Cantor Fitzgerald Ireland Ltd



Advisory Service

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form

NEW CLIENT: Please complete ALL sections.

EXISTING CLIENT: Please include your account reference. If any details have changed since you last completed this form including contact details, please complete the form in full.

In order to establish and operate your account with us, we would ask you to please:

- 1. Complete the enclosed Application Form and provide the requested additional documents. For your convenience, we have attached a checklist below. Please contact your Cantor Relationship Manager for clarification or assistance if you are unsure. You may also wish to obtain independent advice prior to completing the form.
- 2. Consider your answers carefully. In providing a advisory service, we naturally rely on the information you provide us.
- 3. Undertake a short questionnaire via email (or via a telephone call with our Client Services team) when you complete this form.
- 4. Once you receive your client account number, please transfer funds electronically in advance of any purchase to our custodian Pershing Securities International Limited, quoting your Cantor client account number.

Euro Bank Details

Bank Name: Barclays Bank Ireland

Account Name: Pershing Securities International Limited Client Asset Account – Hub Account

 Sort Code:
 990212

 Account No:
 45525315

 BIC:
 BARCIE2D

IBAN: IE10BARC99021245525315

Reference: Client Name and Cantor Client Account Number (starting with DS)

Please note that unfortunately any monies sent without your Cantor client account number will have to be returned to you.

Queries/Advice Call your Financial Advisor or your Cantor Fitzgerald Relationship Manager:

DUBLIN: +353 1 633 3800. CORK: +353 21 422 2122. LIMERICK: +353 61 436 500

Email gueries to Client Services at ireland@cantor.com

Post/Delivery Return the completed application and required documentation to:

Cantor Fitzgerald Ireland Ltd, Cantor Fitzgerald House, 23 St Stephen's Green, Dublin 2, D02 AR55

www.cantorfitzgerald.ie

Cantor Fitzgerald Ireland Ltd



PLEASE COMPLETE INCORPORATED CHARITY ACCOUNT SET UP CHECKLIST:
To Be Completed By The Client
Please enclose the following (Documents must be certified if the entity is NON Irish):
A. Copy of the latest Audited Accounts
B. Copy of Constitutional Documents
C. Copy of Certificate of Incorporation
D. Copy of the Company's register of shareholders/members**
**If any of the shareholders/members with 25% or more holding is a corporate entity, please provide the certificate of incorporation, constitutional documents for this entity including a company structure chart showing the ultimate beneficial owners.
E. Certified copy* of registered office address – MUST be a bank statement that matches the IBAN provided on the application form
F. (i) Certified copy* ID (Passport/Drivers Licence) - please ensure it is in date.
(ii) Two certified copies* or two originals of the bills listed below issued in the last 6 months and with the same address as noted on the application. (Only one proof of address is required if you have met with your consultant).
Gas, electricity, phone or motor insurance certificate/home insurance certificate/tax certificate
Bank statement from any Irish Bank
Social insurance document or Revenue Commissioners document
*Must be stamped and certified to be a true copy of the original by Garda, Solicitor or Cantor member of staff
For Two Directors
For All Authorised Persons
For Each of ultimate beneficial owner(s) who have 25% or more shares or voting rights of the company (Anyone noted on the Register of Beneficial Ownership)
2. Client Taxation Document

Cantor Fitzgerald Ireland Ltd



PLEASE COMPLETE TRUST/UNINCORPORATED ASSOCIATION CHARITY ACCOUNT SET UP CHECKLIST:						
To Be Completed By The Client						
1. If a Trust please enclose the following:						
A. Certified copy of Trust Deed						
B. Certified copy of Trustee Beneficial Ownership Register which includes details of Settlor, Protector, Trustee and Beneficial Owners						
C. (i) Certified copy* ID (Passport/Drivers Licence) - please ensure it is in date.						
(ii) Two certified copies* or two originals of the bills listed below issued in the last 6 months and with the same address as noted on the application. (Only one proof of address is required if you have met with your consultant).						
• Gas, electricity, phone or motor insurance certificate/home insurance certificate/tax certificate						
Bank statement from any Irish Bank						
Social insurance document or Revenue Commissioners document						
For All Trustees						
For All Settlors						
For All Protectors						
For All Authorised Persons						
For all Beneficial Owners						
D. Certified copy* of bank statement that matches the IBAN and entity name provided on the application form. 2. If an Unincorporated Association please enclose the following:						
A. Certified copy of Constitutional Document						
B. (i) Certified copy* ID (Passport/Drivers Licence) - please ensure it is in date.						
 (ii) Two certified copies* or two originals of the bills listed below issued in the last 6 months and with the same address as noted on the application. (Only one proof of address is required if you have met with your consultant). Gas, electricity, phone or motor insurance certificate/home insurance certificate/tax certificate Bank statement from any Irish Bank 						
Social insurance document or Revenue Commissioners document						
*Must be stamped and certified to be a true copy of the original by Garda, Solicitor or Cantor member of staff						
For All Trustees						
For All Authorised Persons						
For All Beneficial Owners (Anyone noted on the Register of Beneficial Ownership)						
C. Certified copy* of bank statement that matches the IBAN and entity name provided on the application form.						
3. Client Taxation Document						
*Must be stamped and certified to be a true copy of the original by Garda, Solicitor or Cantor member of staff						





