

Atlante Funds plc
 c/o Northern Trust International Fund Administration Services (Ireland)
 Limited
 Transfer Agency Dept.
 George's Court
 54-62 Townsend Street
 Dublin 2
 Ireland
 Tel: +353 1 434 5118 Fax: +353 1 434 5284



***Atlante Funds plc
 Application Form***

In order to open an account in Atlante Funds plc (the "Company") this form should be completed then sent by fax to the above number. The original document should be sent to the above address together with the required documentation. This form can facilitate multiple bank details (e.g. for different currencies).

Unless defined elsewhere in this Application Form, all capitalised terms used shall have the meanings given to them in the prospectus of the Company and each supplement for the relevant sub-funds of the Company (each a "Fund"), as may be amended from time to time, (collectively the "Prospectus").

Neither the Prospectus nor this Application Form constitutes an offer or solicitation to anyone in any state of the United States or in any other jurisdiction in which such offer or solicitation is not authorised.

I/We agree to be bound by the representations and statements set out in this Application Form.

For any KIID related queries, please contact Colm Devaney, Northern Trust (cd122@ntrs.com).

Please ensure that you have read the Prospectus and the Key Investor Information Document (the "KIID") before completing this Application Form. The KIID is available for all sub-funds at the Investment Manager's website www.albemarleasset.com.

Account Name:

Full Name of Applicant:

Registered/Permanent Address:	Correspondence Address: (if different)
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Contact Name:	Contact Name:
E-mail address:	

Northern Trust International Fund Administration Services (Ireland) Limited must receive this Application Form by 13:00 (Irish time) on the Business Day immediately preceding the relevant Dealing Day.

Dealing Date:	Settlement Date:
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Dealing instructions can also be accepted by other electronic means. A list of authorised persons with contact details would be required, as follows. **The original instruction must follow in the post to the above address.**

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Account Name	Authorised Person	Telephone number

AGENT DETAILS:

Agent Name:

Address:
Fax Number:
Contact Name:
VAT Registration No:

Agency Stamp
Agency Number:
Regulator:
Regulator Approval No:

E-mail address:
Commission Terms agreed with the Fund Promoter:

I/We hereby apply for such number of Shares at the subscription price calculated in accordance with the Articles in each of the following Fund(s) as may be subscribed for with the amount indicated below:

Subscription monies will be for the account of the relevant Fund

Fund Name	Fund Code	Monetary Amount	Payment Currency
Atlante Euro Flexible Fund Class A	ATEFF		EUR
Atlante Euro Flexible Fund Class I	ATEFF		EUR
Atlante Euro Flexible Fund Class X	ATEFF		EUR
Atlante Target Italy Fund Class A	ATTIF		EUR
Atlante Target Italy Fund Class I	ATTIF		EUR
Atlante Target Italy Fund Class X	ATTIF		EUR
Atlante Euro Bond Fund Class A	ATEBF		EUR
Atlante Euro Bond Fund Class B	ATEBF		USD
Atlante Euro Bond Fund Class I	ATEBF		EUR
Atlante Euro Bond Fund Class MC	ATEBF		EUR

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Fund Name	Fund Code	Monetary Amount	Payment Currency
Atlante Euro Bond Fund Class X	ATEBF		EUR
Atlante Greater Asia Fund Class A	ATGAF		EUR
Atlante Greater Asia Fund Class B	ATGAF		EUR
Atlante Greater Asia Fund Class I	ATGAF		EUR
Atlante Greater Asia Fund Class X	ATGAF		EUR
Atlante Target Europe Fund Class A	ATTEF		EUR
Atlante Target Europe Fund Class I	ATTEF		EUR
Atlante Target Europe Fund Class X	ATTEF		EUR
Atlante Target Italy Fund Hedged Class A	ATIFHE		EUR
Atlante Target Italy Fund Hedged Class I-1	ATIFHE		EUR
Atlante Target Italy Fund Hedged Class I-2	ATIFHE		EUR
Atlante Target Italy Fund Hedged Class X	ATIFHE		EUR

Front End Code

Please indicate the code to detail which entry charge should be applied to this subscription / redemption. Please contact the Investment Manager for more details.

