The IDAD Fund PCC plc (the "Fund") – Individual Application Form

To: Suntera Fund Services (IOM) Limited, Peveril Buildings, Peveril Square, Douglas, Isle of Man IM99 1RZ
Telephone: +44 (0) 1624 682224 Email: fund.services@suntera.com

This form should be used by one or more individuals (i.e. natural persons) who wish to invest for their own account. If the investment is intended to be held by the applicant(s) for the benefit of another person, please use the "Trust Application Form". If this application is being completed by someone acting on behalf of an individual applicant (e.g. under a power of attorney), then – in addition to completing the details of the applicants in Part 1 - the attorney or other representative should complete Part 3 with their own details and also provide the documentation set out in Part 4.

1. ACCOUNT DETAILS

Applicant Names	

DETAILS OF FIRST APPLICANT

Title		**Gender**	M / F	**Date of Birth**	DD/MM/YYYY	**Place of Birth**	
Full Name							
Previous, Maiden, Other Names				**Occupation**	If retired, please state previous occupation		
Nationality				**Passport No.**			
Permanent Residential Address							
Post Code				**Country of Residence**			
Contact Telephone No. *(include country code)*				**Alternate Telephone No.** *(include country code)*			
Preferred method of contact:	**E-mail** ☐				**Post** ☐		
E-mail Address							

Please list any public or high profile positions held:

Source of Wealth - Please explain:

(a) how your general wealth has been accrued including the geographic sphere in which wealth was obtained:

(b) the activity(ies) that generated the funds to be used for the investment in the Fund:

(c) your approximate annual income from all sources:

Source of Funds – Please provide details of the financial institution that the investment monies are coming from:

Account Name: **Account Number:**

Name of Financial Institution: **Sort Code/Branch:**

Address of Financial Institution: (including post code)

DECLARATION OF TAX RESIDENCE

The Fund is obliged under the Isle of Man Income Tax Act 1970, Regulations, Guidance Notes made pursuant thereto and Treaties and Intergovernmental Agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively 'AEOI'), to collect certain information about each applicant's tax status.

Please complete all sections below and provide any additional information that is requested. Please note that we may be obliged to share this information with relevant tax authorities.

If any of the information below regarding your tax residence or AEOI classification changes in the future, please ensure you advise us of these changes promptly.

I hereby confirm that I am, for tax purposes, resident in the following jurisdictions:

Jurisdiction		**TIN**	
Jurisdiction		**TIN**	
Jurisdiction		**TIN**	

Please indicate the TIN for each jurisdiction. The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an entity and used to identify the individual or entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

If a TIN is not available, please provide a functional equivalent. If no TIN or functional equivalent is available for any of the jurisdictions listed, please advise the reason why (such as the jurisdiction does not issue such numbers) below:-

DECLARATION OF US CITIZENSHIP OR US RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) or (c) and complete as appropriate:-

☐ (a) I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identifying number (US TIN) is as follows:

_____

☐ (b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

☐ (c) I confirm that I am not a US citizen or resident in the US for tax purposes.

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 undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature of First Applicant: _____ Date: _____

DETAILS OF ADDITIONAL APPLICANT

Title		**Gender**	*M / F*	**Date of Birth**	*DD/MM/YYYY*
Place of Birth					
Full Name					
Previous, Maiden, Other Names		**Occupation**	If retired, please state previous occupation		
Nationality		**Passport No.**			
Permanent Residential Address					
Post Code		**Country of Residence**			
Contact Telephone No. *(include country code)*		**Alternate Telephone No.** *(include country code)*			
Preferred method of contact:	**E-mail**		**Post**		
E-mail Address					

Please list any public or high profile positions held:

Source of Wealth - Please explain:

(a) how your general wealth has been accrued including the geographic sphere in which wealth was obtained:

(b) the activity(ies) that generated the funds to be used for the investment in the Company:

(c) your approximate total annual income from all sources:

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Jurisdiction		**TIN**	
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Jurisdiction		**TIN**	

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Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Signature of Second Applicant: _____ Date: _____

