

# LUCENT STRATEGIC LAND FUND

Corporate Body application form

To: **European Fund Administration S.A (EFA)**  
**2, rue d'Alsace**  
**P.O. Box 1725**  
**L-1017 Luxembourg**

**From:**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Date \_\_\_\_\_

Att: **Registre-Production 2-AML Section**  
 Fax: **(00352) 48 65 61 8002**

## 1. INVESTMENT DETAILS

Fund Name	ISIN	Bloomberg Ticker	Class of Shares	Currency	Minimum Investment	Amount
Lucent Strategic Land Fund	LU0517777438	KMGLDAE LX	A	EUR	€15,000	
	LU0517777271	KMGLDAG LX	A	GBP	£10,000	
	LU0517777354	KMGLDAU LX	A	USD	\$15,000	
	LU0517777511	KMGLDA2 LX	A2	GBP	£10,000	
	LU0517777867	KMGLDBE LX	B	EUR	€40,000	
	LU0517777602	KMGLDBG LX	B	GBP	£25,000	
	LU0517777784	KMGLDBU LX	B	USD	\$40,000	
	LU0738362044	KMGLDCS LX	C	GBP	£10,000	
	LU0738353993	KMGLDCU LX	C	USD	\$15,000	

\*Share Class B and C confirmation of initial charge \_\_\_\_\_

## 2. DETAILS OF APPLICANT

### Applicant's Name

The applicant is a professional of the financial sector regulated by the Financial Supervision Authority of their country.  
 (if yes please provide the name or regulatory body and license number details)

Yes  No

Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Registered Office Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_  
 Country \_\_\_\_\_

### Joint Applicant

The applicant is a professional of the financial sector regulated by the Financial Supervision Authority of their country.  
 (if yes please provide the name or regulatory body and license number details)

Yes  No

Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Registered Office Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_  
 Country \_\_\_\_\_

**Applicant's Name (cont.)****Mailing Address** (if different from above)

Postcode

Country

**Joint Applicant (Cont.)****Mailing Address** (if different from above)

Postcode

Country

**3. BANK ACCOUNT DETAILS**

According to the standard procedure of EFA and following a redemption instruction, EFA will only transfer the proceeds in favour of the applicant, appearing as owner of the units/shares in the register of units/shareholders maintained by EFA.

**Name of Bank**

Address

Postcode

Country

BIC Code

National Code (e.g BLZ/BC/Sort Code)

Full Name (of Account Holder)

Account Number and Currency

IBAN

Second Bank details (if bank account details for redemption differ from the source of funds, please complete details below)

**Name of Bank**

Address

Postcode

Country

BIC Code

National Code (e.g BLZ/BC/Sort Code)

Full Name (of Account Holder)

Account Number and Currency

IBAN

**4. DETAILS OF POWER OF ATTORNEY**

EFA is authorised to accept and execute any further instructions received from the following company for:

 Subscriptions Dealing Instructions Other (details):**Company Name**

The company is a professional of the Financial Sector regulated by the Financial Supervision Authority of a FATF, EU or EEA country member. (If yes please provide name or regulatory body and licence number details)

 Yes No

Address

Postcode

Country

Contact Name

Telephone

Fax

Email

Regulatory Body

Licence Number

## 5. DETAILS OF INTERMEDIARY

### Intermediary

The intermediary is a professional of the financial sector, regulated by the Financial Supervision Authority of a FATF, EU or EEA country. (If yes please provide name or regulatory body and licence number details)

Yes  No

Title	Telephone
Surname	Fax
Forename(s)	Email
Address	Regulatory Body
	Licence Number
Postcode	
Country	

### Mother Company

The intermediary is a wholly owned subsidiary of a group of which the mother company is a professional of the financial sector regulated by the Financial Supervision Authority of a FATF, EU or EEA country member and it is subject to the same group policy. (If yes please provide name or regulatory body and licence number details)

Yes  No

Address	Contact Name
	Telephone
	Fax
	Email
Postcode	Regulatory Body
Country	Licence Number

## 6. DECLARATIONS

1. Final Beneficiary: The applicant is the ultimate beneficial owner of the shares registered in his name.

Yes  No

2. The final beneficiary is a well informed investor in the sense of the SIF Law of 13th February 2007 on specialised investment funds. We certify his expertise, experience and knowledge in adequately appraising an investment in the fund, as such the final beneficiary is consequently aware of the risks involved in making an investment into the Fund. The applicant certifies that the final beneficiary understands and accepts that the subscription is made on the basis of and subject to the Fund Prospectus.