Please indicate below:

1. Retail
Professional
Incorporated Charity
Unincorporated Association Charity

Professional	Incorporated CharityUnincorporated Association Charity				
Section 1: Account Details					
Entity Details (PI	EASE USE BLOCK CAPITALS)				
Legal Entity Name					
Registered Address					
	Country:				
Principal Address					
	Country:				
Tel:	Charity No.				
Country of Incorporation/Establis	hment Charities Regulatory Authority No.				
LEI Code (Legal Entity Identifie	Company No. (if applicable)				

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Section 2: Financial Information and Financial Objectives

			er last approved finan			and pr		based on below
1. Cha	aritable Donations	€		2. Property €				
3. Inve	nvestments Other			(If other, please specify)				
ii) Please	e provide detail o	f the m	ost recent or indicat	tive Net Asset Value	of the en	tity €		
	te that this detail is led for these purpo	•	d for consideration of	the provision of advi	ce and the s	uitability of i	nvestments,	so a value must
(iii) Please provide details of the following: Any incomplete will be assumed as €0.							-	
_						l- D!4-		
Any answ	wers not completed					ash Deposits		
Any ansv Source c (i) Please accum	of Wealth/Funds e indicate how the	e Client		as (ii) Please	indicate the		your <u>initial</u>	transfer to otion.
Source of accumplease Tick	of Wealth/Funds e indicate how the	e Client	assumed as 0 's <u>overall wealth</u> wa	as (ii) Please . Cantor. Please Tick	indicate the	e source of g	your <u>initial</u>	
Source concerning accumple as a Charical Charica	of Wealth/Funds e indicate how the	e Client	assumed as 0 's <u>overall wealth</u> wa	as (ii) Please Cantor. Please Tick Bank D	indicate th o You can in	e source of dicate more	your <u>initial</u>	
Source of Charles Prope	of Wealth/Funds e indicate how the nulated. You can i	e Client	assumed as 0 's <u>overall wealth</u> wa	as (ii) Please Cantor. Please Tick Bank D	indicate the You can in eposit Accords	e source of dicate more	your <u>initial</u> than one op	
Source of (i) Please accum Please Tid Chari	of Wealth/Funds e indicate how the nulated. You can included the control of the c	e Client ndicate r	assumed as 0 's <u>overall wealth</u> wa	as (ii) Please Cantor. Please Tick Bank D Proceed Transfe	indicate the You can in eposit Accor ds of Asset S r from anoth	e source of dicate more unt	your <u>initial</u> than one op nt Provider	
Source of (i) Please Tic Chari Prope Renta	of Wealth/Funds e indicate how the nulated. You can it ck itable Donations erty Sales al Income	e Client ndicate r	assumed as 0 's <u>overall wealth</u> wa	as (ii) Please Cantor. Please Tick Bank D Proceed Transfe	indicate the You can in eposit Accor ds of Asset S r from anoth	e source of dicate more unt ale(s) her Investment aler Cantor ac	your <u>initial</u> than one op nt Provider	

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Investment Objectives and Risk					
Portfolio Individual Transaction Size					
(i) What is your anticipated total portfolio size	(ii) What is your average anticipated transaction size	(iii) If you have a specific investment time horizon for your account			
Less than €1,000,000	Less than €500,000	please indicate below			
Between €1,000,000 and €5,000,000	Between €500,000 and €1,000,000	Less than 1 year			
Between €5,000,000 and €10,000,000	Between €1,000,000 and €3,000,000	Between 1 and 5 years			
Between €10,000,000 and €20,000,000	Over €3,000,000	Over 5 years			
Over €20,000,000					
Income Requirement					
Any incomplete will be assumed as €0.					
Please state the approximate income requirem	ent, if any, from your investment with Canton	. €			
Which of the following best describes you	ur investment objective				
Capital Growth only	Mix of Income with Capital Growth	Income only			
Capital Preservation					
Permitted Investment Instruments					
Please tick which instruments you would cons		one option.			
If you do not select any we will assume all are					
Equities	Structured Products	Investment Funds (May include Derivatives)			
Government Bonds	Corporate Bonds	Corporate Finance Product			
Illiquid Investment Fund	Social Impact Investment				
Other (please specify)					

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Section 3: Experience

(You can select more than one option if applicable)

Knowledge & Experience Relevant to the Decision Maker* (PLEASE USE BLOCK CAPITALS).