2. SIGNING AUTHORITY

	Any One of us	All of us
Please complete	☐	☐

NOTE: In the absence of alternative instructions, the signature of all parties will be required on all instructions

3. DETAILS OF ANY ATTORNEY, AGENT OR OTHER REPRESENTATIVE (if applicable)

Title		**Gender**	M / F	**Date of Birth**	DD/MM/YYYY	**Place of Birth**	
Full Name							
Previous, Maiden, Other Names				**Occupation**	If retired, please state previous occupation		
Nationality				**Passport No.**			
Permanent Residential Address							
Post Code				**Country of Residence**			
Contact Telephone No. ***(include country code)***				**Alternate Telephone No.** ***(include country code)***			
Preferred method of contact:		**E-mail**				**Post**	
E-mail Address							

Please list any public or high profile positions held:

4. ANTI-MONEY LAUNDERING & COUNTERING THE FINANCING OF TERRORISM DOCUMENTATION

All persons named in the application are asked to send the following information with this Application Form:

1. **A certified true copy of each applicant's current valid Passport or Driving Licence (bearing a photograph and signature of the individual).** ☐
   - *The document must be in date/valid and should show the issue and expiry date and it must show a good quality photograph, bearer's signature, and the name of the issuing authority.*
2. **An original or certified true copy of a recent rates or utilities bill (no more than 6 months old) for each individual applicant which shows the current name and full residential address of each individual applicant.** ☐
   - *Verification of Address documents must show the name of the individual and their permanent residential address.*
   - *Where an individual uses a PO Box or "care of" address, evidence of their 'true' address must be provided.*
   - *Store card statements and mobile telephone bills are not acceptable.*

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. a certified copy of the relevant Power of Attorney or Investment Management Agreement (plus authorised signatory list).

Certification of Documents

Where original documents cannot be supplied, they need to be suitably certified by an independent person. The following will be accepted as suitable certifiers:

- Lawyer or Notary Public that is a member of a recognised professional body.
- Accountant that is a member of a recognised professional body.
- Actuary that is a member of a recognised professional body.
- Company Secretary that is a member of a recognised professional body.

- Member of the Judiciary.
- Officer of an Embassy, Consulate or High Commission of the country of the issue of documentary evidence of identity.
- Senior Civil Servant.
- Serving Police or Customs Officer.
- Director, Company Secretary or Manager of a business regulated on the Isle of Man or an external regulated business as defined in the Anti-Money Laundering and Countering the Financing of Terrorism Code.

Each certification must state:

- that the document is a true copy of the original;
- the certifier's name (printed clearly in block capitals);
- the certifier's signature;
- the date of certification;
- the occupation/capacity of certifier (printed clearly in block capitals); and
- the certifier's full contact details (printed clearly in block capitals).

Documents must be certified as a true copy of the original document. Each certification of photographic identification must include confirmation that the photograph represents a good likeness of the holder.

Examples of how a suitable certification should look are shown below:

Certified true copy of the original document

Signature:
Name:
Position:
Date:
Employer name and address:

Telephone No.:

Qualification:
Professional Body:
Membership No.:

I hereby certify that this is a true copy of an original [passport/driving licence], which I have seen, and the photograph represents a good likeness of the holder.

Signature:
Name:
Position:
Date:
Employer name and address:

Telephone No.:

Qualification:
Professional Body:
Membership No.:

IN CERTAIN CIRCUMSTANCES (E.G. FOR POLITICALLY EXPOSED PERSONS) ENHANCED DUE DILIGENCE WILL BE UNDERTAKEN AND FURTHER DOCUMENTATION MAY BE REQUESTED BEFORE THE APPLICATION IS ACCEPTED.

Please contact the Manager using the contact details at the end of this Application Form if you have any queries regarding the supply of this information or the certification of any true copy documents.

