

JK FUNDS PLC (the "Company")
Application Form for JK Global Opportunities Fund (the "Fund")

<p>This Application Form, which acts as an account opening form, should be read in context of and together with the latest Prospectus of the Company and the Supplement of the Fund (collectively referred to as the "Prospectus"), and save where otherwise defined in this Application Form, all capitalised terms shall have the same meaning as in the Prospectus. Please note that separate forms are required for subsequent (repeat) subscriptions and redemptions of Shares. These forms can be obtained from the Administrator.</p> <p>Instructions: ALL INVESTORS must complete sections 1 to 6 Entities (Corporates/Trusts etc) must also complete section 8 & 12 Individuals only must complete sections 7 then... ALL Non-Irish residents, must also complete section 9 and 12 Irish residents only must also complete section 10 and 12 Irish residents who are not Exempt Irish Residents only (as defined in the Prospectus) must also complete section 11 and 12</p>	<p>Mail: JK Global Opportunities Fund, C/O Apex Fund Services (Ireland) Limited Office 5, Building A1, Fota Business Park, Carrigtwohill, Co Cork.</p> <p>Telephone: + 353 21 4633366 Fax: + 353 21 4633377 Email: jkinvestments@apexfunds.ie</p>
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1. APPLICANT DETAILS (Please use BLOCK CAPITALS) *

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Applicant
<input type="checkbox"/> Corporation	<input type="checkbox"/> Nominee
<input type="checkbox"/> Partnership/Trust	<input type="checkbox"/> Fund of Funds
<input type="checkbox"/> Non-Profit Organisation (Foundations)	<input type="checkbox"/> Financial Intermediary
<input type="checkbox"/> Other	

Registered Name(s) of all Applicants (including Joint Applicants):			
Occupation ¹			
Full Residential or Registered Address:			
Correspondence ² address if different:			
Contact Name:		Tel No:	
Email:		Fax No:	
Send Contract Note by:	<i>(Email, Mail, or Fax)</i>		
Intermediary:	Intermediary/Fax:	Intermediary/Email:	
Regulator of Intermediary:	Jurisdiction of Intermediary:	Webpage of intermediary showing evidence of regulation:	

* should there be a need for further requirements or additions please use the space at the end of the form.

¹ Applicable to Individuals only

² All regular correspondence will be distributed via email / fax; please contact the Administrator if this causes significant issues for the Applicant.

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2. INVESTMENT DETAILS ³			
<input type="checkbox"/> US Dollar Institutional Shares	<input type="checkbox"/> Sterling Institutional Shares	<input type="checkbox"/> Euro Institutional Shares	<input type="checkbox"/> Yen Institutional Shares
<input type="checkbox"/> Yen Management Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	\	\

Insert subscription amount in numbers GBP/EUR/USD/JPY:		Insert subscription amount in words:	
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3. SUBSCRIPTION BANK DETAILS

For GBP SEND TO:
Intermediary Bank: Barclays Bank PLC, London
Swift: BARCGB22
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
IBAN: GB64BARC20325353529495
GBP Sort Code: 203253
Beneficiary Account Number: 698738-20019
Beneficiary Name: JK Funds PLC Sub Fund JK Global Opportunities Fund
For EUR SEND TO:
Intermediary Bank: Barclays Bank PLC, London
Swift: BARCGB22
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
Swift: CNORUS33
Beneficiary Account Number: 698746-20019
Beneficiary Name: JK Funds PLC Sub Fund JK Global Opportunities Fund
For USD SEND TO:
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
Swift: CNORUS33
Fedwire: 026001122
Beneficiary Account Number: 145060 - 20010
Beneficiary Name: JK Funds PLC Sub Fund JK Global Opportunities Fund
For JPY SEND TO:
Intermediary Bank: Bank of America, NA, Tokyo Branch
Swift: BOFAJPXXXX
Beneficiary Bank: The Northern Trust International Banking Corporation, New Jersey
Swift: CNORUS33
Beneficiary Account Number: 698753 - 20019
Beneficiary Name: JK Funds PLC Sub Fund JK Global Opportunities Fund

Notes:

1. Cleared subscription monies to be received no later than Business Day prior to the relevant Dealing Day.

³ Please tick the share class in the table below for which you are subscribing. Please see the minimum investment amount for each share class indicated in the table.

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2. If payment in full in cleared funds is not received within the required number of Business Days any provisional allotment of shares may be cancelled.

4. CLIENTS BANK DETAILS⁴

Intermediary Bank:	
SWIFT Code:	
Bank Name:	
Branch Name:	
IBAN:	
BIC:	
Account Name:	
Account Number:	
Sort Code:	

Note: No third party payments will be undertaken. A request to change bank account details in future must be made in writing to the administrator, requiring an original signed instruction, and must be accompanied by a bank statement or banker's reference.