Warning: The following information requested in this form will be used by Cantor to carry out a suitability assessment for you. This is to enable us to act in your best interest. Please provide additional information where you feel it may be relevant.

*Decision Maker is a person authorised on the account and appointed to make decisions on behalf of the account i.e. the account holder, beneficial owner or authorised signatory. A group of two or more natural persons are required to designate one person's Knowledge & Experience for the purposes of conducting the suitability assessment.

Please indicate in what capacity or service level you gained any knowledge and experience in financial markets:

Execution Only: You made all the decisions without professional advice; only market information and updates

INANCIAL INSTRUMENTS		KN	OWLEDGE			PERIENCE
	NONE	LIMITED	GOOD	EXTENSIVE	EXPERIENCE (No of Years)	TYPICAL NUMBER OF TRADES PER ANNUM
quities						
Corporate Bonds						
Government Bonds						
nvestment Funds						
tructured Products						
Corporate Finance/ Inquoted Investments						
Perivatives CFD's, Options, Futures)						
liquid Investments Cannot be easily accessed and/or ot traded on an exchange)						
not traded on an exchange) f you have indicated Limited/Good/Extensive Knowledge and Experience but have no history of transacting, please indicate						

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Kr	nowledge & Experience Relevant to the Decision Maker* continued		
	Do you have a relevant professional qualification? es, please list qualification(s)	Yes	No 🗌
		, D	
	Do you work as an investment manager/advisor?	Yes	No
4.	Are you a member of a professional body? e.g. ACOI, LIA, IIB, Chartered Accountants Ireland etc.	Yes	No L
Se	ection 4: Investment Objectives		
E.	orther Objectives & Restrictions (PLEASE USE BLOCK CAPITALS)		
ΓU	it the Objectives & Restrictions (PLEASE USE BLOCK CAPITALS)		
	ase consider your answers carefully as this will allow us to tailor your portfolio to your specific Sustainability ailable. Please note that if you do not have any sustainability preferences, you do not need to answer the re		
1.	Do you have sustainability preferences for your investments?		
	No, I am only interested in the financial aspects of the investment. (No further answers are required)		
	I don't know. I would need to give sustainability preferences more consideration. (Please consult with Relationship Manager or Financial Advisor)	your Canto	r
	Yes, I am interested in the sustainability attributes as well as the financial aspects of investments (Plea Questions $2-4$)	ase proceed	to
2.	To what minimum extent do you want Environmentally Sustainable investments (i.e. make a sub towards an environmental objective) to form part of our recommendations to you and therefore Generally speaking, for a business or business activity or product to be considered environmentally sustain • Contribute substantially to one or more of certain specified environmental objectives; • Not significantly harm any of those environmental objectives • Be carried out in compliance with certain minimum social safeguards; and • Comply with technical screening criteria established by the EU Commission (the 'EU Taxonomy')	your portfo	olio?
	Please choose a percentage band: 0 - 25% Minimum 26% Minimum 51% Minimum 51%	um 76%	
3.	To what minimum extent do you want Sustainable Investments to form part of our recommend therefore your portfolio? By Sustainable Investments we mean an investment in business that contributes to an environmental and/objective should be measurable, for example, a key resource efficiency indicator on the use of energy, ren materials, water and land, on the production of waste, and greenhouse gas emissions. It could measure the biodiversity and the circular economy. It could be an investment in a business that contributes to a social chackling inequality or that fosters social cohesion, social integration and labour relations, or an investment economically or socially disadvantaged communities. This is provided that such investments do not significe those objectives and that the investee companies follow good governance practices, in particular with resonance management structures, employee relations, remuneration of staff and tax compliance. Please choose a percentage band: 0 - 25% Minimum 26% Minimum 51% Minimum 51%	or social objuewable ener he impact or objective, for in human cantly harm a	ective. This gy, raw n r example apital or any of
	Plo	ease continue t	to next page

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Further Objectives & Restrictions continued

4. To what extent are the below grouped Principal Adverse Impact important to you?

A Principal Adverse Impact (PAI) is the impact of your investment decision; by reference to the business activity of or the actual entity which issues the security which you purchase. A PAI refers to the negative effect on sustainability factors, such as environmental, social and employee concerns, respect for human rights, anti-corruption, and anti-bribery matters by an entity in which you invest, by virtue of its direct actions and such effect therefore in part facilitated by your investment.

