

CUSTOMER APPLICATION

This application shall be sent in original to Nordic Equities Kapitalförvaltning AB, Grev Turegatan 13B, Box 7238, 103 89 Stockholm, SWEDEN, or by email to mail@nordeq.se along with the documents specified below. After we have received a complete customer application, we will send you a customer identification number – which shall be used when completing the purchasing form and when transferring payments.

Name / Corporation		Personal identification no./ Corporate id. number
Address		Postal code City
Country (if other than Sweden)	Residence for tax purposes (if other t	han Sweden) Foreign tax ID
Contact	Telephone (inc. area code)	E-mail address
ACCOUNT - FOR FUTURE PAYMEN	ITS	
Bank name	Account number (IBAN) PLEASE NOTE	The account must be registered on the holder of fund units. (This apply also to minors.)
GUARDIANS, IN CASE OF MINORS		
Name of guardian		Personal identification no. of guardian
Name of guardian		Personal identification no. of guardian
REPORTS		CUSTOMER IDENTIFICATION NUMBER
I/we wish to receive the semi-annual and ar	nnual reports:	The customer number is sent by e-mail, if nothing else is specified. Please send my customer number via regular mail:
certifying the document shall include signal identification documents and a copy of the being a guardian – please attach a copy of your pocuments to ENCLOSE – LEGA • Documentation certifying that the rethan a month), list of signatories or protocol	ature, full name, and address or tel documentation that validates that yo our own identity documents and a conclusion. AL PERSON presentative is authorized to representative in documents for the signatory. Upon	eapplies to all guardians. Upon certification, the person ephone number. If you are a guardian – please attach a copy of your own valid u are the guardian of the person. If you represent the account of a person without py of a written power of attorney, identity document or equivalent. In the legal person, e.g. current registration documentation (no older certification, the person certifying the document shall include
to attain customer familiarity. Foreign Acc	count Tax Compliance Act (FATCA) viduals or entities that are subject t	that Nordic Equities Kapitalförvaltning AB needs to obtain information about clients puts upon financial institutions to provide Internal Revenue Services (IRS) with o US taxation. Therefore, we ask you to complete the following questions. Listects.
1. What is the purpose and character of your Savings Other	business connection with Nordic Equ , please specify:	uities Kapitalförvaltning?
2. On whose account is the investment made		
		personal identification no. or corporate id. no.
		(4)



Continuation, customer application

3. Where does the money you invest in Nordic Equities' funds o	ome from?				
Saving Gift/inheritance/donation Salary/pension Receipts from business	\vdash	tments of business		Insurance Other, please specify:	Sale of real estate
4. What is your investment horizon?			L		
Short term (<2 years) Medium term (2–5 years)) Long	term (>5 years)			
5. To what amount do you estimate an average transaction? <500.000 SEK 500.000-5.000.000 SEK	>5.0	00.000 SEK			
6. How often will you, at a rough estimate, realize transactions	in Nordic Equ	ities' funds?	_	_	
Monthly or more often Several times per year	1 tim	e per year		More seldom	
7. For individuals: Are you, or have you been in an exposed political position during the content of the positions listed below are examples of expoored the positions listed below are examples of expoored the positions listed below are examples of expoored the positions are possible to the position of a political party of the governing body of a political party of the member of a supreme court, constitutional court or or exceptional circumstances Member of courts of auditors or of the boards of central Ambassador, chargés d'affaires and high-ranking office of the administrative, management or supervis Directors, deputy directors and members of the board Europe, NATO and WTO)	ised political prints of the control	ositions: ivalent) el judicial bodie d forces State-owned en	terprise	s	
No, I/we am/are not in, and have not been in a	politically ex	posed	Yes,	I/we am/are, or have beer	n in a politically exposed position
position Function			(expla	ain in the table below)	Period
For individuals:Are any of the following to you close/associated persons in a p	olitically expo	sed position giv	en the o	definition above?	
- Spouse, brother, sister or by national law equal person	n	No		es, explain in the table below	
 Common-law partner Child, spouse of child or common-law partner of child 		No No	_	es, explain in the table below es, explain in the table below	
– Parent	<u> </u>	No		es, explain in the table below	
- Close business associate	-	No	Y	es, explain in the table below	1
Name Re	lation	Fund	tion	Country	Period
9. For individuals: Are you a citizen or resident of the U.S.? Or for other reasons so No Yes, fill in you	•	axation? tion Number (TI	N):		



	No	Yes			
	,	Afrikanistan			
	1. 2.	Afghanistan Barbados			
	3.	Burkina Faso			
	4.	Cambodia			
	5.	Cayman Islands			
	6.	Democratic People's Republic of Korea			
	7.	Haiti			
	8.	Iran			
	9.	Jamaica			
		Jordan			
		Mali			
		Morocco			
	13.	•			
		Nicaragua Pakistan			
		Panama			
	17.	Senegal			
	18.	South Sudan			
	19.	Syria			
	20.	Philippines			
	21.	Trinidad and Tobago			
	22.	-			
		Vanuatu			
	24. 25.	Yemen Zimbabwe			
		al persons:			
is the	entity	r: egistered in the U.S.?	No	Yes*	
					