Code	
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Bank Account Details for Redemption Payments (to be completed by the investor)

	EUR
Intermediary Bank	
Name of Bank	
Swift code	
Sort Code/ABA No.	
Account Number	
Account Name	
Address of Bank Branch (including country)	
Reference	

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	USD
Intermediary Bank	
Name of Bank	
Swift code	
Sort Code/ABA No.	
Account Number	
Account Name	
Address of Bank Branch (including country)	
Reference	

All proceeds will be paid to the above accounts unless specified in writing at the time of redemption. This bank account must be in the applicant(s) name – third party payments are not allowed.

All subscription payments should be made to the following bank accounts

	EUR
Intermediary Bank	Barclays Bank PLC, London
Swift code	BARCGB22
Address	1 Churchill Place London EC14 5HP
Beneficiary Bank	The Northern Trust International Banking Corporation, New Jersey - CNORUS33
Account Name	ATLANTE FUNDS PLC
Account Number	626291-20019
Reference	*Contract number or Shareholder Account Number and Value

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USD	
Name of Bank	The Northern Trust International Banking Corporation, New Jersey
Fedwire ABA	026001122
CHIPS ABA	0112
Swift code	CNORUS33
Address	Harborside Financial CTR, Plaza 10, Suite 1401 3 Second Street Jersey City, NJ - 07311-3988
Account Name	ATLANTE FUNDS PLC
Account Number	179317-20010
Reference	*Contract number or Shareholder Account Number and Value

EU Savings Directive

Please tick Investor type:			
1. Natural person		6. Partnership (except for limited liability partnerships)	
2. Corporate		7. Limited liability partnership	
3. Nominee		8. Investment club	
4. Collective investment scheme		9. Trust with individual trustees (except for individual trustees of approved pension schemes and bona fide charities)	
5. Charity		10. Trust (except as per 9. above)	
		11. Pension fund	

Investors resident in the EU must complete this section

Please state tax residency:	
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If relevant, please provide the relevant tax identification number

This is required if you are a natural person and your tax residency is an EU state (other than Austria, Belgium, Ireland, or Luxembourg) or Guernsey, Isle of Man, or Jersey.

Or if you are:

- (i) A trust with individual trustees (except for individual trustees of approved pension schemes and bona fide charities),
- (ii) A partnership (except for limited liability partnerships)
- (iii) An investment club

and your tax residency is an EU state (except Austria, Luxembourg, or Switzerland) or Guernsey, Isle of Man, or Jersey.

Tax Identification Number:

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If you are a natural person and you do not know your tax identification number, please provide:

Date of Birth: Place of birth (country and town)

Intermediaries acting on behalf of investors who are resident in the EU must complete this section

We confirm we are an institution (an entity other than a natural person) which invests on behalf of our clients on a discretionary, advisory or execution only basis. Our clients include and are not limited to (i) natural persons, (ii) corporates, (iii) partnerships and limited liability partnerships, (iv) unincorporated associations such as investment clubs, (v) trusts (with individual trustees), and (vi) charities.

We acknowledge that we may be treated as a paying agent for the purposes of the Council Directive 2003/48/EC of 03 June 2003 on taxation of savings income in the form of interest payments and the local implementing laws or regulations (each as amended from time to time) (the “**EU Savings Directive**”).

If we are the paying agent under the EU Savings Directive, we will use our reasonable endeavours to take such necessary steps to comply with the laws or regulations implementing the EU Savings Directive applicable to us.

Each party to this Application Form agrees that, subject to any applicable laws and regulations (particularly, but without limitation, those relating to confidentiality and data protection), it shall provide the other party with all such information as the other party may reasonably require in order to allow the other party (or its agents) to comply with its obligations under the terms of the EU Savings Directive.

Each party acknowledges and accepts that different jurisdictions have different implementation legislation and the parties agree that they will co-operate in assessing the impact and effect of such implementing legislation.

Each party acknowledges and accepts that many aspects of the implementation legislation of the EU Savings Directive are untested and potentially subject to change consequently the parties agree that they will co-operate in amending this application form in accordance with any variations or currently unknown effects of such implementing legislation.