A. Climate Change	B. Environmental	C. Social And Employee Matters	D. Governance
Greenhouse Gas Emissions	Activities that negatively affect bio-diversity-sensitive areas	Adherence to the UN Global Compact	Respect for Human Rights
Carbon Footprint	Emissions to Water	Unadjusted Gender Pay Gap	Anti-Corruption Matters
Greenhouse Gas Intensity	Hazardous Waste and radioactive waste ratio	Board Gender Diversity	Anti-Bribery Matters
Exposure to Companies active in the fossil fuel sector		Exposure to Controversial Weapons	

A.	To what extent are Climate Change Principal Adverse Impacts Important to You? Not Important Important
B.	To what extent are Environmental Principal Adverse Impacts Important to You?
	Not Important Important
C.	To What Extent are Social and Employee Principal Adverse Impacts Important To You?
	Not Important Important
D.	To What Extent are Governance Principal Adverse Impacts Important To You?
	Not Important Important

Note: Please notify us as soon as possible of any material change in any information given above.

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Section 5: Client Details

Introduction

- 1. If there are more than 10 parties please provide details as per below. Please note changes to client details must be provided in writing and Cantor in the interests of protecting the Client retains the right to reject such changes until Cantor is satisfied that correct and valid instructions have been received.
- 2. A beneficial owner is defined as a person/entity who have 25% or more share holding OR voting rights in the entity.
- 3. An Authorised Person is an individual authorised to make representation or provide instruction to Cantor written or oral. Cantor will operate on the instruction of two Authorised Persons.
- 4. A Correspondent Recipient is assumed to be approved by the entity to receive account correspondence only. Account correspondence is defined as information such as: important account updates, quarterly valuations, etc.
- 5. Anti-Money Laundering documentation must be provided for Two Directors, all Authorised Persons and all Beneficial Owners.
- 6. Cantor is committed to protecting your information. Our Privacy Notice which can be accessed at <u>cantorfitzgerald.ie/privacy</u> provides you with detailed information in relation to how the personal data we collect from you, or you provide to us, will be used and how it may be shared.

A: Corporate Structure To Be Completed By The Client							
Is one or more Beneficial Owners of the client itself a corporate structure? Yes No							
If "Yes" please provide a copy of the Corporate ownership structure up to and including the ultimate beneficial owner(s)							
B: Client Details To Be Completed By The Client (PLEASE USE BLOCK CAPITALS)							
Individual 1	Individual 2						
Title Mr Mrs Ms Miss Other	Title Mr Mrs Ms Miss Other						
Title IVII IVIIS IVIIS Ottlei	Title IVII IVIIS IVIIS OTHER						
Surname	Surname						
Forename(s)	Forename(s)						
Residential	Residential						
Address	Address						
Nationality	Nationality						
Email	Email						
Tel	Tel						
Role Director Beneficial Owner	Role Director Beneficial Owner						
Authorised Person	Authorised Person						
Correspondence Recipient	Correspondence Recipient						
If Authorised Person	If Authorised Person						
in Additionated Ferson	in Additionised Tensori						
SIGNATURE	SIGNATURE						
Position/Title	Position/Title						
rosition/Title	Position/Title						
If Beneficial Owner/Guarantor:	If Beneficial Owner/Guarantor:						
% Shareholding/Guarantee	% Shareholding/Guarantee						
AML Provided Yes No	AML Provided Yes No						

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B: Client Details continued (PLEASE USE BLOCK CAPITALS)						
Individual 3	Individual 4					
Title Mr Mrs Ms Miss Other	Title Mr Mrs Ms Miss Other					
Surname	Surname					
Forename(s)	Forename(s)					
Residential Address	Residential Address					
Nationality	Nationality					
Email	Email					
Tel	Tel					
Role Director Beneficial Owner	Role Director Beneficial Owner					
Authorised Person	Authorised Person					
Correspondence Recipient	Correspondence Recipient					
If Authorised Person	If Authorised Person					
SIGNATURE	SIGNATURE					
Position/Title	Position/Title					
If Beneficial Owner/Guarantor:	If Beneficial Owner/Guarantor:					
% Shareholding/Guarantee	% Shareholding/Guarantee					
AML Provided Yes No	AML Provided Yes No					





B: Client Details continued (PLEASE USE BLOCK CAPITALS)						
Individual 5	Individual 6					
Title Mr Mrs Ms Miss Other	Title Mr Mrs Ms Miss Other					
Surname	Surname					
Forename(s)	Forename(s)					
Residential Address	Residential Address					
Nationality	Nationality					
Email	Email					
Tel	Tel					
Role Director Beneficial Owner	Role Director Beneficial Owner					
Authorised Person	Authorised Person					
Correspondence Recipient	Correspondence Recipient					
If Authorised Person	If Authorised Person					
SIGNATURE	SIGNATURE					
Position/Title	Position/Title					
If Beneficial Owner/Guarantor:	If Beneficial Owner/Guarantor:					
% Shareholding/Guarantee	% Shareholding/Guarantee					
AML Provided Yes No	AML Provided Yes No					





