



## KHG Funds Plc

### CORPORATE APPLICATION FORM

**PLEASE READ THE OFFERING DOCUMENT AND THE RELEVANT SUPPLEMENTARY DOCUMENT PRIOR TO COMPLETING THIS APPLICATION FORM. THESE CAN BE FOUND BY VISITING THE WEBSITE – [WWW.KHGFUNDS.COM](http://WWW.KHGFUNDS.COM)**

**Completed Application Forms should be forwarded by email or fax and posted to the Manager**

SMP Fund Services Limited, Clinch's House, Lord Street, Douglas, Isle of Man IM99 1RZ

Tel: +44 (0) 1624 683229, Fax: +44 (0) 1624 691773, Email: [fund.services@smppartners.com](mailto:fund.services@smppartners.com)

#### Part 1: Details of Corporate Applicant

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM IN BLOCK CAPITALS.

PLEASE READ THE DISCLOSURE STATEMENT AND RISK FACTORS ON PAGES 16 - 19 OF THE CURRENT OFFERING DOCUMENT OF KHG FUNDS PLC (THE "FUND") AND THE RELEVANT PORTFOLIO SUPPLEMENTARY DOCUMENT ("OFFERING DOCUMENTS") AS AT THE DATE OF THIS APPLICATION, AS AVAILABLE ON THE FUND'S WEBSITE (NOTED ABOVE).

Corporate Details	
Name of Corporate entity:	
Registered office address:	
Correspondence address:	
Contact Person:	
Contact telephone number: Contact facsimile number: Contact e-mail address:	
Country of formation:	
Date of formation:	
Tax Identification Number: Company registration number:	
Details of business activities, geographical areas of operation and source of capital for investments:	
Are you a listed company and if so which exchange:	

<p>Are you regulated and if so by which body (Please also provide your licence number):</p>			
<p>Describe ownership structure and control including intermediate and ultimate legal and beneficial ownership and other arrangements whereby control may be exercised over more than 25% of voting rights:</p>			
<p>If this application is for an additional investment, or you have invested in a fund for which the Manager has been the administrator before, please provide your client reference number:</p>			
<p>Please confirm if the applicant for Shares is acting in a nominee capacity on behalf of the beneficial owner.  <b>If Yes, please photocopy and complete Part 1 for any Corporate beneficial owner or, if appropriate, provide details in the Beneficial Owner section.</b></p>	Yes		No

## Directors, Signatories and Beneficial Owners details

	Person 1	Person 2
Title (Mr, Mrs, Miss etc.):		
Forenames:		
Surname:		
Position of person (e.g. director, signatory, beneficial owner etc.)		
Marital Status:		
Previous, maiden or other names (inc. dates of any changes):		
Date of Birth:		
Place of Birth (Country, City/Town):		
Nationality:		
Residential Address:		
	Post Code:	Post Code:
Occupation:		
Name and address of employer:		
	Post Code:	Post Code:
Country of usual residence:		
Telephone (include STD code):	Home:	Home:
	Work:	Work:
	Mobile:	Mobile:
Email address:		
Fax number:		
Tax identification number :		

(If there are more company officials please photocopy this part of the form for completion)

### Part 2a: Source of Wealth

Source of wealth:  
(please tick appropriate box)

Accrued Revenues		Operational earnings		Capital transactions or other assets	
Sale of Property		Other (please provide details)			

Please also provide details of your source of wealth and explain how the investment monies have arisen

I/We undertake to provide verification of source of wealth if so requested.

### Part 2b: Source of Funds

The institution that will be remitting your investment monies

Name of banking institution and sort code

Account name

Account number


I/We undertake to provide verification of source of funds if so requested.

### Part 3a: Investment details

Please indicate the amount to be invested and the Portfolio:

If you wish to make payment in a currency other than Sterling, please contact the Manager before doing so.

Portfolio	Currency	Amount to be invested	Initial/Deferred Sales Charge (up to 5%)	Initial of Investor
KHG Balanced Portfolio	GBP/EURO/USD			
KHG Balanced <b>International</b> Portfolio	GBP/USD			
KHG Diversified Income Portfolio	GBP/EURO/USD			
KHG Diversified Income <b>International</b> Portfolio	GBP/USD			
KHG New World Opportunities Portfolio	GBP/EURO/USD			

### Part 3b: Dividend Information

The Diversified Income Portfolio may declare a dividend. If a dividend is declared, please indicate if you require the dividend to be paid in cash to the account specified in this application, or reinvested in shares of Diversified Income Portfolio for your account.