Each party agrees and warrants that it will only process any information passes under the provisions in this section for the purpose of complying with its obligations under the EU Savings Directive and it shall use its reasonable endeavours to procure that any persons to whom it passes such data are aware of this requirement.

Supplemental Investor Identification Information for AML/CTF Purposes

In accordance with the Anti-Money Laundering and Counter Terrorist Financing (“**AML/CTF**”) measures as disclosed in the Prospectus, please complete the applicable sections below and provide the relevant identity verification documentation.

Anti-Money Laundering Documentary Requirements

Atlante Funds plc
Anti-Money Laundering Verification Requirements in accordance with
The Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010, as amended

Guide to completing this form.

- **Part I** : This section must be completed by **All applicants and transferees**
- **Part II** : This section can only be completed by **banks, providers of financial services and nominee companies** acting on their own account and if authorised and regulated in the European Union, Australia, Canada, Channel Islands, Hong Kong, Iceland, Isle of Man, Japan, Norway, Singapore, South Africa, South Korea, Switzerland or the USA.
- **Part III** : This section is applicable to **Intermediaries, Financial Agents and Nominees** acting on behalf of third parties.

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- **Part IV** : To be completed by **all individual & joint account investors** who are EU residents not residing in Ireland
- **In the case of joint account holders, the additional documentation is required for each applicant.**

PART I - ALL

Full name(s) and full current permanent address/registered office of applicants(s)/transferee(s):

Mr/Mrs/Miss/Ms/Company Name: _____

Address/Registered Office: _____

Date of Birth ¹(if applicable): _____

Country of Birth/Registration: _____

Full name where applicable of any beneficial owner of investor who owns more than 25% of Company/Partnership/CIS/Trust/Public body:

1. _____ 2. _____
3. _____ 4. _____

DECLARATION - I/We declare that the information contained in this form, including the section entitled “Representations and Warranties” at pages > to >, and any attached documentation is true and accurate to the best of my/our knowledge and belief.

Date: _____

Signed:

Signatory capacity if applicable (i.e. Director/ Manager)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

In the case of joint holders, ALL holders must complete this declaration.

¹ Must be over 18 years of age.

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PART II – Financial Company, Bank, Nominee, etc.

Please tick the following box, if appropriate:

I/We are a bank/provider of financial services or a nominee company/nominee account which is part of/used by a bank/provider of financial services authorised and regulated in Australia, Austria, Belgium, Canada, Channel Islands, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom or the USA acting for our own account.

YES

If the answer is Yes, please supply the name of regulated entity and also the name of your regulator:

If you are acting on behalf of a third party see Part IV

If you, as applicant(s) or transferee(s) is/are an Individual(s) please supply the following documents.
In the case of joint account holders, please supply the relevant documentation in respect of all holders.

- A copy photographic identity document and a copy of 2 non-photographic identity documents.

Note: the Company or the Administrator may require further documentation to be provided upon written request.

Part III – Intermediaries, Financial Agents and Nominees

As an intermediary/agent/nominee company acting on behalf of a third party, authorised and regulated in Australia, Austria, Belgium, Canada, Channel Islands, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom or the USA, must provide the following:

1. Standard reliance letter (Appendix 3)
2. Relevant Third Party's Authorised Signatory List
3. Proof of regulatory status of Relevant Third Party

Part IV – Individual and Joint Investors - Only those Resident in EU (outside of Ireland)¹

EU SAVINGS DIRECTIVE 2003/48/EC – to be completed if you are an EU Resident residing outside of Ireland.

As paying agent for the Company, we must collect additional information in order to satisfy the EU Savings Directive requirements. Therefore, individuals who are EU residents and reside outside of Ireland must provide the following additional information & documentation:

Tax Identification Number (TIN) _____ (mandatory)

Please leave blank if - your tax identification number **does not** appear on your passport, photo identity card or other proof of identity provided.