5. REPRESENTATIONS, DECLARATIONS AND WARRANTIES

I/We represent, warrant and declare that:

GENERAL	
<p>1. I/we hereby acknowledge as part of this application that I/we have been provided with in good time prior to completing this Application Form and have read and understood the contents of the Prospectus of the Company, applicable Fund Supplement, the memorandum and articles of association of the Company and key investor information document(s) ("KIID(s)") and where available the most recent annual or half-year reports and accounts for the Company applicable to the Fund (the "Fund Documentation") and furthermore that this application is based solely upon the terms thereof, and subject to the provisions of the Company's memorandum and articles of association. I/we acknowledge that I am/we are aware of the potential risks associated with this investment and where appropriate have sought professional advice on matters of taxation and such other consequences applicable to the investment.</p>	<p>2. I/we confirm that I am/ we are 18 years of age or over (delete if you are not a natural person).</p> <p>I am/We are not making this application on behalf of any person under the age of 18 years.</p> <p>3. If you are joint applicants – We direct that, on the death of one of us, the Shares for which we are applying shall be held in the name of and to the order of the survivor(s) or the executor(s) or administrator of the last such survivor (delete if you are not a natural person or you are a sole investor).</p>
<p>4. I/we hereby agree to indemnify and hold harmless the Company, the Administrator, the Depository, the Investment Manager, the Investment Advisor and their respective directors, officers and employees and other Shareholders against any loss, liability, cost or expense (including without limitation legal fees, taxes and penalties) suffered by them which may result directly or indirectly, from: (i) any misrepresentation or breach of any representation, declaration, warranty, condition covenant, or agreement set forth herein or in any document delivered to by me/us to the Company or the Administrator; (ii) me/us acquiring or holding Shares in the Fund where, by virtue of my / our holding, I am / we are in breach of the laws of any competent jurisdiction; and (iii) the Administrator or the Company acting on an instruction reasonably believed to be genuine in accordance with the declaration at number 5.</p>	<p>5. The Administrator and the Company are each authorised and instructed to accept and execute any instructions in respect of the Shares to which this Application Form relates given by me/us in written form, or by facsimile or email. The Company and the Administrator will not be responsible or liable for the authenticity of instructions received from us or any authorised person and may rely upon any instruction in good faith from any such person representing himself to be a duly authorised person reasonably believed to be genuine.</p>
<p>6. I/we acknowledge that the Administrator will refuse to process a redemption request until the Administrator has received an original of this Application Form and until all required anti-money</p>	<p>7. I/we accept such lesser number of Shares if any, than may be specified above in respect of which this application may be accepted.</p>

⁴ This is in relation for where the sale proceeds are to be sent and those electing for income shares to receive their dividend payments (Please note that if no option is indicated, distribution and dividend payments will be reinvested).

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<p>documentation has been received by the Administrator</p>	
<p>8. I/we agree to notify the Company immediately if I/we become aware that any of the representations and declarations made is no longer accurate and complete in all respects. I/we agree immediately either to sell or to tender to the Company for redemption of a sufficient number of Shares to allow the representations to be made again.</p>	<p>9. I/we understand that the confirmations, representations, declarations and warranties made herein are continuing and apply to all subsequent purchases of Shares by me/us in the Fund and I/we agree to provide on request such certifications, documents or other evidence as the Company or the Administrator may reasonably require to substantial such representations. I/we hereby confirm that for any subsequent investments I/we will obtain and read the latest version of the appropriate Fund Documentation prior to each subscription</p>
<p>10. If you are an intermediary: I/we confirm that:</p> <ul style="list-style-type: none"> (i) that evidence of verification has been obtained and recorded in accordance with the laws of the my/our jurisdiction as identified on page 1; (ii) the names of our clients have been compared against the following sanction lists: (a) EU; (b) UN and (c) OFAC; (iii) that all documentary evidence of verification process will be retained for at least 6 years after the client has redeemed in full; (iv) this documentary evidence of verification will be made available on demand; and (v) I will provide such documentary support and comfort letters as may be required pursuant to applicable law on request of the Administrator; (vi) prior to accepting any order for the acquisition of Shares, I/we will ensure that the investor will be provided with the current KIID for the relevant Share Class in the Fund as well as all other Fund documentation identified in the declaration at point 1 above. <p>(If you are not an intermediary then please put a line through Part 10)</p>	<p>11. Receipt of the KIID by means of a website: I/we represent and acknowledge that:</p> <ul style="list-style-type: none"> (i) I/we have been offered the choice of receiving the Prospectus, Supplement and the KIID on paper and in electronic form by means of a website or by email and hereby specifically consent to receiving the KIID in electronic form by email or by accessing the latest version of the document online at [●] (or such other website as may be notified to me/us from time to time) and acknowledge that I/we shall be deemed to have been provided with an up-to-date KIID by means of the website in good time before any subsequent/future subscriptions. (ii) I/we received or accessed by electronic means the KIID. (iii) The KIID shall be reviewed at least every 12 months. I/We agree that I/we will inspect the KIID by accessing the website in good time before making any subsequent and/or future subscriptions for Shares in any Class of the Fund. I/We agree that I/we bear sole responsibility for ensuring that I/we have inspected the up-to-date version of the KIID and that, in any event. <p>12. I/we may at any time request a hard copy of any such documentation from the Fund free of charge and/or revoke, in writing or other authorised manner, the consent given to receive such information electronically or to subscribe or redeem Shares of the Fund electronically.</p>
TAXATION	
<p>13. I/we agree to provide to the Company and the Administrator at such times as each of them may request such declarations, certificates or documents as each of them may reasonably require in connection with this investment for the purposes of tax and reporting requirements including those required:</p> <ul style="list-style-type: none"> (a) under (i) sections 1471 to 1474 of the U.S. Internal Revenue Code of 1986 or any associated regulations, (ii) any treaty, law, regulation or other official guidance of any other jurisdiction, or relating to an intergovernmental agreement between the U.S. and any other jurisdiction, which (in either case) facilitates the implementation of any law or regulation referred to in paragraph (i) above, or (iii) any agreement pursuant to the implementation of any treaty, law or regulation referred to in paragraph (i) or (ii) above with the IRS, the U.S. government or any governmental or tax authority in any other jurisdiction ("FATCA"); and (b) under the OECD Standard for Automatic Exchange of Financial Account Information in Tax Matters, Council Directive 2011/16/EU (as amended by Council Directive 2014/107/EU), any guidance or documentation published by the OECD, as applicable, and any domestic legislation, policy, statement, precedent or guidance relating to the implementation of the CRS in Ireland, as 	<p>14. By providing the Tax Information, I/we represent and warrant the completeness and accuracy of such information (as at the date of submission) and authorise the Company to act upon such information in good faith, including, but not limited to, disclosing or submitting such information to the Irish tax authorities. I/we will, on demand, hold the Company harmless from any liability resulting from the my/our failure to provide complete and accurate Tax Information</p> <p>I/we hereby acknowledge that if I/we fail to provide the Tax Information on a timely basis, I/we may be subject to 30% U.S. withholding tax (in respect of FATCA) on the investor's share of "withholdable payments" (as defined for purposes of FATCA) received by the Company.</p> <p>I/we hereby acknowledge that if I/we fail to provide the Tax Information and such failure results in the Company being unable to comply with its obligations under FATCA and CRS, the Company may exercise its right to completely redeem an applicant (at any time upon any or no notice). I/we further acknowledge and agree to indemnify the Company and its other investors for any losses resulting from our failure to meet its obligations under this Section, including any U.S. withholding tax imposed on the Company.</p> <p>I/we hereby acknowledge that under the CRS, the Company and/or the Administrator, as applicable, will be required to share my/our personal data (e.g. name, address, taxpayer identification number, jurisdiction of residence and, in the case</p>