Portfolio	Cash dividend	Re-invested dividend	Please indicate with √
KHG Diversified Income Portfolio			

#### Part 4: Bank account details

Please provide the following information for the account from which the funds will be remitted and to which redemption monies will be paid:

Name of Bank:	Sort Code:
Address of Bank:	Country: Post Code:
Account Name:	Account Number:
Sort Code/Branch:	IBAN/SWIFT Code (if applicable):

The payment of redemption proceeds cannot be made to third parties. Payment will only be made to an account in the investor(s) name. Charges levied by the remitting or receiving bank will be deducted from the proceeds payable.

## Part 5A: General Certifications and Declarations

I/WE CONFIRM THAT:

- (a) I AM/WE ARE SUFFICIENTLY EXPERIENCED TO UNDERSTAND THE FEATURES AND RISKS ASSOCIATED WITH THIS FUND; AND
- (b) I/WE HAVE READ AND FULLY UNDERSTOOD THE OFFERING DOCUMENTS, INCLUDING IN PARTICULAR THE INFORMATION ON THE RISKS ASSOCIATED WITH THE FUND, CONTAINED ON PAGES 16 - 19 OF THE OFFERING DOCUMENTS, BEFORE DECIDING TO INVEST IN THE FUND; AND
- (c) I/WE UNDERSTAND THAT THIS INVESTMENT MAY NOT BE AS READILY REALISABLE AND UNDERSTAND THE FEATURES AND RISKS ASSOCIATED WITH MAKING AN INVESTMENT IN A FUND OF THIS TYPE; AND
- (d) I/WE PERSONALLY ACCEPT ALL THE RISKS ASSOCIATED WITH THIS INVESTMENT AND PARTICULARLY THAT MY/OUR INVESTMENT IN KHG FUNDS PLC INVOLVES RISKS THAT COULD RESULT IN A LOSS OF A PROPORTION OR ALL OF THE SUM INVESTED; AND
- (e) I/WE CONFIRM THAT, WHERE APPROPRIATE, I/WE HAVE TAKEN INDEPENDENT ADVICE ON THE SUITABILITY OF THIS INVESTMENT WITHIN MY/OUR OVERALL INVESTMENT PORTFOLIO; AND
- (f) I/WE ACKNOWLEDGE THAT ANY FINANCIAL INTERMEDIARY WHO ADVISED ME/US IN RELATION TO THIS APPLICATION DID SO AS MY/OUR ADVISOR AND WAS NOT AN AGENT OF OR ACTING ON BEHALF OF THE FUND OR THE MANAGER; AND.
- (g) I/WE HEREBY AUTHORISE THE MANAGER TO OBTAIN INDEPENDENT VERIFICATION OF ANY INFORMATION I/WE HAVE PROVIDED WITH RESPECT TO THIS APPLICATION; AND
- (h) I AM NOT/WE ARE NOT A US PERSON (AS DEFINED IN THE OFFERING DOCUMENTS) OR OTHERWISE RESTRICTED OR PROHIBITED FROM HOLDING SHARES IN THE FUND; AND
- (i) I AM/WE ARE A PERMITTED INVESTOR AS DEFINED ON PAGE 29 OF THE OFFERING DOCUMENT.

I/We consent to the use, by the Fund or any third party acting on its behalf, of the information (including personal data) contained in this application form (the "Information") for the purpose of enabling the Fund, or any third party acting on its behalf, to process this application and, if successful, to administer and service my/our investment in the Fund in accordance with the terms of the Offering Documents and the Articles of Association of the Fund.

I/We acknowledge that the Fund respects my/our privacy and that all information collected by the Fund or any third party acting on its behalf will be treated in accordance with the provisions of the Data Protection Act 2002. I/We agree to the disclosure of personal data as described in the Offering Documents. I/We authorise SMP Fund Services Limited, its nominees, affiliates and/or its directors and officers to disclose from time to time information regarding my/our investment in the Fund to any financial intermediary who advised me/us in relation to this application.

The following declaration must be completed by any Applicant who is investing at the direction or and on behalf of a particular underlying investor –

### Part 5B Certification – Applicants Investing on Behalf of Another

I/WE CONFIRM THAT I AM/WE ARE INVESTING IN THE FUND ON BEHALF OF ANOTHER PERSON/OTHER PERSONS AND HAVE PART 5A CERTIFICATION(S) SIGNED BY EACH SUCH PERSON TO SHOW THAT THEY UNDERSTAND AND ACCEPT THE RISKS ASSOCIATED WITH THIS TYPE OF INVESTMENT.

