CAUSEWAY SECURITIES

TAX COMPLIANCE SELF-CERTIFICATION

For Corporate and Charity Investments

For the purposes of FATCA and the Common Reporting Standard (CRS)

Please return completed form to: dealing.ie@causeway-securities.com

A ENTITY INFORMATION

ENTITY NAME

REGISTERED ADDRESS (LINE 1)

REGISTERED ADDRESS (LINE 2 / CITY)

POSTCODE

COUNTRY OF INCORPORATION / ORGANISATION

MAILING ADDRESS (IF DIFFERENT)

MAILING ADDRESS LINE 2 / CITY

MAILING POSTCODE

B ENTITY TAX RESIDENCY

Please indicate ALL countries in which the Entity is incorporated/organised and provide the relevant Tax Identification Number. If resident in the United States, complete and return IRS Form W-9.

COUNTRY OF TAX RESIDENCY	TAX IDENTIFICATION NUMBER	COUNTRY OF TAX RESIDENCY	TAX IDENTIFICATION NUMBER

B1 FATCA DECLARATION – SPECIFIED US PERSONS

PLEASE TICK EITHER (A), (B) OR (C) BELOW AND COMPLETE AS APPROPRIATE.

- ☐ (A) The Entity is a Specified U.S. Person. U.S. Federal Taxpayer Identifying Number (U.S. TIN):
- ☐ (B) The Entity is NOT a Specified U.S. Person (please also complete Sections C, D and E)
- ☐ (C) The Entity is a U.S. person but NOT a Specified U.S. Person (please also complete Sections C, D and E)

TAX IDENTIFICATION NUMBER (IF APPLICABLE TO OPTION A ABOVE)

C ENTITY CLASSIFICATION – FATCA AND US IGAS

The Entity will either be a Financial Institution (FI) or a Non-Financial Foreign Entity (NFFE). Complete Section C1 if you are an FI, or Section C2 if you are an NFFE.

C1 THE ENTITY IS A FINANCIAL INSTITUTION

IF THE ENTITY IS A FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES BELOW AND PROVIDE THE ENTITY'S GIIN.

- ☐ Irish Financial Institution or a Partner Jurisdiction Financial Institution
- ☐ Registered Deemed Compliant Foreign Financial Institution
- ☐ Participating Foreign Financial Institution

a) Registered with IRS

If you have registered as an FI or Sponsored Entity, enter your Global Intermediary Identification Number (GIIN).

GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)

Please confirm whether the GIIN is your own or your sponsor's: ☐ Own ☐ Sponsor

NAME OF SPONSOR (IF APPLICABLE)

b) If the Entity is unable to provide a GIIN, please indicate the reason below:

- ☐ The Entity has applied, or is going to apply, for a GIIN (but has not yet received it)
- ☐ The Entity is an 'Exempt Beneficial Owner'
- ☐ The Entity is a 'Certified or Otherwise Deemed Compliant FI' for FATCA purposes (e.g. Irish registered charity)
- ☐ The Entity is a 'Non-Participating FFI'
- ☐ Exempt FFI
- ☐ Other reason (please specify below)

OTHER REASON

C2 THE ENTITY IS NOT A FINANCIAL INSTITUTION (NFFE)

If the Entity is not an FI, it will be a Non-Financial Foreign Entity (NFFE). Please confirm the status of the Entity according to Irish regulations:

☐ Active NFFE ☐ Passive NFFE (please complete Section E)

D ENTITY CLASSIFICATION – COMMON REPORTING STANDARD (CRS)

Please note an Entity's CRS classification may differ from its FATCA classification in Section C.

D1 FINANCIAL INSTITUTION UNDER CRS

IF THE ENTITY IS A FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES:

- ☐ i) Financial Institution under CRS (other than ii) below)
- ☐ ii) An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (if ticked, complete Section E)

D2 NON-FINANCIAL INSTITUTION UNDER CRS

IF THE ENTITY IS A NON-FINANCIAL INSTITUTION, PLEASE TICK ONE OF THE CATEGORIES:

- ☐ Active Non-Financial Entity
- ☐ Passive Non-Financial Entity (NFE) (if ticked, complete Section E)

E CONTROLLING PERSONS SELF-DECLARATION OF RESIDENCY

Only complete this section if you have completed: Section C2 Passive NFFE, D1 part (ii) or D2 Passive NFE.

If you have declared the Entity to be an FI in Section C1, or an Active NFFE in C2 and D2, you do NOT need to complete this section.

If the Entity is a Passive NFE in Section D and is a non-profit organisation, you do NOT need to complete this section.

For each controlling person it is MANDATORY to indicate ALL countries of tax residence and provide the Tax Identification Number (TIN) for each. If no natural persons exercise control, the Controlling Person is the Senior Management Official.

* Substantial US presence: physically present in the US on at least 31 days during the current year, and 183 days during the 3-year period including the current year and the 2 preceding years.

E CONTROLLING PERSONS - 1 & 2

CONTROLLING PERSON 1

TYPE OF CONTROLLING PERSON:

☐ Control by Ownership

☐ Control by Other Means

☐ Senior Management Official

FULL NAME

REGISTERED ADDRESS

POSTCODE

DATE OF BIRTH | TOWN / CITY OF BIRTH (MANDATORY) | COUNTRY OF BIRTH (MANDATORY)

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

CONTROLLING PERSON 2

TYPE OF CONTROLLING PERSON:

☐ Control by Ownership

☐ Control by Other Means

☐ Senior Management Official

FULL NAME

REGISTERED ADDRESS

POSTCODE

DATE OF BIRTH | TOWN / CITY OF BIRTH (MANDATORY) | COUNTRY OF BIRTH (MANDATORY)

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

E CONTROLLING PERSONS - 3 & 4

CONTROLLING PERSON 3

TYPE OF CONTROLLING PERSON: ☐ Control by Ownership ☐ Control by Other Means ☐ Senior Management Official

FULL NAME

REGISTERED ADDRESS

POSTCODE

DATE OF BIRTH | TOWN / CITY OF BIRTH (MANDATORY) | COUNTRY OF BIRTH (MANDATORY)

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

CONTROLLING PERSON 4

TYPE OF CONTROLLING PERSON: ☐ Control by Ownership ☐ Control by Other Means ☐ Senior Management Official

FULL NAME

REGISTERED ADDRESS

POSTCODE

DATE OF BIRTH | TOWN / CITY OF BIRTH (MANDATORY) | COUNTRY OF BIRTH (MANDATORY)

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

COUNTRY OF TAX RESIDENCY | TAX IDENTIFICATION NUMBER | REASON FOR NO TAX ID NUMBER

F DECLARATION

1. I undertake to advise Causeway Securities promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete, and to provide Causeway Securities with an updated declaration within 30 days of such a change in circumstances.

2. I am aware that in certain circumstances Causeway Securities will be obliged to share information about the account with Irish tax authorities, who may pass it on to other tax authorities.

3. I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

SIGNATURE	PRINT NAME
CAPACITY / ROLE	DATE

FOR OFFICE USE ONLY

Please supply account number(s) if this is a new self-certificate for use against existing accounts.

Please complete this form for each person who has a Beneficial Ownership interest in this entity.