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<p>applicable, ("CRS").</p> <p>Should any information furnished to any of the Company and the Administrator under (a) and (b) above (the "Tax Information") become inaccurate or incomplete in any way, I/we hereby agree to notify the Company or the Administrator immediately of any such change and further agree to request the redemption of Shares in respect of which such confirmations have become incomplete or inaccurate where requested to do so by the Company.</p>	<p>of individual investors, place and date of birth) (including financial information with respect to my/our interests in the Shares (e.g. account number, account balance or value at year end and payments made with respect to the account during the calendar year)) with the Irish Revenue Commissioners. The Irish Revenue Commissioners may, in turn, exchange this information with foreign tax authorities (including foreign tax authorities located outside the EEA). Please consult the AEOI (Automatic Exchange of Information) webpage on the Irish Revenue Commissioners' website at http://www.revenue.ie/en/business/aeoi/index.html for further information in this regard.</p>
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DATA PROTECTION

<p>15. I/We consent to personal information obtained in relation to me/us being handled by the Administrator, the Company, the Depository or the Investment Manager and their delegates, agents or affiliates in accordance with the Irish Data Protection Acts 1988 to 2003. Information in relation to me/us will be held, used, disclosed and processed for the purposes of (a) managing and administering my/our holdings in the Fund and any related account on an ongoing basis; (b) for any other specific purposes where I have given specific consent to do so; (c) to carry out statistical analysis and market research (d) to comply with any applicable legal, tax or regulatory obligations including legal obligations under company law, tax law and anti-money laundering legislation and (e) for disclosure and transfer whether in Ireland or elsewhere (including companies situated in countries outside of the European Economic Area which may not have the same data protection laws as in Ireland) to third parties including my/our financial adviser (where appropriate), regulatory bodies, taxation authorities, auditors, technology providers or to the Fund and its delegates and its or their duly appointed agents and any of their respective related, associated or affiliated companies for the purposes specified above; (f) For other legitimate business interests of the Fund. I/We hereby acknowledge my/our right of access to and the right to amend and rectify my/our personal data, as provided herein. I/We understand that the Fund is a data controller and will hold any personal information provided by me/us in confidence and in accordance with the Data Protection Acts 1988 to 2003. The Administrator may only transfer personal data outside of the EEA by using an EU-approved 'model contract' by means of which the non-EEA data receiver agrees to abide by the instructions of the data controller (the Administrator), and agrees to comply with security measures which are appropriate to the circumstances of the data transfer, and which are specified in the contract itself.</p>	<p>16. I/We consent to the recording of telephone calls that I/we make to and receive from the Administrator, the Company or the Investment Manager and their delegates or duly appointed agents and any of their respective related, associated or affiliated companies for record keeping, security and/or training purposes. I/We consent to the Company or the Investment Manager sending information about other investment services to me/us by letter, telephone or other reasonable means of communication. I/We understand that I/we have a right to request not to receive such information.</p> <p>17. The Administrator may and will hold all or part of the information in relation to your shareholding in accordance to legal and regulatory requirements even after you have fully redeemed from the fund.</p>
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6. ANTI-MONEY LAUNDERING DOCUMENTATION REQUIREMENTS

FOR INDIVIDUALS AND JOINT INVESTORS:

Supply in respect of ALL Applicants:

- Certified** copy of passport / driving license or other acceptable form of identification.
- Two recent (under 3 months) **original or certified** form of address verification. These can be a utility bill (other than a mobile phone bill) or a bank statement.