Issuing Country of your Passport / Photo Identity Card _____

¹ Only applicable to UCITS funds

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Additional documents required (only if investing directly in your own or joint names i.e. whether or not it is via an intermediary):

- 1) Proof of Tax Identification Number (TIN)** if available (e.g. photo identity card which shows the tax identification number or correspondence from your local tax office)
- 2) Tax Residency Certificate (TRC)** (where the place of issuing country of passport differs from country of tax residence)

Jurisdictions assessed by the Administrator to operate comparable AML/CTF controls

Australia, Austria, Belgium, Canada, Channel Islands, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Netherlands, Norway, Portugal, Singapore, South Africa, South Korea, Spain, Sweden, Switzerland, United Kingdom, United States.

Representations & Warranties

Please note the following important provisions

Please delete any statement which is not relevant to you

** Please delete as appropriate*

1. I/We* confirm that I am/we are* 18 years of age or over. – *Please delete if you are not a natural person.*
2. If you are joint applicants – we direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor. – *Please delete if you are not a natural person or a sole investor.*
3. I/We* confirm that I am/we are* not a US Person (as defined in the Prospectus) and am/are* not acquiring Shares on behalf of, or for the benefit of, a US Person, nor do I/we* intend transferring any Shares which I/we* may purchase to any person who is a US Person.
4. I/We* indemnify the Company, Investment Manager, Custodian, Administrator and other Shareholders for any loss suffered by them as a result of me/us* acquiring or holding Shares in the Company where, by virtue of my/our holding, I am/we are* in breach of the laws of any competent jurisdiction.
5. I/We* have received and considered a copy of the Prospectus and confirm that this application is based solely on the Prospectus for the Company current at the date of this application and the material contracts referred to in the Prospectus together (where applicable) with the most recent annual report and accounts of the Company and (if issued after such report and accounts) its most recent unaudited semi-annual report.
6. I/We* undertake to observe and be bound by the provisions of the Memorandum of Association and Articles of Association (as amended from time to time) constituting the Company and apply to be entered in the register of shareholders as the holder/holders of the Shares issued in relation to this application.
7. (a) The Administrator, the Investment Manager and the Company are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Application Form relates given by me/us in written form, by facsimile or by other electronic means.
(b) I/We* agree to indemnify each of the Administrator, the Investment Manager, and the Company and agree to keep each of them indemnified against any loss of any nature whatsoever arising to any of them as a result of any of them acting upon facsimile and/or electronic means. In circumstances where such instructions relate to a change in the bank account details for redemption payments referred to above, I/we* confirm that I/we* will provide you with an original instruction.
(c) The Administrator, the Investment Manager and the Company may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
8. I/We acknowledge the Administrator will refuse to process a redemption request on non-cleared / verified accounts.

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9. , the Administrator, the Investment Manager and the Company (as the case may be) may require further identification of the applicant(s) before the application can be processed.
 - (b) The Administrator, the Investment Manager, and the Company shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been required by the parties referred to have not been provided by me/us.
10. I/We* confirm that I/we* have the capacity and am/are* duly authorised to make this application and to make the representations and give the indemnities referred to in this Application Form.
11. I/We* request that the Shares issued pursuant to this Application Form are registered in the name and address set out on page 1 hereof.
12. I/We* accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.
13. I/We* agree to provide these representations to the Company at such times as the Company may request, and (ii) to provide on request such certifications, documents or other evidence as the Company may reasonably require to substantiate such representations.
14. I/We* agree to notify the Company immediately if I/we* become aware that any of the representations made is no longer accurate and complete in all respects. I/We agree immediately either to sell or to tender to the Company for redemption of a sufficient number of Shares to allow the representations to be made again.
15. I/we confirm that I/we have received and read a copy of the KIID for the sub-fund and/or share classes to which this subscription relates in good time prior to completing this subscription form. I/we hereby confirm that for any subsequent investments, I/we will obtain and read the latest version of the relevant KIID prior to each subscription.
16. I/we acknowledge and agree that the updated KIID for each sub-fund and/or share class is available at the Investment Manager's website www.albemarleasset.com and I/we hereby agree to its receipt in that form. I/we confirm that I/we will read and review the most up-to-date version of the relevant KIID prior to subscription.