Tick box to confirm

3. In respect of the AML-TF obligations which we are subject to by the Financial Supervision Authority of the country we are regulated by or by our Group Policy, we hereby confirm to identify and verify our underlying clients (including any other final beneficiaries) as well as the origin of the money invested in the fund; archives of all documents and information related to the above-mentioned persons (including true name and proof of current permanent address of each investor) according to the terms of the Fund Prospectus and Legal obligations and that none of our underlying clients related to the investment are named on a list of prohibited countries, territories, entities or individuals maintained by the Financial Supervision Authority that we are regulated by.

Yes  N/A

4. The applicant hereby confirms that EFA will be informed as soon as possible if the status of the applicant, regarding AML-TF purposes has changed and particularly in the case that the applicant is no longer subject to a Supervising Authority in their country or to a Group Policy issued by the Mother Company who is a Financial Institution regulated in a FATF, EU or EEA member country.

Yes  N/A

5. EFA is authorised to accept and execute any future instructions received by fax until written notice of the contrary. The applicant will assume all risks, e.g. those arising from an error in communication or comprehension as well as those arising from fraud, resulting from the use of this communication means and relieve EFA from any and all responsibility in this respect.

Yes  No

6. The applicant hereby confirms they are aware of the terms and conditions of the Fund Prospectus, including but not limited to the fact that the Fund is not registered under the United States Securities Act of 1933 or under any United States securities laws. The applicant certifies that all (present or future) investments, registered or held by the applicant, are on behalf of non-US persons. The applicant understands that in cases in which the SICAV is confronted with a breach in the terms and conditions of the Fund Prospectus or the above certification, the investment can be refused.

Tick box to confirm

7. The applicant understands and agrees that any information and/or documents concerning themselves and to their investment in the fund, provided to the Company and Registrar and Transfer Agent, may be disclosed to Lucent Global Distribution Limited, or Lucent Advisors Limited, collectively the Lucent Group.

Tick box to confirm

## 7. REPORTING

### 1. EFA to provide confirmation for each transaction:

1.1 To the applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.2 To a third entity (if yes fill in details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Name		
Relation to the applicant	Contact Name	
Address	Telephone Number	
	Fax Number	
	Postcode	
Country		

### 2. EFA to provide position statements on the following basis:

	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
2.1 To the applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.2 To a third entity (if yes fill in details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Company Name			
Relation to the applicant	Contact Name		
Address	Telephone Number		
	Fax Number		
	Postcode		
Country			

## 8. MANDATORY ENCLOSURES

### If the applicant is located in a FATF, EU or EEA country and is a regulated professional of the Financial Sector:

- Application Form (copy by fax and original by courier) duly signed by the applicant (stamp & authorised signature).
- Copy of the certificate of regulation by the Financial Supervisory Authority of the related FATF, EU or EEA country.
- Copy of the latest version of the Authorised Signatories list.

### If the applicant is a wholly owned subsidiary of a group, of which the Mother Company is a financial institution regulated by the Financial Supervision Authority of a FATF, EU or EEA country and is subject to the same group policy:

- Application Form (copy by fax and original by courier) duly signed by the applicant (stamp & authorised signature).
- Copy of the latest version of the Authorised Signatories list.
- Copy of the excerpt of the trade registrar/ Certificate of Incorporation of the applicant.
- Copy of the Mother Company's certificate of regulation by the Financial Supervisory Authority of the related FATF, EU or EEA country.
- Signed original AML-TF Policy Certification of Mother Company.
- Copy of the latest version of the Authorised Signatories list of Mother Company.