		financial institution? ¹	No	Yes*	
	– Ar	n excepted beneficial owner ² , or an active non-financial entity ³ ?	No	Yes*	
		*A compliance office	r from Nordic Equities Kapita	lförvaltning mav contact vou	for additional information
				,,	
2. Fc	or lega	al persons:			
Please	list	all direct/indirect natural proprietors with shares in excess of 25 S	6 as well as natural persons	s with a controlling influen	ce (beneficial owner). For
		ole foundations, or similar, please state information about future bene			
or ope	erates				
Nam	e	Address		Personal	Share in %
				Identification	
					ŀ
	No. on		Charleble found		
	No on	e possess a share over 25%, or a controlling influence	Charitable founda	ation, or association	
		•			Company has adopted as
f the	legal	e possess a share over 25%, or a controlling influence person does not have a beneficial owner, we must, according to regula consider the chairman of the board as the alternative beneficial owne	tions, appoint an alternative	beneficial owner. The Fund (
f the	legal	person does not have a beneficial owner, we must, according to regula	tions, appoint an alternative	beneficial owner. The Fund (
f the	legal	person does not have a beneficial owner, we must, according to regula	tions, appoint an alternative	beneficial owner. The Fund (
f the a rout	legal tine to	person does not have a beneficial owner, we must, according to regular consider the chairman of the board as the alternative beneficial owned the consideration of the board as the alternative beneficial owned the consideration of the board as the alternative beneficial owned to be considerated by the consideration of the board as the alternative beneficial owner.	tions, appoint an alternative r. Please state the name, add	beneficial owner. The Fund (
An en Pensio	legal cine to atity that on func-	person does not have a beneficial owner, we must, according to regular consider the chairman of the board as the alternative beneficial owner tholds/administers financial assets for the benefit of another entity/person is (according to the law (1967:531)), governmental entities, international organisations and efined as an active non-financial entity if any of the following is applicable:	tions, appoint an alternative r. Please state the name, add	beneficial owner. The Fund (
An en	legal cine to	person does not have a beneficial owner, we must, according to regular consider the chairman of the board as the alternative beneficial owner tholds/administers financial assets for the benefit of another entity/person is (according to the law (1967:531)), governmental entities, international organisations and defined as an active non-financial entity if any of the following is applicable: than 50% of its gross income for the preceding calendar year came from sales of produce than 50% of its gross income for the preceding calendar year came from sales of produces.	tions, appoint an alternative r. Please state the name, add	beneficial owner. The Fund (
If the a rout 1 An en 2 Pensia 3 An er i) ii)	legal cine to atity that on func- nity is a More The	person does not have a beneficial owner, we must, according to regular consider the chairman of the board as the alternative beneficial owner tholds/administers financial assets for the benefit of another entity/person is (according to the law (1967:531)), governmental entities, international organisations and efined as an active non-financial entity if any of the following is applicable:	tions, appoint an alternative r. Please state the name, add	beneficial owner. The Fund (



chairman of the board (if no beneficial owner has been specified in the table above). Please also attach a certified copy of a valid identification document. Upon certification, the person certifying the document shall include signature, full name, and address or telephone number.

Name	National identification number	Country				
Address	Postal code	City				
12. For legal persons or agents:						
Are, or have any of the persons listed above in question 2 or 12 above, been in a politically exposed position in the last 18 months (see definition above) or a family member or close business associate of such a person?						
Yes, (describe below) No						
Name						
SIGNATURES I/we declare that the information given here, that is of importance to taxation and the application of legislation relating to reporting obligations etc, is correct, and that I/we undertake to notify Nordic Equities Kapitalförvaltning AB (The Fund Company) promptly of any changes, e.g. moving abroad and changes of names or/and bank accounts. I/we confirm that the Fund Company is entitled to disclose any information I/we have submitted to the company if any authority should so request. The Fund Company will be processing the information I/we have submitted to the extent this is necessary for the performance of the company's obligations, and the information submitted may be disclosed to and processed by other companies associated with the Fund Company, and I/we understand and give our consent to this.						
I/we understand that historical development does not guarantee future return and that the value of fund's units can both rise and fall. Exchange rate fluctuations may result in a rise or fall of the value of units of funds investing in foreign markets. There are no guarantees that an investment will not result in a loss. This applies also when the stock markets otherwise develop in a favourable manner. Each and every person that acquires units in our funds is obliged to make a personal assessment of the investment and the associated risks. Any prospective investor in our funds is obliged to ensure that the investment complies with all applicable laws and regulations, Swedish as well as foreign. The Fund Company is under no obligation to ascertain whether an investment from abroad complies with the laws of the relevant country.						
I/we understand that the Fund Company does not provide financial advice as referred to in the Swedish Financial Advice to Consumers Act [lagen om finansiell rådgivning till konsumenter] (SFS 2003:862), and I/we furthermore confirm that I/we have not instructed Nordic Equities Kapitalförvaltning to provide any such advice.						
I/we furthermore understand that the Fund Company, in accordance with the Money Laundering and Terrorist Financing (Prevention) Act (2017:630) has no obligation to complete trades if a complete Know-Your-Customer (KYC) form has not been received.						
Information about Nordic Equities processing of personal data, please read our privacy policy at http://nordeg.se/om-oss/legal-information/?tab=integritetspolicy .						
Place and Date	Place and Date					
Authorized Signature	Authorized Signature					
Printed Name	Printed Name					
	I					

Please attach copies of identification and signatory documents