FOR PARTNERSHIPS OR TRUSTS / FOUNDATIONS

- Certified** copy of partnership agreement / trust deed / foundation document

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- Identify all** partners / trustees / settlor
- Original** or **certified** copy authorised signatory list
- Certified** copies of identification documents of General Partner and all partners who own more than 25% of the partnership capital, profit or voting rights or otherwise exercise control over the management of the entity and listing of directors, if appropriate / all beneficiaries owning over 25% of the capital of the trust property (as per individual applicant type)
- Certified copies of identification documents for two trustees or one trustee and one authorised signatory (as per individual/corporate applicant type)
- Banking details

FOR FUND OR CORPORATE APPLICANT/NOMINEES (WHERE SIMPLIFIED CUSTOMER DUE DILIGENCE DOES NOT APPLY):

- Certified** copy of Certificate of Incorporation or Certificate to Trade.
- Certified** copy of Memorandum and Articles of Association (or equivalent constituent documentation).
- Original or certified** copy authorised signatory list with specimen signatures on company letterhead.
- Certified** Register of Directors.
- Certified** Register of Shareholders.
- Certified** documents as per individual applicant type for two directors or one director and one authorised signatory.
- Certified** copies of identification documents (as per individual applicant type) for all beneficial owners owning over 25% of the share capital.
- Banking details

WHOLLY OR MAJORITY OWNED SUBSIDIARIES / NOMINEES OF A REGULATED ENTITY

- Documentary evidence of ownership, e.g. **certified** Register of Shareholders, certified ownership chart, confirmation letter from the Company director / secretary declaring ownership.
- Documentary evidence that the parent company is regulated for AML / counter terrorist financing ("CFT") purposes in a jurisdiction assessed by the Administrator to operate comparable AML / CFT controls.
- AML comfort letter on company letterhead if acting in a nominee capacity. Template of the AML comfort letter can be found in Appendix I to this Application Form.
- Original** or **certified** authorised signatory list.

IMPORTANT CERTIFICATION REQUIREMENTS FOR ALL APPLICANTS

All documents must be certified as true copies of the original - photocopies are not acceptable

Certification Requirements:

- **Who can certify:** All of the above copies can be certified by any of the following: Garda Siochana/ Police Officer, Practising Chartered & Certified Public Accountants, Notaries Public / Practising solicitors, Embassy/Consular Staff, Director Officer or Manager of a Regulated financial or credit institutions, Justice of the peace, Commissioner for oaths and Medical professional.
- **The certified must include the following data:** certifiers signature, print their full name, date of certification, details of the certifier's position or the capacity in which they are signing, include the name of the regulating body of the certifier if applicable (ACCA, CPA, Law Society etc) and adequate information so they can be contacted in event of a query.

7. FATCA/CRS (INDIVIDUAL SELF-CERTIFICATION FORM)

Individual (/Controlling Person) Self-Certification for FATCA and CRS

Instructions for completion and data protection notice

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this form you are providing personal information which may constitute personal data within the meaning of the Data Protection Acts, 1998 and 2003 of Ireland. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an

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account holder's interests in the Fund, with Revenue, the Irish tax authority. They may in turn exchange this information, and other financial information with foreign tax authorities, including tax authorities outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to the Irish Revenue or OECD websites at:

<http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.

Please note that where there are joint account holders each account holder is required to complete a separate Self-Certification form.

Section 1, 2, 3 and 5 must be completed by all Account holders or Controlling Persons.

Section 4 should only be completed by any individual who is a Controlling Person of an entity account holder which is a Passive Non-Financial Entity, or a Controlling Person of an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

For further guidance see: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

(Mandatory fields are marked with an *)

***Section 1: Account Holder/Controlling Person Identification**

***Account Holder / Controlling Person Name:** _____

***Current Residential Address:**

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, Town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Place and Date Of Birth**

*Town or City of Birth: _____ *Country of Birth: _____

*Date of Birth: _____

***Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:**

Please tick either (a) or (b) and complete as appropriate.

(a) I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

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OR

(b) I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

***Section 3: CRS Declaration of Tax Residency/Residencies (please confirm all Tax Residencies)**

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TINs")). For further guidance please refer to the OECD CRS Information Portal(<http://www.oecd.org/tax/automatic-exchange/>).

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN), or,
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	∞If TIN unavailable Select (A, B or C) and check box below

∞If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents
 - Reason B** - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)
 - Reason C** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason C*)
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Section 4 – Type of Controlling Person

(**ONLY** to be completed by an individual who is a Controlling Person of an entity which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)

For Joint or multiple Controlling Persons please use a separate Self-Certification form for each Controlling Person.

Please Confirm the type of Controlling Person applicable under CRS that applies to you/the Account holder by ticking the appropriate box	Please tick	Entity Name
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust – settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		

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Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

***Section 5: 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 acknowledge and consent to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

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 incorrect.

Data Protection - Customer Information Notice:

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information (AEOI), developed in the context of the Organisation for Economic Co-operation and Development (OECD).

The standard requires that Financial Institutions in participating jurisdictions gather certain information from account holders (and, in particular situations, also collect information in relation to relevant Controlling Persons of such account holders).

Under CRS account holder information (and, in particular situations, information in relation to relevant Controlling Persons of such account holders) is to be reported to the relevant tax authority where the account is held, which, if a different country to that in which the account holder resides, will be shared with the relevant tax authority of the account holder's resident country, if that is a CRS-participating jurisdiction.

Information that may be reported includes name, address, date of birth, place of birth, account balance, any payments including redemption and dividend/interest payments, Tax Residency(ies) and TIN(s).

Further information is available on the OECD website: <http://oecd.org/tax/automatic-exchange/> and on the Irish Revenue website - <http://www.revenue.ie/en/business/aeoi/>

*Authorised Signature: _____

*Print Name: _____

*Date: (dd/mm/yyyy): _____

*Capacity (if Controlling Person): _____

8. FATCA/CRS (ENTITY SELF-CERTIFICATION FORM FOR CORPORATIONS/PARTNERSHIPS/TRUSTS OR FOUNDATIONS)

ENTITY SELF-CERTIFICATION FOR FATCA AND CRS

Instructions for completion and data protection notice.

We are obliged under Section 891E, Section 891F, and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each account holder's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that by completing this application form you are providing personal information, which may constitute personal data within the meaning of the Data Protection Acts, 1988 and 2003 of Ireland. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an account holder's interests in the Fund, with the Irish tax authorities, the Revenue Commissioners. They in turn may exchange this information, and other financial information with foreign tax authorities, including tax authorities

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located outside the EU.