**If the applicant is investing through a intermediary located in a FATF, EU or EEA country, who is a regulated professional of the Financial Sector:**

- Application Form (copy by fax and original by courier) duly completed and signed by the applicant and countersigned by the intermediary.
- Copy of the intermediary's certificate of regulation by the Financial Authority of the related FATF, EU or EEA country.
- Copy of the latest version of the Authorised Signatories list of the Intermediary.
- All future orders must be countersigned and stamped by the intermediary.

**If the applicant is investing through an intermediary who is a wholly owned subsidiary of a group, of which the Mother Company is a professional of the financial sector regulated by the Financial Supervision Authority of a FATF, EU or EEA country and it is subject to the same group policy:**

- Application Form (copy by fax and original by courier) duly completed and signed by the applicant and countersigned by the intermediary.
- Copy of the latest version of the Authorised Signatories list of the intermediary.
- Copy of the mother company's certificate of regulation by the Financial Supervision Authority of the related FATF, EU or EEA country.
- Signed original AML-TF Policy Certification of Mother Company.
- Copy of the latest version of the Authorised Signatories list of mother company.
- All future orders must be countersigned and stamped by the intermediary.

**Other cases:**

- Application Form (copy by fax and original by courier) duly signed by the applicant and the intermediary (if existing).
- Articles of Association of the applicant, certified by a public authority (e.g. Notary, Embassy, Town Hall).
- Certificate of Incorporation of the applicant, certified by a public authority (e.g. Notary, Embassy, Town Hall).
- Authorised Signatories list of the applicant, original or certified by a public authority (e.g. Notary, Embassy, Town Hall).
- List of Directors of the applicant and copies of their valid passport/ identity card certified by a public authority (e.g. Notary, Embassy, Town Hall).
- If the applicant is the beneficial owner of the shares:
  - Shareholder's list including the percentage of assets held by each of them.
  - Identification documentation on each shareholder with 25% or more of the assets.
  - Original assessment certifying the expertise, experience and knowledge of the applicant – only if the investment is under EUR 125,000 (see section 6. Declarations #1).
- If the applicant is not the beneficial owner of the shares:
  - Identification documentation on final beneficiary, certified by a public authority (e.g. Notary, Embassy, Town Hall).
  - Original assessment certifying the expertise, experience and knowledge of the final beneficiary – only if the investment is under EUR 125,000 (see section 6. Declarations #1).
- Attached "declaration of beneficial ownership" duly completed and signed by both the applicant/registered company and the final beneficiary.
- Certified copy of the wire instruction of the initial subscription proving that the payment has been made from the applicant's own account within a Financial Institution under the supervision of a Financial Supervisory Authority of a FATF, EU or EEA member country, and certified by the related Financial Institution.

FURTHER DOCUMENTATION MAY BE REQUESTED IN ORDER TO COMPLY WITH THE LEGAL AND COMPLIANCE REQUIREMENTS.

**Main Applicant**

**Joint Applicant**

Date

Date

Signature

Signature

**9. SUBSCRIPTION PAYMENT DETAILS**

Name of Bank

**KBL European Private Bankers S.A.**

Address

43 boulevard Royal L-2955 Luxembourg

R.C.S. Luxembourg B 6395

BIC

KBLXLULL

**Account Name**

KMG SICAV-SIF – Lucent Strategic Land Fund

**IBAN EUR – LU97 7050 5329 0332 8400****IBAN GBP – LU18 7050 5229 0332 5700****IBAN USD – LU79 7050 5429 0332 1400****Name of Correspondent Bank – USD**

Bank of New York Mellon, New York

BIC

IRVTUS3N

Account Number

890-1084-468

**Name of Correspondent Bank – GBP**

Royal Bank of Scotland Plc

SWIFT Address

RBOSGB2LXXX

Account Number

12201581

Payment by cheque cannot be accepted