B: Client Details continued (PLEASE USE BLOCK CAPITALS)	
Individual 7	Individual 8
Title Mr Mrs Ms Miss Other	Title Mr Mrs Ms Miss Other
Surname	Surname
Forename(s)	Forename(s)
Residential	Residential
Address	Address
Mada a Pt.	Ni-elian - Per
Nationality	Nationality
Email	Email
Tel	Tel
Role Director Beneficial Owner	Role Director Beneficial Owner
Authorised Person	Authorised Person
Correspondence Recipient	Correspondence Recipient
If Authorised Person	If Authorised Person
SIGNATURE	SIGNATURE
Position/Title	Position/Title
If Beneficial Owner/Guarantor:	If Beneficial Owner/Guarantor:
% Shareholding/Guarantee	% Shareholding/Guarantee
AML Provided Yes No	AML Provided Yes No





B: Client Details continued (PLEASE USE BLOCK CAPITALS)			
Individual 9	Individual 10		
Title Mr Mrs Ms Miss Other	Title Mr Mrs Ms Miss Other		
Surname	Surname		
Forename(s)	Forename(s)		
Residential Address	Residential Address		
Address	Address		
Nationality	Nationality		
Email	Email		
Tel	Tel		
Role Director Beneficial Owner	Role Director Beneficial Owner		
Authorised Person	Authorised Person		
Correspondence Recipient	Correspondence Recipient		
If Authorised Person	If Authorised Person		
SIGNATURE	SIGNATURE		
Position/Title	Position/Title		
If Beneficial Owner/Guarantor:	If Beneficial Owner/Guarantor:		
% Shareholding/Guarantee	% Shareholding/Guarantee		
AML Provided Yes No	AML Provided Yes No		
C: Bank Details (PLEASE USE BLOCK CAPITALS)			
Bank Name			
Bank Address			
Account Name			
IBAN*	BIC XXX		
*IBAN includes account number and sort code and is an international standard for ident			

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



Section 6: Acceptance and Board/Trustee Resolution

A: Resolutions of board of directors Only complete for INCORPORATED CHARITY (PLEASE USE BLOCK CAPITALS)

We certify that at a meeting of the directors of ______ ("Client"), duly convened and held on the _____ day of _____ , 20____ , the following resolutions were duly passed and authority and acknowledgements noted

1. Authority to open a Securities dealing account

That an account or accounts be opened with Cantor Fitzgerald Ireland Ltd (Cantor) at 75 Stephen's Green, Dublin 2 based on the Investment Mandate comprising this Account Opening Document, the Terms and Conditions booklet, the Investment Portfolio and Strategy provided by Cantor, the Tax Documentation, the Conflicts of Interest Policy, the Order Execution Policy, Client Asset Key Information Document and the conditions below.

Any two Authorised Persons are approved to execute the Account Opening Document on the client's behalf and the Client has addressed any queries about any aspect of the Investment Mandate to Cantor for clarification and have sought independent advice if they feel appropriate to do so.

The Client confirms the information provided by the nominated decision maker in Section 3 Part A is correct and understands that this is the information that will be used to determine the knowledge and experience of the client.

2. Authority to Cantor

That Cantor be authorised and instructed to undertake the following:

- a. To act in accordance with the agreed Investment Mandate and to act on any instructions from the Authorised Persons as outlined in the Account Opening Document (or as varied from time to time in writing) with regard to the operation of the account in line with the investment mandate.
- b. To honour the following written instructions from Authorised Persons
 - i. Instructions to withdraw any or all money on any account or accounts of the Client with Cantor, subject to sufficient liquidity being available in the underlying investments.
 - ii. Instructions to amend the Investment Mandate.

3. Not to restrict Cantor's right to lien, etc.

The Client agrees that nothing in the arrangements between Cantor and the Client shall be treated as constituting an implied agreement restricting or negating any lien, charge, pledge or right of set-off.

4. To furnish Cantor with Client Constitution

That Cantor be furnished with an up-to-date copy of the Client Constitution and the Certificate of Incorporation.

5. To provide Client Details, etc.

That the Client Details provided are correct and valid and that Cantor will be notified immediately in writing, signed by an Authorised Person of any changes which may from time to time take place in these details and be entitled to act on any such notice and that until receipt of such notice Cantor may continue to treat the last list received as correct.

6. Change in Decision Maker

The Client undertakes to inform CFIL if the nominated decision maker is no longer valid (ie. is no longer a beneficial owner/authorised signatory of the client). On such an event, the client acknowledges that it is its responsibility to nominate a new decision maker for the purposes of providing the information in Section 3 Part A for the assessment required.