If you have any questions about this form or defining the account holder's tax residency status, please speak to a tax adviser or local tax authority.

For further information on FATCA or CRS please refer to the Irish Revenue or the OECD website at: <http://www.revenue.ie/en/business/aeoi/index.html> or the following link:

<http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.

If any of the information below about the account holder's tax residence or FATCA/CRS classification changes in the future, please ensure that we are advised of these changes promptly.

(Mandatory fields are marked with an *)

Account holders that are Individuals or Controlling Persons should not complete this form and should complete the form entitled "Individual (including Controlling Persons) Self-Certification for FATCA and CRS".

***Section 1: Account holder Identification**

***Account holder Name:** _____ (the "Entity")

Country of Incorporation or Organisation: _____

***Current (Resident or Registered) Address:**

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

Mailing address (if different from above):

Number: _____ Street: _____

City, town, State, Province or County: _____

Postal/ZIP Code: _____ Country: _____

***Section 2: FATCA Declaration:**

Please tick either (a), (b) or (c) below and complete as appropriate.

a) The Entity is a *Specified U.S. Person* and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN: _____

Or

b) The Entity is *not a Specified U.S. Person* (Please also complete Sections 3, 4 and 5)

Or

c) The Entity is a *US person but not a Specified U.S. Person* (Please also complete Sections 4 and 5)

Indicate exemption: _____

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***Section 3: Entity's FATCA Classification (the information provided in this section is for FATCA, please note your FATCA classification may differ from your CRS classification in Section 5):**

3.1 Financial Institutions under FATCA:

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2 or indicate at 3.3 the reason why you are unable to provide a GIIN.

I.	Irish Financial Institution or a Partner Jurisdiction Financial Institution	<input type="checkbox"/>
II.	Registered Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
III.	Participating Foreign Financial Institution	<input type="checkbox"/>

3.2 Please provide the Entity's *Global Intermediary Identification number (GIIN)*

□□□□□□.□□□□□□.□□.□□□□

3.3 If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	<p>The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i>[∞] Please provide the sponsor's name and sponsor's <i>GIIN</i> :</p> <p>Sponsor's Name: _____</p> <p>Sponsor's <i>GIIN</i>: □□□□□□.□□□□□□.□□.□□□□</p> <p>∞NOTE: this option is only available to Sponsored Investment Entities in Model 1 IGA jurisdictions. Sponsored Investment Entities that do not have U.S. reportable accounts are not required to register and obtain a <i>GIIN</i> with the IRS unless and until U.S. reportable accounts are identified.</p>	<input type="checkbox"/>
II.	<p><i>The Entity is an Exempt Beneficial Owner,</i></p> <p><i>Please tick and confirm the category of Exempt Beneficial Owner;</i></p> <p>I. <input type="checkbox"/> Government Entity</p> <p>II. <input type="checkbox"/> International Organisation</p> <p>III. <input type="checkbox"/> Foreign Central Bank</p> <p>IV. <input type="checkbox"/> Exempt Retirement Fund</p> <p>V. <input type="checkbox"/> Collective Investment Vehicle Wholly Owned by Exempt Beneficial Owners.</p>	<input type="checkbox"/>

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III.	<p>The Entity is a Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the IGA Agreement)</p> <p style="margin-top: 20px;">Indicate exemption: _____</p>	<input type="checkbox"/>	
IV.	<p>The Entity is a Non-Participating Foreign Financial Institution</p>	<input type="checkbox"/>	
V.	<p>The Entity is an Excepted Foreign Financial Institution</p> <p style="margin-top: 20px;">Indicate exemption: _____</p>	<input type="checkbox"/>	
VI.	<p>The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN</p> <p style="margin-top: 20px;">Trustee's Name: _____</p> <p style="margin-top: 10px;">Trustee's GIIN: □□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>	

3.4. Non-Financial Institutions (Non-Foreign Financial Entity/NFFE) under FATCA:

If the Entity is **not** a Financial Institution, please confirm the Entity's FATCA classification below by ticking one of the categories

I.	<p>Active Non-Financial Foreign Entity</p>	<input type="checkbox"/>	
II.	<p>Passive Non-Financial Foreign Entity (NFFE)</p> <p>(Please tick the box that applies)</p> <p style="margin-top: 20px;">I. Passive Non-Financial Foreign Entity with no Controlling Persons that are specified U.S Persons.</p> <p style="margin-top: 20px;">II. Passive Non-Foreign Financial Entity with Controlling Persons that are specified U.S Persons. (If this box is ticked, please indicate the name of all natural Controlling Person(s) of the Entity in section 6.1 below and separately complete</p>	<input type="checkbox"/>	
III.	<p>Excepted Non-Financial Foreign Entity</p>	<input type="checkbox"/>	

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IV.	<p>Direct Reporting NFFE</p> <p><i>Please provide your GIIN</i></p> <p>□□□□□□.□□□□□□.□□.□□□□</p>	<input type="checkbox"/>
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***Section 4: Common Reporting Standard ("CRS") Declaration of Tax Residency
(Note that Entities may have more than one country of Tax Residence)**

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")). Please refer to the OECD CRS Web Portal for AEOI for more information on Tax Residence.