The Part 5B Certification above does not apply to this application  
Please tick the box opposite, if the Part 5B Certification above does not apply

#### Life Assurance Company Applicants Only -

If the Applicant is a life assurance company investing assets comprised within its long term business fund **where the Fund has been selected by the policyholder of a particular policy as the basis for determining the benefit of that policy**, then the Applicant must also complete and sign the Part 5C Certification below –

### Part 5C Certification – Life Assurance Companies Investing Long Term Business Fund Assets

WE CONFIRM THAT WE ARE INVESTING ASSETS COMPRISED WITHIN OUR LONG TERM BUSINESS FUND AND:

- (A) WE HAVE PROCEDURES AND CONTROLS IN PLACE TO OBTAIN CLIENT DECLARATIONS FROM OUR POLICYHOLDERS WHICH INCLUDE CONFIRMATION FROM THE POLICY HOLDER TO THE EFFECT THAT –

<p>(I) THE POLICYHOLDER HAS THE OPPORTUNITY TO READ THE OFFERING DOCUMENTS FOR FUNDS OF THIS NATURE, WHERE THEY WISH TO DO SO, AND AS SUCH HAS INFORMATION ABOUT AND ACCEPTS THE LEVELS OF RISKS ASSOCIATED WITH THIS TYPE OF INVESTMENT; AND</p> <p>(II) THE POLICYHOLDER, WHERE NECESSARY, MEETS THE MINIMUM CRITERIA OF A CLASS OF INVESTOR IN A FUND OF THIS NATURE;</p> <p>(B) WE CONFIRM NO INVESTMENT IN THIS TYPE OF FUND IS MADE WITHOUT A CLIENT DECLARATION BEING OBTAINED FROM RELEVANT POLICYHOLDERS.</p>	
<p><b>The Part 5b Certification above does not apply to this application</b>  <i>Please tick the box opposite, if the Part 5C Certification above does not apply</i></p>	

**Part 6: Tax Identification**

**SELF CERTIFICATION FOR PURPOSES OF FATCA / INTER-GOVERNMENTAL AGREEMENTS AND THE COMMON REPORTING STANDARD**

Investors are reminded that they are responsible for their own tax affairs and should ensure that, where necessary, appropriate advice is obtained from their local tax advisors in relation to the completion of their domestic tax returns. The Board of Directors of the Fund are not responsible for the tax affairs of investors.

Many jurisdictions have various anti-avoidance rules and controlled foreign company/entity rules that can lead to taxation charges arising on the investment into Funds, the income and gains arising within Funds, even if not distributed, distributions from the Funds and gains on the sale of interests in the Funds.

In addition to tax charges that can arise, increasingly there are disclosure requirements imposed on investors into Funds.

As a consequence we require a declaration to be made in addition to the standard application form or agreement. We should therefore be grateful if you would countersign a copy of this note where indicated to confirm that neither the Board of Directors nor SMP Fund Services Limited (“Manager”) have provided you with any tax advice, that neither the Board of Directors nor the Manager are your tax agents and that you will ensure that all appropriate disclosures are made to appropriate tax and governmental bodies either by yourself or your appointed agent.

Please also note that the Manager may be required to make automatic disclosures in relation to investors in Funds administered. In particular your attention is drawn to the US IGA, the US Treasury FATCA Regulations, the UK IGA and the OECD Common Reporting Standard. Where allowed, the Manager will notify you in advance of any disclosures that are to be made.

**I/We have read and understood the contents of this note and I/we confirm that I/we have not requested or been provided with tax advice by the Board of Directors or the Manager. I/We further confirm that the Board of Directors or the Manager are not my Tax Agent and that I am/ we are aware of my obligations under applicable tax laws including, but not limited to, the obligation to make appropriate disclosures, and I/we will comply with these as appropriate.**

**All entities – please complete this section**

<b>Entity name</b>				
<b>Jurisdiction of tax residence<sup>1</sup></b>				
<b>Tax ID/Reference number</b>				
<b>Are you a US Person?</b>	Yes		No	

<sup>1</sup> Provide details of all jurisdictions where you are considered tax resident according to relevant local fiscal law.