Irish Residency

1. Every applicant applying for Shares on the applicant's own behalf is hereby obliged to notify the Company or an agent of the Company appointed for this purpose (as the case may be) in writing if the applicant is or becomes resident or ordinarily resident in Ireland. An individual is ordinarily resident in Ireland if the individual has been resident in Ireland for each of the three preceding years of assessment (ie calendar years) and that individual continues to be ordinarily resident in Ireland until the individual has not been resident in Ireland in each of the three preceding years of assessment.
2. Every applicant applying for Shares on behalf of another person is hereby obliged to notify in writing the Company or an agent of the Company appointed for this purpose (as the case may be) if the applicant is, or becomes, aware that any person who is beneficially entitled to any of those Shares may be resident or ordinarily resident in Ireland or may have become resident in Ireland. An individual is ordinarily resident in Ireland if the individual has been resident in Ireland for each of the three preceding years of assessment (ie calendar years) and that individual continues to be ordinarily resident in Ireland until the individual has not been resident in Ireland in each of the three preceding years of assessment.
3. Every applicant applying for Shares who provides the Company or an agent of the Company appointed for this purpose (as the case may be) with an address in Ireland or details of any Irish situate bank account will (for Irish tax purposes) be treated by the Company as Irish resident unless the applicant provides the Company with a signed non-resident declaration confirming residence outside of Ireland. In such instances, the Company may be obliged to deduct Irish tax on certain events with respect to the applicant's Shares, as described in more detail in the Prospectus.

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Data Protection

- A. I/We* acknowledge that the Company is the data controller and hereby consent to the Company and its delegates or their duly authorised agents and any of their respective related, associated or affiliated companies obtaining, holding, using, disclosing and processing my data:
- To establish my/our* identity and manage and administer my/our* holding in the Company and any related accounts on an ongoing basis;
 - For any other specific purposes where I/we* have given specific consent to do so;
 - To carry out statistical analysis and market research;
 - To comply with legal or regulatory requirements applicable to the Company or me/us*;
 - For disclosure or transfer, whether in Ireland or countries outside of the EEA including without limitation the United States of America, which may not have the same data protection laws as Ireland, to third parties including my/our* financial adviser (where appropriate), regulatory bodies, auditors, technology providers or to the Company and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; and
 - For other legitimate business interests of the Company
- B. I/We* hereby acknowledge my/our* right of access to and the right to rectify my/our* personal data.
- C. I/We* consent to the recording of telephone calls made to and received from me/us* by the Investment Manager, its delegates, its duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or* training purposes. I/We* consent to the sending by the Investment Manager of information about other investment services to me/us*, by letter, telephone or other reasonable means of communication. Please tick box if you do not wish to receive such communications

These paragraphs are relevant to entities and natural persons with obligations under the Irish Data Protection Act 1988, as amended by the Data Protection (Amendment) Act 2003 (the "Irish Data Protection Acts").

We acknowledge that if we process personal data passed to us by the Administrator or if we pass the Administrator personal data as a result of this Application Form, we will comply with the requirements of the Irish Data Protection Acts and the UK Data Protection Act 2003.

It is our policy to take reasonable steps to procure that our customers have the right to request not to receive information about other products and services which we offer.

FATCA

- I/We shall provide the Company, the Administrator with any additional information which it may reasonably request in connection with tax and or/FATCA regulations/reporting requirements or other similar requirements in order to substantiate any representations made by me/us or otherwise and I/we authorise the Company or its agents to disclose such information relating to this application to such persons as they consider appropriate.
- I/We shall supply the Company with executed copies of those documents attached, or referred to, in Annex 1 (for US and Non-US Taxpayers).
- I/We agree to provide to the Company, the Administrator at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require (the "**Tax Information**") in connection with this investment (including for the purposes of tax and/or FATCA regulations/reporting requirements). Should any information furnished to any of them become inaccurate or incomplete in any way, I/we hereby agree to notify the Company, the Administrator immediately of any such change and further agree to request the redemption of Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Company.
- In addition to any information required to the Tax Information, I/We agree to promptly provide, and periodically update, at any times requested by the, Administrator with any information (or verification thereof) the Administrator deems necessary