5. INVESTMENT DETAILS (please indicate amount to be invested)

Cell Choice	Currency	Amount in Figures	Amount in Words
Refined Growth Feeder Cell	**GBP / USD / EUR**		
ABSA Global Alternative Alpha Cell	**USD**		
Smoothed Growth Feeder USD Cell – Class R Shares	**USD**		
Smoothed Growth Feeder Euro Cell – Class R Shares	**EUR**		
Smoothed Growth Feeder GBP Cell – Class R Shares	**GBP**		

Please note that a minimum holding of 1,000 in the respective currency applies to each cell choice.

Payment may be made by wire transfer of immediately available funds to the Manager.

Payment details will be supplied on request to the Manager.

6. DECLARATIONS

Part 1 Certification - <u>To be completed by all applicants</u>

The investor confirmations (a) to (c) apply to all applicants.

The investor confirmation (d) applies to all applicants **except** those who are signing a Part 2 certification.

I/We confirm that —

a) I am/we are sufficiently experienced to understand the features and risks associated with this type of fund; and
b) I/we have read and fully understood the offering document, including in particular the information on the risks associated with the fund (contained on pages 24-30 of the offering document), before deciding to invest in the fund; and
c) 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
d) I/we personally accept all the risks associated with this investment and particularly that my/our investment in The IDAD Fund PCC plc involves risks that could result in a loss of a significant proportion or all of the sum invested.

First Applicant: _____ Date:

Additional Applicant: _____ Date:

Part 2 Certification - <u>To be completed by any investor who is investing on behalf of another person</u>

I/we confirm that I am/we are investing in The IDAD Fund PCC plc on behalf of another person/ other persons and have Part 1 certification(s) signed by each such person to show that they understand and accept the risks associated with this type of investment.

First Applicant: _____ Date:

Additional Applicant: _____ Date:

7. SIGNATURE(S)

The applicants acknowledge, warrant, represent and undertake to the Manager and the Fund, and their respective nominees, affiliates, directors and officers, in the following terms. Where there is more than one applicant, all such acknowledgements, warranties, representations and/or undertakings are given or made jointly and severally by or on behalf of all applicants.

1. I/We acknowledge receipt of the Master Offering Memorandum dated 1 July 2026 and the relevant Supplementary Offering Document in respect of the Fund which I/we have carefully considered in advance of my/our application and have taken note in particular of the investment policy and the risk factors relating thereto. I/We hereby confirm that my/our application is made to the Manager acting on behalf of the Fund and is made solely on the terms of the Offering Document and any Addendum and is subject to the Memorandum of Association and the Articles of Association of the Fund. Words and expressions that are defined in the Offering Document have the same meanings when used in this form, unless the context requires otherwise.

2. I/We acknowledge receipt of the Fund's privacy notice and confirm that I/we have provided a copy of the Fund's privacy notice to any individuals whose details I/we have provided to the Fund.

3. I/We acknowledge the obligations of the Fund and its agents in respect of AEOI, agree to provide any documentation or other information regarding ourselves and any beneficial owners and controlling persons requested by the Fund or its agents in connection with requirements relating to AEOI, as amended from time to time, and any guidance, or regulations relating thereto and published from time to time as well as any legislation, rules or practices adopted pursuant to any applicable intergovernmental agreement entered into in connection with the implementation of AEOI or any other reporting requirements and agree to the Fund or the Manager or any of their respective nominees, affiliates, directors or officers making any disclosures and/or reports reasonably believed by them to be required pursuant thereto.

4. I/We hereby certify that this document has been completed to the best of our knowledge and that if it is found that material false information has been provided, either intentionally or unintentionally, then 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.

Signature of First Applicant: _____ Date: _____

Print name: _____

Signature of Second Applicant: _____ Date: _____
(if applicable)

Print name: _____

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. a certified copy of the relevant Power of Attorney or Investment Management Agreement (including authorised signatory list).

In addition, sufficient due diligence will be required on the person acting in this capacity to meet the requirements set out above.

Please ensure that the application is fully completed so as to avoid any future delays with your investment or in gaining access to the funds.

Please send this application form and all supporting documentation to:
Suntera Fund Services (IOM) Limited, Peveril Buildings, Peveril Square, Douglas, Isle of Man, IM99 1RZ