

## Know your customer – Investor (natural person)

This form is to be filled in for subscriptions in excess of EUR 15,000 (approximately 150,000 SEK)

We are required to collect the following information according to anti-money-laundering and terrorist financing regulations. Please ensure that the information provided is accurate.

### Investor - subscriber

|                          |   |
|--------------------------|---|
| First name and last name | Social security no or other identification no |
| Registered address       | Telephone                                     |
| Postal code and City     | E-mail address                                |
| Country                  |   |

### Where applicable; Representative (eg parent, guardian, good man or trustee)

|         |   |
|---------|---|
| Name    | Social security no or other identification no |
| Address | Telephone                                     |

|         |   |
|---------|---|
| Name    | Social security no or other identification no |
| Address | Telephone                                     |

### Politically Exposed Person (with respect to the above mentioned investor)

|  |                              |
|--|------------------------------|
| <p>Do you have or have had an important function like</p> <ul style="list-style-type: none"> <li>a) Head of State or Government,</li> <li>b) Minister or Deputy Minister,</li> <li>c) Member of Parliament,</li> <li>d) Member of the central bank's governing body,</li> <li>e) Member of the Political Party Board represented in bodies specified in any of points a) – d) above,</li> <li>f) Supreme court judge, constitutional court or other high-level judicial body whose decision may only be appealed against exceptionally,</li> <li>g) Higher official at the Audit Office,</li> <li>h) Ambassador or Head of Mission,</li> <li>i) High officers in defense force, or</li> <li>j) Person included in state-owned enterprise management or control body</li> </ul> <p>Persons referred to in (a) to (j) above are for the duration of their assignment, and for a period of 18 months thereafter, considered politically exposed persons(hereinafter "PEP").</p> | Yes <input type="checkbox"/> |
|  | No                           |

|  |                              |
|--|------------------------------|
| Are you a family member of a PEP?  | Yes <input type="checkbox"/> |
| Family member refers to spouse, registered partner, cohabitant, children and their spouses, registered partners or cohabitants as well as parents. | No <input type="checkbox"/>  |
|  |                              |

|   |                              |
|---|------------------------------|
| Are you a well-known employee of a PEP?   | Yes <input type="checkbox"/> |
| Known employees are referred to as  | No <input type="checkbox"/>  |
| <ul style="list-style-type: none"> <li>A natural person who, as known or reasonably understood, in common with a PEP is a beneficial owner of a legal person or legal structure or otherwise has or has had close relations with a PEP, and</li> <li>Natural person who is the sole beneficial owner of a legal person or legal structure which, as is known or reasonably supposed, has been established in favor of a PEP.</li> </ul> |                              |

If you are PEP yourself, state your function and the country where you exercise, or have exercised, the function and when the assignment has commenced and has expired:

If you are a member of the family or known employee of a PEP, state your relationship with the person who is PEP, its function and the country in which it exercises, or has exercised, the function and when its mission has been commenced and has ceased:

### What is the origin of the capital the investor intend to invest?

|                                   |                          |                                  |                          |
|-----------------------------------|--------------------------|----------------------------------|--------------------------|
| Savings                           | <input type="checkbox"/> | Sale of real estate              | <input type="checkbox"/> |
| Salary or pension                 | <input type="checkbox"/> | Inheritance/gift                 | <input type="checkbox"/> |
| Sale of business                  | <input type="checkbox"/> | Former investments/Capital gains | <input type="checkbox"/> |
| Profit from companies I represent | <input type="checkbox"/> | Other, please specify below      | <input type="checkbox"/> |
|                                   |                          |                                  |                          |

### Beneficial owners – Investors who are natural persons

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you act on your own behalf?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you act on behalf of someone else, enter their name, address and social security number:   |                              |                             |
|   |                              |                             |
| If the beneficial owner is a person in a politically exposed position state if this person is a PEP, family member or well-known employee of a PEP. |                              |                             |
|   |                              |                             |

### Attach the following documents

- Attach a certified copy of valid ID.
- Attach authorization documents and certified copy of valid ID for any representatives.
- Attach a certified copy of valid ID for any beneficial owners.

### Signature

I am aware that the above information will provide the basis for anti-money laundering and terrorist financing measures. I hereby certify that the above information is accurate and truthful.

|   |                |
|---|----------------|
| Printed Name                                    | Place and date |
| Signature ( <b>Investor or Representative</b> ) |                |

|   |                |
|---|----------------|
| Printed Name                                    | Place and date |
| Signature ( <b>Investor or Representative</b> ) |                |

Aqurat Fondkommission AB notes

|                                      |                     |
|--------------------------------------|---------------------|
| EU Sanctions list control, approved: |                     |
| Date _____                           | Administrator _____ |