7. To communicate resolutions to Cantor

That these resolutions shall constitute the Investment Mandate and shall remain in force until an amending instruction as accepted by Cantor or amending resolution as required by Cantor shall be passed by the Client board of Directors and a copy of such resolutions certified by any Director or the Secretary of the Client shall be communicated to Cantor. Cantor shall be entitled to accept a change in the Investment Mandate as notified in writing by two authorised persons.

8. Interpretation

That in this resolution the expressions Director(s) and Secretary shall be construed as Director(s) and Secretary of the Client and shall, in the case of Director(s) include Alternate Director(s) and in the case of Secretary, shall include any Joint Secretary, Assistant Secretary or Temporary Secretary.

9. Statements of Account

The Client agrees that it will examine all statements supplied by Cantor setting out transactions on any of its accounts within 30 days of dispatch by Cantor.

10. Entry of resolutions in minute book

We certify that the above resolutions have been duly entered in the minute book and signed by the Chairman and are in accordance with the Client Constitution and are, at this date, in full force and effect.

Please continue to next page

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A	: Resolutions of board of directors Continued	
	DIRECTOR'S SIGNATURE	DIRECTOR'S SIGNATURE
	Print Name	Print Name
	DD MM VV	
	Date Signed DD WWW YY	Date Signed DD WWW YY

B: Resolutions of the Trustees Only complete for TRUST (PLEASE USE BLOCK CAPITALS)

We certify that at a meeting of the Trustees of ______ ("Client"), duly convened and held on the _____ day of _____ , 20_____ , the following resolutions were duly passed and authority and acknowledgements noted

1. Authority to open a Securities dealing account

That an account or accounts be opened with Cantor Fitzgerald Ireland Ltd (Cantor) at 75 Stephen's Green, Dublin 2 based on the Investment Mandate comprising this Account Opening Document, the Terms and Conditions booklet, the Investment Portfolio and Strategy provided by Cantor, the Tax Documentation, the Conflicts of Interest Policy, the Order Execution Policy, Client Asset Key Information Document and the conditions below.

Any two Authorised Persons are approved to execute the Account Opening Document on the client's behalf and the Client has addressed any queries about any aspect of the Investment Mandate to Cantor for clarification and have sought independent advice if they feel appropriate to do so.

The Client confirms the information provided by the nominated decision maker in Section 3 Part A is correct and understands that this is the information that will be used to determine the knowledge and experience of the client.

2. Authority to Cantor

That Cantor be authorised and instructed to undertake the following:

- a. To act in accordance with the agreed Investment Mandate and to act on any instructions from the Authorised Persons as outlined in the Account Opening Document (or as varied from time to time in writing) with regard to the operation of the account in line with the investment mandate.
- b. To honour the following written instructions from Authorised Persons
 - i. Instructions to withdraw any or all money on any account or accounts of the Client with Cantor, subject to sufficient liquidity being available in the underlying investments.
 - ii. Instructions to amend the Investment Mandate.

3. Not to restrict Cantor's right to lien, etc.

The Client agrees that nothing in the arrangements between Cantor and the Client shall be treated as constituting an implied agreement restricting or negating any lien, charge, pledge or right of set-off.

4. To furnish Cantor with Constitution/Trust Deed

That Cantor be furnished with an up-to-date copy of the Constitution or Trust Deed and any other governing documents.

5. To provide Client Details, etc.

That the Client Details provided are correct and valid and that Cantor will be notified immediately in writing signed by an Authorised Person of any changes which may from time to time take place in these details and be entitled to act on any such notice and that until receipt of such notice Cantor may continue to treat the last list received as correct.

6. Change in Decision Maker

The Client undertakes to inform CFIL if the nominated decision maker is no longer valid (ie. is no longer a beneficial owner/authorised signatory of the client). On such an event, the client acknowledges that it is its responsibility to nominate a new decision maker for the purposes of providing the information in Section 3 Part A for the assessment required.

7. To communicate resolutions to Cantor

That these resolutions shall constitute the Investment Mandate and shall remain in force until an amending instruction as accepted by Cantor or amending resolution as required by Cantor shall be passed by the Client Trustees and a copy of such resolutions certified by any Trustee or the Secretary of the Client shall be communicated to Cantor. Cantor shall be entitled to accept a change in the investment mandate as notified in writing by two authorised persons.

Please continue to next page

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



B: Resolutions of the Trustees Continued

8. Interpretation

That in this resolution the expressions Trustee(s) and Secretary shall be construed as Trustees(s) and Secretary of the Client and shall, in the case of Secretary, shall include any Joint Secretary, Assistant Secretary or Temporary Secretary.

9. Statements of Account

The Client agrees that it will examine all statements supplied by Cantor setting out transactions on any of its accounts within 30 days of dispatch by Cantor.