**Foreign Financial Institutions and entities managed by an FI – please complete this section**

Category	GIIN
Reporting FFI in an IGA country <input type="checkbox"/>	
Other Participating FFI <input type="checkbox"/>	
Non-Reporting FFI (other than one which is sponsored) <input type="checkbox"/>	Certified Deemed Compliant FI <input type="checkbox"/> Exempt Beneficial Owner <input type="checkbox"/>  Owner Documented FI <input type="checkbox"/>
Sponsored FFI (including Sponsored Investment Entity, Sponsored Closely held Investment Vehicle and Trustee Documented Trust) <input type="checkbox"/>	Sponsor's GIIN .....  Name of Sponsor .....  Confirmation that sponsoring entity will undertake any reporting required <input type="checkbox"/>

**Non-Financial Foreign Entities - please complete this section**

Category	GIIN
Active NFFE <input type="checkbox"/>	n/a
Passive NFFE <input type="checkbox"/>	
Direct Reporting NFFE <input type="checkbox"/>	
Sponsored Direct Reporting NFFE <input type="checkbox"/>	Sponsor's GIIN .....  Name of Sponsor .....  Confirmation that sponsoring entity will undertake any reporting required <input type="checkbox"/>

**I/We confirm that the entity is acting on its own account.**

**I/We confirm that we will notify promptly of changes to the above data.**



## Part 7: Signatures and Signing Authority

I/We hereby certify that this document has been completed to the best of my/our knowledge and that, if it is found that material false information has been provided, either intentionally or unintentionally, then the Fund and/or the Manager shall have sufficient grounds to terminate the investment herein and return the monies, subject to Anti Money Laundering requirements, to the originating account. **In particular, I/we confirm that the certifications and declarations set out in Part 5 and Part 6 of this application form are correct.**

For joint accounts please indicate authority by ticking  the following boxes:

Any one of us  Any two of us  All of us  Other (Please provide details)

In the absence of alternative instructions, the signatures of all parties will be required on all instructions. All correspondence will be sent to the address of the first Applicant.

Signature(s)		
Date		
Capacity (if applicable)		

If this application is signed by a person other than the applicant, please provide certified evidence of the signatory's authority to sign on behalf of the applicant, e.g. Power of Attorney or Signatory List

If the signer is acting under the powers granted to them where the ability to sign on behalf of the client has been granted, then sufficient evidence will be required to evidence the granting of this ability and in addition sufficient due diligence will be required on the person acting in this capacity to meet the requirements set out above.

## Part 8: Routing Details

**Note:** The Sterling Correspondent Bank details are shown solely for the purposes of sterling subscriptions being sent from outside the United Kingdom. Any Sterling subscription monies being sent from a source within the UK should be settled directly via CHAPS or BACS.

The name of the applicants(s) should be quoted as a reference to all payments.

**If you wish to make payment in a currency other than the Portfolio currency of GBP, please contact the Manager before doing so.**

Applicants who prefer to settle their subscription by cheque should make the cheque payable to the order of: **SMP Fund Services re KHG**

ROUTING DETAILS FOR STERLING (GBP) FUNDS ORIGINATING FROM THE UK	
Sort Code :	16-58-80
Account :	Royal Bank of Scotland International
SWIFT code :	RBOSIMDX
Beneficiary Account Name :	SMP Fund Services – KHG Funds - Client Subscription Account
Beneficiary Account Number :	5880-58700522  (If you are sending a payment using the UK Faster payment method, then please use account number 58700522)
IBAN :	GB75 RBOS 1658 8058 7005 22
Reference :	Please quote the applicant(s) name
ROUTING DETAILS FOR STERLING (GBP) FUNDS ORIGINATING FROM OUTSIDE THE UK	
Correspondent Bank :	Royal Bank of Scotland, London
SWIFT code :	RBOSGB2L
FFC to :	Royal Bank of Scotland International
SWIFT Code :	RBOSIMDX  <i>Please ensure that for international payments sent via SWIFT a MT103 is sent to the above SWIFT address</i>
Beneficiary Account Name :	SMP Fund Services – KHG Funds - Client Subscription Account
Beneficiary Account Number :	5880-58700522
IBAN :	GB75 RBOS 1658 8058 7005 22
Reference :	Please quote the applicant(s) name

**Note:** The Sterling Correspondent Bank is shown solely for the purposes of Sterling subscriptions being sent from outside the United Kingdom. Any Sterling subscription monies being sent from a source within the UK should be settled directly via CHAPS or BACS.

The name of the applicants(s) should be quoted as a reference to all payments.

**If you wish to make payment in a currency other than the Portfolio currency of GBP, please contact the Manager before doing so.**

Applicants who prefer to settle their subscription by cheque should make the cheque payable to the order of: **SMP Fund Services re KHG**

## Part 9: Verification Documents - required to support an application for shares.

### Verification Documents - Individuals

For each individual customer, the following due diligence information will be required:

1. Acceptable Evidence of Identity documentation in the form of one of the following:

- a) Full passport;
- b) Full driving licence; or
- c) Government/National Identity Card.