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

NOTE: Under the Irish legislation implementing the CRS, provision of a Tax ID number (TIN) is required to be provided unless:

- a) You are tax resident in a Jurisdiction that does not issue a (TIN)
- Or
- b) You are tax resident in a non-reportable Jurisdiction (i.e. Ireland or the USA)

Country of Tax Residency	Tax ID Number	∞If TIN unavailable Select (A, B or C) and check box below

∞If a TIN is unavailable, please provide the appropriate reason **A, B or C** where indicated below:

- Reason A** - The country/jurisdiction where the Account Holder is resident does not issue TINs or TIN equivalents to its residents
- Reason B** - The Account Holder is otherwise unable to obtain a TIN (*Please explain why you are unable to obtain a TIN if you selected Reason B*)

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Reason C - No TIN is required. (Note: Only select this reason if the domestic law of the relevant country/jurisdiction does not require the collection of the TIN issued by such country/jurisdiction)

***Section 5: Entity's CRS Classification** (The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3 above). In addition please note that the information that the Entity has to provide may differ depending on whether they are resident in a participating or non-participating CRS Jurisdiction. For more information please see the OECD CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

5.1 Financial Institutions under CRS:

If the Entity is a *Financial Institution*, **Resident in either a Participating or Non-Participating CRS Jurisdiction** please review and tick one of the below categories that applies **and** specify the type of Financial Institution below.

Note: Please check the Irish Revenue AEOI portal at the time of completion of this form to confirm whether your country of Tax Jurisdiction is considered Participating or Non-Participating for the purposes of CRS Due-Diligence in Ireland.
<http://www.revenue.ie/en/business/aeoi/participating-jurisdictions.pdf>

I.	A Reporting Financial Institution resident in a participating CRS jurisdiction	<input type="checkbox"/>
II.	<p>A Financial Institution Resident in a Non-Participating Jurisdiction.</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity in section 6 below and complete a separate individual self-certification forms for each of your Controlling Persons“)</p> <p><input type="checkbox"/> An Investment Entity resident in a Non-Participating Jurisdiction that is not managed by another Financial Institution</p> <p><input type="checkbox"/> Other Financial Institution, including a Depository Financial Institution, Custodial Institution or Specified Insurance Company</p>	<input type="checkbox"/>
III.	<p>Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> International Organization</p>	<input type="checkbox"/>

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	<input type="checkbox"/> Central Bank <input type="checkbox"/> Broad Participation Retirement Fund <input type="checkbox"/> Narrow Participation Retirement Fund <input type="checkbox"/> Pension Fund of a Governmental Entity, International Organization, or Central Bank <input type="checkbox"/> Exempt Collective Investment Vehicle <input type="checkbox"/> Trust whose trustee reports all required information with respect to all CRS Reportable Accounts <input type="checkbox"/> Qualified Credit Card Issuer <input type="checkbox"/> Other Entity defined under the domestic law as low risk of being used to evade tax. Specify the type provided in the domestic law: <hr style="width: 30%; margin-left: 0;"/>		
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5.2 Non Financial Institutions ("NFE") under CRS:

If the Entity is a *not defined as a Financial Institution under CRS* then, please tick one of the below categories confirming if you are an Active or Passive NFE.

I.	<p>Active Non-Financial Entity – a corporation the stock of which is regularly traded on an established securities market.</p> <p>Please provide the name if the established securities market on which the corporation is regularly traded: <hr style="width: 50%; margin-left: 0;"/></p>	<input type="checkbox"/>	
II.	<p>Active Non-Financial Entity – if you are a Related Entity of a regularly traded corporation.</p> <p>Please provide the name of the regularly traded corporation that the Entity is a Related Entity of: <hr style="width: 60%; margin-left: 0;"/></p> <p>Please provide details of the securities market that the entity is listed on : <hr style="width: 50%; margin-left: 0;"/></p>	<input type="checkbox"/>	
III.	<p>Active Non-Financial Entity – a Government Entity or Central Bank</p>	<input type="checkbox"/>	
IV.	<p>Active Non-Financial Entity – an International Organisation</p>	<input type="checkbox"/>	

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V.	Active Non-Financial Entity – other than those listed in I, II, III or IV above. <i>(for example a start-up NFE or a non-profit NFE)</i>	<input type="checkbox"/>
VI.	Passive Non-Financial Entity (If this box is ticked, please also complete Section 6.1 below and indicate the name of all natural Controlling Person(s) of the Entity and complete a separate Individual Self-Certification Form for each of your Controlling Person(s))	<input type="checkbox"/>

Section 6: Controlling Persons

NB: Please note that each Controlling Person must complete a Separate Individual Self-Certification form.

If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.

For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS Standard. <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

Name of All Controlling Person(s) of the Account Holder:

If you have ticked sections 5.1 VI above, then please complete section 6.1 and 6.2 below:

6.1 Indicate the name of all Controlling Person(s) of the Account Holder:

I.	
II.	
III.	

Note: In case of a trust, Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary (ies) or class(es) of beneficiary(ies), **AND** any other natural person(s) exercising ultimate effective control over the trust. With respect to an Entity that is a legal person, if there are no natural person(s) who exercise control over the Entity, then the Controlling Person will be the natural person who holds the position of senior managing official of the Entity.

6.2 Complete a separate Individual (Controlling Person’s) Self-Certification for FATCA and CRS for each Controlling Person listed in Section 6.1.

***Section 7: Declarations and Undertakings**

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

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I **acknowledge and consent** to the fact that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We on behalf of the Entity undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstance (for guidance refer to Irish Revenue or OECD website) occurs which causes any of the information contained in this form to be incorrect.

***Authorised Signature(s):**

***Print Name(s):**

***Capacity in which declaration is made:**

***Date: (dd/mm/yyyy):** _____

9. DECLARATION OF RESIDENCE OUTSIDE IRELAND (non-resident Irish Nationals, composite declaration)

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration which is in a format authorised by them, in order to receive payment without deduction of tax. It is important to note that this declaration, if it is then still correct, shall apply in respect of any subsequent acquisitions of shares. Terms used in this declaration are defined in the Prospectus.