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- to comply with any requirement imposed on the Company including pursuant to tax and/or FATCA reporting requirements (including any imposed by any inter-governmental agreement or any legislation in relation to any intergovernmental agreement). This may include such information as is required to evidence the Company's (or any account holder in the Company's) status for such purposes, but to include (not limited to) whether the Company is a foreign financial institution (for FATCA purposes), or whether of its account holders are US person for these purposes.
- In addition to the Tax Information, I/We agree to promptly provide, at any times requested by the Administrator, any information (or verification thereof) the Administrator deems necessary for the Company to comply with the terms of the IGA and any Irish laws, regulations or other guidance implementing the IGA, and any information required to comply with the terms of that agreement on an annual or more frequent basis. I/We agree to waive any provision of foreign law that would, absent such a waiver, prevent compliance with such requests and acknowledges that, if it fails to provide such waiver, it may be required by the Investment Manager to withdraw from the Company if necessary to comply with FATCA and the IGA.
- We represent and warrant the completeness and accuracy of any information (as at the date of submission) and authorise the Company and/or the Administrator to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. We represent and warrant that we have any requisite consent to disclose any information to you. The Company shall have no obligation to carry out any investigation with respect to the truth, accuracy or completeness of any information provided by us and I/We will, on demand, hold the Company harmless from any liability resulting from the my/our failure to provide complete and accurate Information.
- I/We hereby acknowledge that if I/we fail to provide the any information on a timely basis, I/We may be subject to 30% U.S. withholding tax on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the Company.
- I/We hereby acknowledge that if I/we fail to provide the any information and such failure results in the Company being unable to comply with the IGA, the Investment Manager may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/We further acknowledge and agree to indemnify the Company and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Company.

Note: All investors must complete the relevant Self Certification FACTA and CRS Appendixes 1 or 2 in the Account Opening application form.

**DECLARATION OF RESIDENCE OUTSIDE IRELAND
(Non-Resident Composite Declaration)**

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payments without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of Shares. Terms used in the declaration are defined in the Prospectus.

Declaration on own behalf/on behalf of a Company

I/We* declare that I am/we are* applying for the Shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the Shares in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland, and
- should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

*Delete as appropriate

Declaration as Intermediary

I/We* declare that I am/we are* applying for Shares on behalf of persons:

- Who will be beneficially entitled to the Shares; and,
- Who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

I/We* also declare that:

- unless I/We* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of such persons; and,
- I/We* will inform you in writing if I/We* become aware that any person, on whose behalf I/we* holds Shares, becomes resident in Ireland.

*Delete as appropriate

IMPORTANT NOTES REGARDING THIS DECLARATION

1. Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
2. To be valid, the Account Opening Form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
3. If the Account Opening Form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be attached.
4. If you cannot make this declaration please contact the Administrator. Those Irish residents who are entitled to payment without deduction of tax, for example pension funds should request the appropriate alternative form of declaration from the Administrator.

Authorised Signatory

Authorised Signatory

Note: Please see the next pages for explanatory notes

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Please note:

1. This Application Form must be signed by each applicant and sent to Atlante Funds plc, c/o Northern Trust International Fund Administration Services (Ireland) Limited, Transfer Agency Dept., George's Court, 54-62 Townsend Street, Dublin 2, Ireland.
2. Where there is more than one applicant, each applicant must sign.
3. If the applicant is a company, the company secretary or another authorised officer must sign this Application Form.
4. A firm (such as a partnership and not a limited company) should make applications in the name(s) of and signed by the proprietor(s).
5. A corporation should complete this form under seal or under the hand of a duly authorised official who should state his capacity and furnish a certified copy of the authority pursuant to which such official is authorised.
6. If this Application Form is signed under power of attorney, a copy of the power of attorney must be provided in support of the signature.
7. If people other than the authorised signatories are authorised to instruct dealing activity on the account then a list of the relevant personnel together with their signatures should be attached to the form and forwarded to the Administrator.