10. Entry of resolutions in minute book

We certify that the above resolutions have been duly entered in the minute book and signed by the Chairman and are in accordance with the Constitution/Governing Documents and are, at this date, in full force and effect.

TRUSTEE SIGNATURE	TRUSTEE SIGNATURE
Print Name	Print Name
Date Signed DD MM YY	Date Signed DD MM YY

C. Acknowledgement Please complete for all Charity structures

Authority and Acknowledgements

That Authorised Persons be instructed to:

Sign this document noting that it will constitute a contract, both legally binding and enforceable, acknowledging that they have carefully read and understand the Investment Mandate which they have been presented with and have had an opportunity to consider and which the Client will be bound by including all terms and conditions thereto.

The Authorised Persons acknowledge on behalf of the client that:

(a) I/We have carefully read, acknowledge and understand the terms of the below listed documentation which I/we have been presented with and have had an opportunity to consider. I/We hereby agree that by signing this acknowledgement that I/we will be bound by all terms and conditions contained in the following documents:

Advisory Terms and Conditions booklet:

- i. Terms and Conditions of Service
- ii. Conflicts of Interest Policy
- iii. Order Execution Policy
- iv. Information on Financial Instruments
- (b) The service description set out in the Terms and Conditions booklet incorporates the service to be provided by Cantor to me/us in its entirety, and for which I/we now hereby apply.
- (c) The risk profile, investment experience, financial information and restrictions provided in the Account Opening Document is a complete and accurate record of all information relevant and necessary to allow Cantor to provide advisory service to me.
- (d) I/We acknowledge that Cantor will arrange for a nominee account to be opened with Pershing Securities International Limited on my/our behalf.
- (e) I/We confirm that the information provided to Cantor in respect of applying the appropriate risk strategy is accurate and undertake to notify Cantor in writing should there be a change in the assumptions used that should lead to a need for a change in the type and nature of investment advice and strategies used upon my/our account.
- (f) I/We may place orders on my/our account without direct instruction and that such orders are at Cantor's discretion within the terms of the Investment Mandate.
- (g) I/We accept that while Cantor will manage my/our assets prudentially, past performance is not a reliable indicator of future performance. I/We further accept that the value of this account may fall as well as rise and that as the account is invested in equities, extreme events could arise where I/we lose all or part of the value of the account.

Please continue to next page

Charity/Not for Profit - Trust, Incorporated Charity, or Unincorporated Association Account Application Form



C.	Acknowledgement continued			
(h)	n) I/We have been presented with and have had an opportunity to consider the Client Asset Key Information Document and I/we have carefully read, acknowledge and understand the arrangements Cantor have put in place for holding client assets and the risks associated with them.			
(i)	I/We have been presented with a current rate Fitzgerald website for my/our reference.	card and I/we are	e aware that any changes to this will	be updated to the Cantor
(j)	Electronic Communications			
	By opening an account with Cantor Fitzgerald Ireland you are consenting to the electronic delivery of communications and documentation through our online portal, to which we will issue you the necessary access as part of account opening process. Within our online portal you can view your account information, transactions, documentation and communications.			
	If you do not want documentation issued to you	u electronically pl	lease tick the box below:	
	I/We wish to receive any communicatio	ns and docume	ntation issued to my/our client por	tal in paper format.
	Please note if you choose NOT to avail of electronic communications through our online portal charges may be incurred for paper documentation. These charges will be deducted from your account. Please see our rate card for further details.			
	You may receive periodic documentation in pap	er format not rela	ated to this consent.	
CI:	out Assertance			
	ent Acceptance JTHORISED PERSON		AUTHORISED PERSON	
Pri	nt Name		Print Name	
	THE NAME		Time Name	
Da	te Signed DD MM YY		Date Signed DD MM YY	
D:	Receipt and acknowledgement by C	antor Relatio	onship Manager	
I have reviewed the application and am satisfied that all necessary information has been provided by the Client and that where explanation is required I have provided a sufficient explanation to the satisfaction of the Client. I am satisfied that the various selections of the Client, based on the information provided are appropriate to the Client's financial experience and risk appetite and suitable for the Client's financial need and position.				
Na	me	Signature		Date
				DD MM YY
\		•		

CANTOR FITZGERALD - DUBLIN: Cantor Fitzgerald House, 23 St Stephen's Green, Dublin 2, D02 AR55. Tel: +353 1 633 3800. Fax: +353 1 633 3856. **CORK:** 45 South Mall, Cork, T12 XY24. Tel: +353 21 422 2122. **LIMERICK:** Crescent House, Hartstonge St., Limerick, V94 K35Y. Tel: +353 61 436500.

 $email: ireland@cantor.com \quad web: www.cantorfitzgerald.ie$

Cantor Fitzgerald Ireland Ltd is regulated by the Central Bank of Ireland and is a member firm of Euronext Dublin and the London Stock Exchange.