The document will need to be certified as a true copy of the original. The certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity on it and provide contact details. The certifier must state that it is a true copy of the original.

The document must be in date/valid and should show the issue and expiry date and it must show a good quality photograph and the name of the issuing authority.

2. Acceptable Verification of Address documentation in the form of an original or certified true copy of one of the following documents:

- a) Recognised bank/credit card statement;
- b) Recent mortgage statement from a recognised lender;
- c) Recent utility bill;
- d) Photographic driving licence or national identity card containing current residential address (where this has not been used as the sole document to verify identity)
- e) Rates or council tax bill; or
- f) Correspondence from a central or local government department or agency.

Verification of Address documents must show the name of the individual and their address and should have been issued within the last six months.

Mobile telephone bills and store card statements are not acceptable as Verification of Address.

Where an applicant uses a PO Box address, evidence of their 'true' residential address must be provided; a "care of" address is not acceptable.

### Verification Documents - Companies

The following information is required for all companies:

- a) Certified copy Certificate of Incorporation or equivalent;
- b) Details of the registered office and place of business;
- c) Details of the nature of the applicant's business;
- d) The reason for investing the monies;
- e) An indication of the expected turnover of the investment;
- f) A certified copy of the last available accounts of the applicant where appropriate;
- g) Satisfactory due diligence on each of the beneficial owners or controlling parties of the applicant\*;
- h) Satisfactory due diligence on at least two signatories;
- i) Satisfactory due diligence on at least two directors of the company where these are different from the beneficial owners and signatories;
- j) A certified copy of the Board Resolution authorising the investment; and
- k) A copy of the authorised signatory list.

\* For public companies with numerous shareholders it would be impractical for "know your customer" documentation to be provided for every single one. In such circumstances the Manager will ask for "know your customer" documentation on those parties that may have a controlling interest in the company and all parties owning 25 per cent or more of the shares of the company.

### Verification Documents - Trusts

The following information will be required for all trusts:

- a) Satisfactory due diligence on the trustees;
- b) Satisfactory due diligence on the settlor (and the person providing the funds were not the settlor);

- c) Satisfactory due diligence on any protector, controller or similar person who has power to appoint or remove the trustees;
- d) Satisfactory due diligence on the beneficiaries\*\* of the trust;
- e) Evidence as to the source or origin of the assets held in the trust;
- f) Satisfactory evidence of proper appointment of trustees. e.g. a copy of extracts from the Deed of Trust or relevant deed of appointment or a letter from an advocate verifying the same; and
- g) The nature and purpose of the trust.

\*\* This requirement does not apply for any named beneficiaries that are not yet aware of their status within the trust. However “know your customer” documentation would be required before any payment of trust property is made to such a beneficiary.

### **Certification of Documents**

Where original documents cannot be supplied, copies of them need to be suitably certified. Use of a suitable certifier guards against the risk that the documentation provided does not correspond to the investor whose identity is being verified. In order for the certification to be effective, the certifier will need to have seen the original documentation and have met the investor face to face.

The following will be accepted as suitable certifiers:

- A member of the judiciary, a senior civil servant, or a serving police officer or customs officer;
- An officer of an embassy, consulate or high commission of the country of issue of the documentary evidence of identity;
- A lawyer or notary public who is a member of a recognised professional body;
- An accountant who is a member of a recognised professional body;
- A company secretary who is a member of a recognised professional body;
- A director, company secretary or manager of a business regulated on the Isle of Man or an external regulated business as defined in the Isle of Man’s Anti-Money Laundering and Countering the Financing of Terrorism Code 2015 (or any subsequent or replacement legislation).

The certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity on it and provide contact details. The certifier must state that it is a true copy of the original.

In instances where the certifier completes a covering letter or document, which is then attached to the copy identification document (where the certification is not written on the copy identity paperwork), the letter should state clearly and unambiguously that it refers to the attached document. Care should be taken to ensure the letter is dated and signed.

### **Source of Funds & Source of Wealth**

For all applicants, the Manager is obliged to establish the “Source of Funds” and the “Source of Wealth”.

Source of Funds includes the immediate source of funds from which property has derived i.e. a bank account, but where appropriate, the Manager may make further enquiries in order to meet their obligations under Isle of Man legislation.

Source of Wealth is distinct from Source of Funds and describes the origins of an applicant’s financial standing or total net worth i.e. those activities which have generated an applicant’s funds and property.

**The Manager reserves the right to request further information/and or documentation, as may be required, under relevant anti-money laundering and countering the financing of terrorism legislation.**