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Appendix 1

Individual (Controlling Person's) Self-Certification for FATCA and CRS

Instructions for completion

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 investor's 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 Fund 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 to the OECD CRS Information Portal at:

<http://www.oecd.org/tax/automatic-exchange/> 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 advise of these changes promptly.

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

Sections 1, 2, 3 and 5 must be completed by all investors.

Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see:

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

*(Mandatory fields are marked with an *)*

Section 1: Investor Identification

Investor Name*: _____

Current Residential Address*:

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

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City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Place of Birth*

Town or City of Birth*: _____ **Country of Birth*:** _____

Date of Birth*: _____

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Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes*:

Please tick either (a) or (b) and complete as appropriate.

(a) I confirm that [**I am**]/[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

OR

(b) I confirm that [**I am not**]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

Section 3: CRS Declaration of Tax Residency (please note you may chose more than one country)*

Please indicate your/ the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN"). Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN.

Section 4 – Type of Controlling Person

(ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person

<i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i>	Please Tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

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5: Declaration and Undertakings:

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

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature*: _____

Print Name*: _____

Date: (dd/mm/yyyy)*: _____

Capacity*: _____

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Appendix 2

Entity Self-Certification for FATCA and CRS

Instructions for completion

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 investor's 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 Fund 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/> 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.

(Mandatory fields are marked with an *)

Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".

Section 1: Investor Identification

Investor Name*: _____ (the "Entity")

Country of Incorporation or Organisation: _____

Current Registered Address*:

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

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Section 2: FATCA Declaration Specified U.S. Person:

Please tick either (a), (b) or (c) below and complete as appropriate.

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

U.S. TIN: _____

Or

b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Section 3: Entity's FATCA Classification* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):

3.1 Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2

I.	<i>Irish Financial Institution or a Partner Jurisdiction Financial Institution</i>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

3.2 Please provide the Entity's *Global Intermediary Identification number (GIIN)* _____

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

3.4 Non-Financial Institutions under FATCA:

If the Entity is not a *Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> (If this box is ticked, please include self-certification forms for each of your Controlling Persons)	
III.	<i>Excepted Non-Financial Foreign Entity</i>	

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Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)*

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")).

NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a (TIN).

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 principal office is located.

Country of Tax Residency	Tax ID Number

Section 5: Entity's CRS Classification* (The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3):

For more information please see the CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, please tick one of the below categories

I.	<i>Financial Institution under CRS (other than (II) below)</i>	
II.	An <i>Investment Entity</i> located in a <i>Non-Participating Jurisdiction</i> and managed by another <i>Financial Institution</i> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons **)	

5.2 Non Financial Institutions under CRS:

If the Entity is a *Non Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation	
II.	<i>Active Non-Financial Entity</i> – a Government Entity or Central Bank	
III.	<i>Active Non-Financial Entity</i> – an International Organisation	
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	

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V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	
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****Controlling Person's:**

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

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 managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

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Section 6: Declarations and Undertakings

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature(s)*:

Print Name(s)*:

Capacity in which declaration is made*:

Date: (dd/mm/yyyy):* _____

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ALBEMARLE
ASSET MANAGEMENT

Appendix 3

LETTER OF UNDERTAKING TO BE COMPLETED BY FINANCIAL AGENTS, NOMINEES AND INTERMEDIARIES

[On Company Letterhead of Regulated Entity]

[Date]

[**Atlante Funds Plc**
c/o Northern Trust International Fund Administration Services (Ireland) Limited
George's Court
54 -62 Townsend Street
Dublin 2]

Northern Trust International Fund Administration
Services (Ireland) Limited
Georges Court
54-62 Townsend Street
Dublin 2
Ireland

Re: Investors in Atlante Fund Plc
Customer Due Diligence: Anti-Money Laundering/Counter Terrorist Financing

Dear Sirs,

We confirm that we are a provider of financial services regulated within [country / state] by [name of regulator] and are required to undertake appropriate measures to ensure compliance with Anti-Money Laundering ('AML') and Counter Terrorist Financing ('CTF') legislation, regulations and authoritative guidance set by [state applicable AML/CTF legislation]. Our registration or licence number is [state registration or licence number].

