER OCCUPATION****ADDRESS****TELEPHONE**

Day

Mobile

**EMAIL****EMPLOYMENT STATUS:***(please tick one)*Employed Self Employed Not Employed Retired **If you are Employed or Retired please confirm:**Name of Employer or  
former EmployerWhat is/was your role/  
occupationWhat is/was the nature of your Employers/  
former Employers business**If you are Self Employed please confirm:**Please provide a brief description of your  
business activitiesPlease detail the country or countries where  
at least 20% of turnover originatesYour website *(if applicable)***(B) NAME (MR/MS)****DATE OF BIRTH**Place of Birth  
(Town/City)**PPS NUMBER****OCCUPATION/  
FORMER OCCUPATION****ADDRESS****TELEPHONE**

Day

Mobile

**EMAIL****EMPLOYMENT STATUS:***(please tick one)*Employed Self Employed Not Employed Retired **If you are Employed or Retired please confirm:**Name of Employer or  
former EmployerWhat is/was your role/  
occupationWhat is/was the nature of your Employers/  
former Employers business**If you are Self Employed please confirm:**Please provide a brief description of your  
business activitiesPlease detail the country or countries where  
at least 20% of turnover originatesYour website *(if applicable)*

**(C) CORPORATES, CHARITIES, PENSION SCHEMES****NAME OF APPLICANT****ADDRESS****TELEPHONE**

Day

Mobile

**EMAIL****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)

**2****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), a PEP or RCA of a PEP?

Yes

No

Do you or 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 you or any of the Beneficiaries, Trustees, Settlers, Appointers or in the case of a Company Owner, Director, Beneficial Owner involved (or have been) 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 available on BCP website or contact BCP and we will provide you with a copy.****3****INVESTMENT DETAILS****INVESTMENT TYPE**

Investment

Pension/Tax Exempt

**AMOUNT**

€

**BCP PROPERTY VALUE ADD FUND****METHOD OF PAYMENT**

1. Bank Transfer

*(Please refer to Bank details below)*

2. Cheque/Bank Draft

*(Please note that any cheque or Bank draft is to be payable to BCP Asset Management)***INVESTMENT ADVICE PROVIDED BY**

Intermediary

BCP

Investment 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:



# ADDITIONAL SUBSCRIPTION FORM

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TO BE COMPLETED BY THE INTERMEDIARY

INTERMEDIARY NAME

EMAIL

Client met face to face?

Yes

No

Does your client meet all of the Target Market criteria outlined on page 21 of the Brochure?

Yes

No

(please tick as applicable)

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

**A CLASS UNITS**

0.5% RENEWAL COMMISSION

**B CLASS UNITS**

NO RENEWAL COMMISSION

**INITIAL COMMISSION**

(Deducted from investment amount)

3%

OR

%

(Please specify percentage)

**P CLASS UNITS (for PRSA Investors only)**

0.5% RENEWAL COMMISSION

**INITIAL COMMISSION**

(Deducted from investment amount)

2%

OR

%

(Please specify percentage)

SIGNATURE:

NAME:

DATE:

POSITION:

For and on behalf of the Intermediary.

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CLASSES OF UNITS

- Where your financial advisor has chosen not to take 0.5% renewal commission you will purchase B Class Units.
- P Class Units are for PRSA Investors only. Your financial advisor will receive 0.5% renewal commission.

Please note full details in relation to all Class Units are contained within the Prospectus.

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DEFINITIONS

**The Manager:** The Manager is Crossroads Capital Management Ltd.

**The Investment Manager:** The Investment Manager is BCP Asset Management DAC.

**The Trustee:** The Trustee is Societe Generale Securities Services, acting through its Dublin branch.

**The Administrator:** The Administrator is Apex Fund Services (Ireland) Limited.

**The Fund:** The BCP Property Value Add Fund.

**The Trust:** Means the Unit Trust to be called by the name BCP Investment Fund.

OFFICE USE

Date received in BCP

Date sent to APEX

**WARNING: Past performance is not a reliable guide to future performance.**

**WARNING: If you invest in this Fund you will not have any access to your money for at least 2 years.**

**WARNING: Where redemption requests exceed the cash in the Fund, or 10% of the NAV of the fund, the Fund retains the right to freeze redemptions to avoid circumstances such as a force sale of assets.**

**WARNING: The value of the property assets may fall as well as rise and it is possible that you may lose the total amount invested. The risks involved in geared property are greater than property without gearing.**

**WARNING: Your investment in this Fund may be affected by changes in currency exchange rates.**

**WARNING: Deductions for charges and expenses are not made uniformly throughout the life of the product but are loaded onto the early period.**

# MANDATE FOR CORPORATE INVESTMENTS

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

“Resolved that (insert applicant name): \_\_\_\_\_ should invest € \_\_\_\_\_ in the BCP Property Value Add Fund 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

**DATE**