Declaration on own behalf

I/we* declare that I am/we are* applying for the shares on my own/our own behalf/on behalf of a company* and that I am/we are/the company* is entitled to the shares in respect of which this declaration is made and that

- I am/we are/the company is* not currently resident or ordinarily resident in Ireland, and
- should I/we/the company* become resident in Ireland I will/we will* so inform you, in writing, accordingly.

*Delete as appropriate

Declaration as Intermediary

I/we* declare that I am/we are* applying for shares on behalf of persons:

- who will be beneficially entitled to the shares; and,
- who, to the best of my/our* knowledge and belief, are neither resident nor ordinarily resident in Ireland.

I/we* also declare that:

- unless I/we* specifically notify you to the contrary at the time of application, all applications for shares made by me/us* from the date of this application will be made on behalf of such persons; and,
- I/we* will inform you in writing if I/we* become aware that any person, on whose behalf I/we* holds shares, becomes resident in Ireland.

**Delete as appropriate*

Name and address of applicant: _____

Signature of applicant or authorised signatory: _____ **(declarant)**

Capacity of authorised signatory (if applicable): _____ **Date:** _____

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Joint applicants:

Names _____ **Signatures** _____

IMPORTANT NOTES

- 1 Non-resident declarations are subject to inspection by the Irish Revenue Commissioners and it is a criminal offence to make a false declaration.
- 2 To be valid, the application form (incorporating the declaration required by the Irish Revenue Commissioners) must be signed by the applicant. Where there is more than one applicant, each person must sign. If the applicant is a company, it must be signed by the company secretary or another authorised officer.
- 3 If the application form (incorporating the declaration required by the Irish Revenue Commissioners) is signed under power of attorney, a copy of the power of attorney must be furnished in support of the signature.
- 4 Irish Residents who are seeking to apply for Shares should contact the Administrator for an Application Form which does not include the above declaration. Exempt Investors who are entitled to payment without deduction of tax should also request the appropriate alternative declaration form from the Administrator.

10. DECLARATION OF RESIDENCY IN IRELAND (for Irish Nationals)

Resident Entities Composite Declaration
Declaration referred to in Section 739D(6)
Taxes Consolidation Act, 1997

This declaration, if it is then still correct, shall apply in respect of any subsequent acquisition of Shares.

- I declare that the information contained in this declaration is true and correct
- I also declare that I am applying for the Shares on behalf of the applicant named below who is entitled to the Shares in respect of which this declaration is made and is a person referred to in Section 739D(6) of the Taxes Consolidation Act, 1997, being a person who is (please tick ✓ as appropriate)

a pension scheme;	<input type="checkbox"/>
a company carrying on life business within the meaning of section 706 TCA 1997;	<input type="checkbox"/>
an investment undertaking;	<input type="checkbox"/>
an investment limited partnership;	<input type="checkbox"/>
a special investment scheme;	<input type="checkbox"/>
a unit trust to which section 731 (5)(a) TCA 1997 applies;	<input type="checkbox"/>
a charity being a person referred to in section 739D(6)(f)(i) TCA1997;	<input type="checkbox"/>
a qualifying management company;	<input type="checkbox"/>
entitled to exemption from income tax and capital gains tax by virtue of section 784A(2) TCA, 1997* (see further requirement for Qualifying Fund Manager below);	<input type="checkbox"/>
a PRSA Administrator;	<input type="checkbox"/>
a credit union within the meaning of section 2 of the Credit Union Act 1997.	<input type="checkbox"/>

Additional requirements where the declaration is completed on behalf of a Charity

- I also declare that at the time of making this declaration, the Shares in respect of which this declaration is made are held for charitable purposes only and
 - form part of the assets of a body of persons or trust treated by the Revenue Commissioners as a body or trust established for charitable purposes only, or
 - are, according to the rules or regulations established by statute, charter, decree, deed of trust or will, held for charitable purposes only and are so treated by the Revenue Commissioners.
- I undertake that, in the event that the person referred to in paragraph (7) of Schedule 2B TCA 1997 ceases to be a person referred to in Section 739D(6)(f)(i) TCA, 1997, I will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

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Additional requirements where the declaration is completed by a qualifying fund manager / PRSA Administrator

- I/we* also declare that at the time this declaration is made, the Shares in respect of which this declaration is made
 - are assets of * an approved retirement fund/an approved minimum retirement fund or a PRSA, and
 - are managed by the Declarant for the individual named below who is beneficially entitled to the Shares.

- I/we* undertake that, if the Shares cease to be assets of *the approved retirement fund/the approved minimum retirement fund or the PRSA, including a case where the Shares are transferred to another such fund or account, I/we* will, by written notice, bring this fact to the attention of the investment undertaking accordingly.

****Delete as appropriate***

Additional requirements where the declaration is completed by an Intermediary

- I/we* also declare that I am/we are* applying for Shares on behalf of persons who
 - To the best of my/our* knowledge and belief, have beneficial entitlement to each of the Shares in respect of which this declaration is made, and
 - Is a person referred to in section 739D(6) TCA, 1997.

- I/we* further declare that
 - Unless I/we* specifically notify you to the contrary at the time of application, all applications for Shares made by me/us* from the date of this application will be made on behalf of persons referred to in section 739D(6) TCA, 1997, and
 - I/we* will inform you in writing if I/we* become aware that any person ceases to be a person referred to in section 739D(6) TCA, 1997.