We confirm that we have appropriate measures in place under [state applicable AML/CTF legislation] to ensure compliance with AML and CTF regulations. We confirm that we are supervised or monitored for compliance with the requirements specified in the Third Money Laundering Directive (Directive 2005/60/EC of the European Parliament and of the council of 26 October 2005) and pursuant to which requirements we are required to undertake appropriate measures to ensure compliance with Anti-Money Laundering ('AML') and Counter Terrorist Financing ('CTF'). We acknowledge that we are being relied upon by [Insert name of Fund or Manager] and Northern Trust International Fund Administration Services (Ireland) Limited ('Northern Trust') as Transfer Agent appointed by [Insert name of Fund or Manager] for the purposes of meeting the aforementioned Customer Due Diligence ('CDD') obligations in relation to investors in [Insert Name of Fund] and have not relied on another third party in meeting our CDD obligations.

On an ongoing basis, we will continue to satisfy ourselves, and will confirm to you on request, that we have proper internal controls, policies and procedures in place to combat money laundering and have adopted

measures to prevent and detect the commission of the offence of financing terrorism. We confirm that all such controls, policies and procedures are current and kept up to date and that we shall provide you with access to these internal controls, policies and procedures as required. We also confirm that pursuant to the AML/CTF regulations, we shall (i) keep records evidencing the procedures applied and information obtained in relation to each investor; and (ii) keep records evidencing the history of services and transactions carried out in relation to each investor and shall provide you with these records as required.

In ensuring compliance with AML and CTF regulations:

- We hereby confirm our identification of beneficial owners and verification of the beneficial owners' identities (to the extent warranted by risk of money laundering and the financing of terrorism) such that we can be reasonably satisfied that we know who the beneficial owners are as well as the ownership and control structures.
- We undertake to retain documents and information sourced for the purposes of identification and verification of investors in **[Insert Name of Fund]** and beneficial owners and understanding the purpose and intended nature of the investment by investors in **[Insert Name of Fund]**.
- We undertake to provide copies of such documentation and information to either **[Insert Name of Fund or Manager]** or Northern Trust upon request.
- We undertake to retain such documents and information for a period of at least five years after (i) the date on which the Company's relationship with the investor has ended or (ii) the date of the last transaction (if any) with the investor, whichever is the later.
- We undertake that prior to the destruction of such documents and information; we will ensure that the relevant documents and information are provided to you, where there is a continuing relationship between investors and **[Insert Name of Fund or Manager]**.
- To the extent an investor introduced by us is a non-US bank, pursuant to the USA Patriot Act, as amended; we will obtain proof from such investor that it is not a shell bank within the meaning of the USA Patriot Act, as amended.
- Where an investor is an individual does not present to us for verification in person ('non face to face') we shall address the additional risk presented by this scenario in accordance with the AML/CTF Regulations and our internal controls, policies and procedures in place to combat money laundering and to prevent and detect the commission of the offence of financing terrorism.

We hereby undertake, to the extent permitted by law, to notify you immediately of any concerns that we may have in connection with the above referenced investors in the context of AML and CTF regulations or in the event of any suspicious circumstances relating to such investors, which may come to our attention.

We also confirm that we have taken measures to ensure that investors are neither individuals nor institutions against whom sanctions have been imposed by OFAC, the EU or the United Nations. We undertake to notify you immediately of our identification of any investor as a domestic or non-domestic Politically Exposed Person or our identification of any investor as a Specially Designated National in order for you to complete Enhanced CDD

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appropriate to your legislation.

In particular we hereby undertake to notify the Company or Northern Trust immediately where:

- We are unable to sufficiently identify or verify the investor or identify or verify the beneficial owner(s) of the investor (to the extent warranted by risk of money laundering and the financing of terrorism);
- We suspect that an investor or beneficial owner(s) of the investor is or was involved in money laundering or terrorist financing; or
- We become aware that the investor or beneficial owner(s) of the investor are individuals or institutions against whom sanctions have been imposed by the EU, the United Nations or the Office of Foreign Asset Control (OFAC).

Yours faithfully,

For and on behalf of
[Regulated Entity]
[Capacity of signatory i.e. Director/Manager]