



## APPLICATION FORM

Antiloop Hedge, ISIN: SE0017071939

### 1. CLIENT INFORMATION

* Surname, first name / Company name (complete name)	* Personal ID No. / Corporate Registration. No.
* Address	* Telephone number (incl. area code)
* Postal code and city	* E-mail
Country (if other than Sweden)	Country (tax domicile)
Guardian, name (if relevant)	Guardian's personal ID No.
* * Amount in Swedish kronor (minimum investment SEK 10,000,000)	
* Bank account inc. clearing No. (for disbursement of any dividends and redemption amount)	* Bank

### 2. CUSTOMER RECOGNITION

Since 15 March 2009 Sweden pursues the Swedish Act on Measures against Money Laundering and Terrorist Financing (2009:62), (2017:630) and (FFFS 2017:11), which requires the below customer information to be filled in correctly and fully before subscription of units can occur.

#### On whose behalf are you investing:

On behalf of yourself	Name Personal ID No. / Corporate Registration. No. On behalf of another party
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**If subscription is on behalf of a company:**

Does the company have any owners, (including yourself), whose participating interests (directly or indirectly) exceed 25 percent of the shares or votes in the company? If yes, please fill in the below information.

Name	Personal ID No. / Corporate Registration. No.	Participating interest %
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Name	Personal ID No. / Corporate Registration. No.	Participating interest %

If the legal entity is a foundation, trust or similar, please state the name, address and Personal Identity Number/Corporate Registration Number of future beneficiaries or the name of the individual in whose main interests the legal entity was established or on whose behalf the operations are conducted.

Name	Personal ID No. / Corporate Registration. No.	Participating interest %
Name	Personal ID No. / Corporate Registration. No.	Participating interest %

**If subscription is on behalf of an individual:**

Are you a Politically Exposed Person, PEP?

YES  NO

*A PEP currently holds, or has in the past year held an important public position such as: Head of state or head of government, minister, deputy minister, or assistant minister. Member of Parliament. Supreme Court judge or judge in other high-level body. High ranking employee in auditing authority. Board member of central bank. Ambassador, diplomatic envoy or high ranking officer. Any other position in a state owned company's administrative, management or supervisory body. Please cross YES if you, any member of your family or a person you have/had a close business relationship with is a PEP. Otherwise cross NO.*

**Where did the money you plan to invest come from?**

- Savings
- Salary
- Pension
- Inheritance/gift
- Sale of property
- Sale of company
- Other

### 3. PAYMENT INSTRUCTIONS

Payment in Swedish kronor must be received by ANTILOOP AB not later than **three banking** days prior to the beginning of the month in which the investment is to take place.

Payment must be made to account SEB 5565-1096418. IBAN-account: SE235000000005565109 6418, BIC code: ESSESESS, ISIN code: SE0017071939.

Please specify name / company name and personal ID No. / Corporate ID No. A settlement note will be sent to the investor once payment has been received and the value of fund units has been determined after the end of the month.

Please note that **Legal entities** must enclose a registration certificate (not older than six months) and an attested copy of valid identification document for authorized signatories. Natural persons must enclose an attested copy of valid identification document.

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Natural persons must enclose an attested copy of valid identification document. Please note that we cannot process an application for subscription of units in the fund before we have received a complete application, because of measures against money laundering.

**Please note:** Because of prevailing regulation, we are forced to decline subscriptions for units of the fund if the above documentation is incomplete or incorrect. If payment for subscription of units already have been received, the money will be repaid to the sending account. The repayment will be made without interest compensation.

### 4. SIGNATURE

I/We hereby confirm that information provided herein, which is of significance for taxation and the application of statutory rules regarding the obligation to disclose information, is correct and undertake to notify ANTILOOP AB without delay of changes with respect thereto, e.g. upon relocation abroad and in the event of change of name, address, and bank account number.

I/We confirm that I/we \_\_\_\_\_ have read, understood and accept the fund rules. I/We confirm that the fund company Place, date relies on information provided in the subscription form and that the fund company may use such information if requested by a public authority. I/We acknowledge and accept that the fund company will process and save my/our personal data to the extent required for the performance of this agreement and instructions related to this agreement as well for the performance of the fund company's legal obligations.

I/We \_\_\_\_\_ also acknowledge and accept that the fund company may use my/our personal ID number Signature as client number. I/We acknowledge and accept that the fund company, or the company to which the fund company has disclosed personal data in accordance with the above, may use my/our personal ID number in order to provide me/us with information. I/We are aware of the fact that ANTILOOP AB does not provide such financial advisory services as referred to in the Swedish Financial Advisory Services (Consumers) Act (2003:862).

**Send to:**

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Birger Jarlsgatan 12  
11434 Stockholm  
Sweden

**Email:** invest@antiloophedge.com  
**Phone:** +46 8 120 40 140