CRS/FATCA Corporate Self-Certification



Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)				
SECTION 1: Entity Details				
Entity Legal Name				
Registered Address				
	Country:			
SECTION 2: Declaration of Tax Residency				
Name of Entity Country of Tax Residency(<u>List all</u>) Tax	ID Number (TIN) If TIN not available, please indicate reason			
SECTION 3: Entity's Classification Please complete if applicable to your account type, as per the instructions at the start of this form You are required to choose one CRS classification and one FATCA classification within this section.				
You MUST choose one of the below options: FATCA Classification	CUM (if applicable)			
Reporting Model 1 FFI	GIIN (if applicable)			
Reporting Model 2 FFI				
Participating FFI				
Registered Deemed Compliant (other than Reporting Model 1 FFI/Sponsored FFI or Non-Reporting IGA FFI) Sponsored Direct Reporting NFFE				
Direct Reporting NFFE				
Sponsored FFI				
Non-Reporting IGA				
Foreign Government				
Entity Wholly Owned by an Exempt Beneficial Owner				
501 (c) Organization				
International Organization				
Exempt Retirement fund				
Active Non-Financial Foreign Entity				
Non-Profit Organization				
Passive Non-Financial Foreign Entity (also complete Section 4 for Controlling Persons)				
Other Specify:				
If the GIIN provided above is issued in the name of your sponsor, please provide your sponsor's name and sponsor's GIIN				
Name of the sponsoring Entity				
GIIN number of the sponsoring Entity (continued on following page)				

CRS/FATCA Corporate Self-Certification

*By signing you are confirming the information to be accurate and complete.



Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)					
You MUST choose one of the below options: CRS Classification Financial Institution other than investment entity (custodial institution, depository institution/specified insurance company) Financial Institution non-reporting according to local jurisdiction legislation where you are a resident Investment Entity with Tax Residence in a non-participating jurisdiction and managed by another FI (also complete Section 4 for Controlling Persons) Passive Non-Financial Entity (also complete Section 4 for Controlling Persons)					
	Active Non-Financial Entity which is a Government/Central Bank/International Organization				
Active N	lon-Financial Entity (corporati	on that is pub l ic	cally traded or an affi l ia	te of a publicly traded	corporation)
Active N	Ion-Financial Entity-other				
Other in	vestment entity				
You can find	d further definitions on the di	ifferent classifica	ition on our CRS/FATC	A Appendix accessible	at cantorfitzgerald.ie
 SECTION 4: CRS and FATCA – Controlling Persons ("CP") Identification Please complete this section if you have completed section 1(b) AND have selected an entity classification, in the previous section, that notes section 4 must be completed. For a Trust this includes the settlor, the trustees, the protector (if any) and any known beneficiaries For a Corporation or Non-Corporate entity (other than a Trust) this would include natural persons who own or control, directly or indirectly, 25% or more of the entity Where no natural person is identified, the senior managing official is a controlling person TIN or equivalent must be provided Refer to table below for CP types Should the below space not be sufficient, please provide information on a separate sheet. Should Controlling Persons have more than one tax residence, please use the below space or provide information on a separate 					
Controlling Persons type code	Print Name & Signature*	Date of birth (dd/mm/yyyy)	Full residence address	Tax residence country	TIN /If TIN not available please indicate reason

CRS/FATCA Corporate Self-Certification



Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

Controlling Persons Type codes:			
CP of legal person – ownership	801	CP of legal arrangement – trust – other	808
CP of legal person – other means	802	CP of legal arrangement – other – settlor-equivalent	809
CP of legal person – senior managing official	803	CP of legal arrangement – other – trustee-equivalent	810
CP of legal arrangement – trust – settlor	804	CP of legal arrangement – other – protector-equivalent	811
CP of legal arrangement – trust – trustee	805	CP of legal arrangement – other – beneficiary-equivalent	812
CP of legal arrangement – trust – protector	806	CP of legal arrangement – other – other-equivalent	813
CP of legal arrangement – trust – beneficiary	807	Unknown	UN

SECTION 5: Declaration and Undertakings

- (a) IWe declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.
- (b) I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information under the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).
- (c) I/We certify that I/we am/are the Account Holder (or am/are authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- (d) If there is a change in circumstances that affects the tax residence status of the Account Holder or causes the information contained herein to become incorrect or incomplete, I/we understand that I/we am/are obligated to inform Cantor Fitzgerald Ireland of the change in circumstances within 30 days of its occurrence and to provide a suitably updated CRS or FATCA self-certification.

Client Acceptance

AUTHORISED PERSON 1	AUTHORISED PERSON 2
Print Name	Print Name
Print Name	riint Name
Date Signed	Date Signed
DD MM YY	Date Signed

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