****Delete as appropriate***

Name of applicant: _____

Irish tax reference number of applicant: _____

Authorised signatory: _____ **(Declarant)**

Title: (Mr/Ms. etc) _____

Capacity in which declaration is made: _____

Date: ____/____/____

Important Notes

1. This is a form authorised by the Revenue Commissioners which may be subject to inspection. It is an offence to make a false declaration.
2. Tax reference number in relation to a person has the meaning assigned to it by Section 885 TCA, 1997 in relation to a "specified person" within the meaning of that section. In the case of a charity, quote the Charity Exemption Number (CHY) as issued by Revenue. In the case of a qualifying fund manager, quote the tax reference number of the beneficial owner of the Share.
3. In the case of, (i) an exempt pension scheme, the administrator must sign the declaration; (ii) a retirement annuity contract to which Section 784 or 785 applies, the person carrying on the business of granting annuities must sign the declaration; (iii) a trust scheme, the trustees must sign the declaration. In the case of a charity, the

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declaration must be signed by the trustees or other authorised officer of a body of persons or trust established for charitable purposes only within the meaning of Sections 207 and 208 TCA 1997. In the case of an approved retirement fund/an approved minimum retirement fund or a PRSA, it must be signed by a qualifying fund manager or PRSA administrator. In the case of an intermediary, the declaration must be signed by the intermediary. In the case of a company, the declaration must be signed by the company secretary or other authorised officer. In the case of a unit trust it must be signed by the trustees. In any other case it must be signed by an authorised officer of the entity concerned or a person who holds a power of attorney from the entity. A copy of the power of attorney should be furnished in support of this declaration.

11. FOR IRISH RESIDENT INVESTORS WHO ARE NOT EXEMPT INVESTORS - RETURN OF VALUES (INVESTMENT UNDERTAKINGS) REGULATIONS 2013

The Company must collect additional information in order to satisfy Return of Values (Investment Undertakings) Regulations 2013(S.I. 245 of 2013). Therefore any individual, company or any unincorporated body of persons which is Irish resident or ordinarily Irish resident and is not an Exempt Investor (as defined in the Prospectus) must provide the following additional information and documentation:

Tax Identification Number (TIN) / PPS Number and any one of the following additional documents are required to verify the TIN or PPS Number (either a copy or the original is sufficient): P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, European Health Insurance Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter /Book, Pension Book, Social Services Card or Public Services Card. In addition, any printed documentation issued by the Revenue Commissioners or by the Department of Social Protection which contain your name, address and tax reference number will also be acceptable. In the case of joint account holders, the additional documentation is required for each applicant.

Your personal information will be handled by the Administrator or it's duly appointed delegates as Data Processor for the Company in accordance with the Data Protection Acts 1988 to 2003. Your information provided herein will be processed for the purposes of complying with the Return of Values (Investment Undertakings) Regulations 2013 and this may include disclosure to the Irish Revenue Commissioners.

12. SIGNATURE AND DECLARATION

By signing here, the Applicant is applying for Shares in the [●] Fund on the terms of the Prospectus and this Application Form.

I / We declare that the information contained in this Application Form and the attached documentation, if any, is true and accurate to the best of my / our knowledge and belief.

I / We agree that the representations set forth above are continuous and will be deemed to be repeated in connection with all further purchases of Shares. I / We further agree to advise the Fund promptly of any violations of the representations set forth herein.

I / We declare that I / we will promptly notify the Company and the Administrator of any changes in the information, documentation or representations provided and in particular, any changes in the information or documentation provided in relation to AML/CFT.

I / We declare that I am authorised to sign this Application Form on my/our own behalf or on behalf of the intermediary, agent or nominee (if applicable) and to make the representations and give the indemnities referred to herein.

Name of Authorised Signatory	Title	Signature	Date

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In the case of Individual Applicants, simply sign the top line; in the case of Joint Applicants all applicants must sign.

Reminder in regard to what needs to be completed and filled in:

- **ALL** investors must complete **sections 1 to 6** and **section 12**
- **Individuals only** must complete **section 7**
- **Entities for Corporations/Partnerships/Trusts or Foundations** must complete **section 8**
- **Non-Irish residents only** must complete **section 9**
- **Irish residents only** must complete **section 10**
- **Irish residents who are not Exempt Irish Residents only** (as defined in the Prospectus) must complete **section 11**

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APPENDIX I

[LETTER HEADED PAPER]

Full Legal Name of the entity certifying:

Address:

Jurisdiction:

This is to confirm that *[name of company]* is a company registered in *[jurisdiction]*. As a registered company authorized by *[Regulator]* we are subject to *[jurisdiction]* Anti-Money Laundering (AML) laws and regulations.

We acknowledge that Apex Fund Services (Ireland) Limited is relying on us to satisfy their investor due diligence requirements with respect to *[Name of Investor]*.

We confirm that we have written Policies, Procedures and Documentary Requirements designed to comply with applicable local and international AML laws, regulations and requirements.

Our AML Policies, Procedures and Documentary Requirements, at a minimum, cover identification and verification of the identity of the relevant investors and their beneficial owners, politically exposed persons, source of wealth, sanctions screening and screening against international lists of terrorists, AML training our staff, reporting of suspicious activity to the relevant authorities, and record keeping for a minimum of 5 years from the cessation of the relationship with an investor.

We can confirm that we perform the relevant AML and Customer Due Diligence checks on the investors that subscribe into *[name of fund]*.

We confirm that upon request, as soon as practicable copies of the relevant customer due diligence documents will be made available to Apex Fund Services (Ireland) Limited.

Signed: _____

Name: _____

Position: _____

Branch/Department/Division: _____