



Commission de Surveillance
du Secteur Financier

Identification form for the person responsible for compliance with the professional obligations as regards the fight against money laundering and terrorist financing of an investment fund manager which is supervised by the Commission de Surveillance du Secteur Financier

("Responsible du Respect" or "RR")¹

I/We, the undersigned² _____, hereby declare and certify that I am/we are responsible for ensuring the compliance of [IFM NAME] _____ (the "IFM") with all AML/CFT obligations in accordance with article 4 of the AML/CFT Law.

By checking the box,

I/We confirm that I/we have sufficient AML/CFT knowledge with regard to the applicable Luxembourg laws, regulations and circulars can demonstrate this (e.g. evidence of training courses) upon request;

I/We confirm that I am/we are knowledgeable about the investments and distribution strategies of the Funds under management and about the services offered by the IFM;

I confirm that I will be available without delay upon contact by the Luxembourg AML/CFT competent authorities (in the case of joint responsibility of the members of the Board of Directors / Managers, at least one of board members must fulfill this requirement).

Contact details – please fill in **APPENDIX**.

I/We declare that the information provided in the present document is true, accurate and complete.

Signed in (*place*) _____, on (*date*) _____

Signature(s)³

Signature:			
Name:			

Signature:			
Name:			

Signature:			
Name:			

¹ "Responsible du Respect" or "RR" means the person responsible for compliance with the professional obligations as regards the fight against money laundering and terrorist financing according to Article 4(1) of the amended Law of 12 November 2004 (the "AML/CFT Law").

² Where the members of the Board of Directors / Managers are jointly responsible, please indicate « *members of the Board of Directors / Managers jointly* », otherwise provide full name of physical person.

³ In the case of joint responsibility of the members of the Board of Directors / Managers, all board members must sign the present document. Alternatively, a resolution of the Board, validly adopted and signed, may be submitted.



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APPENDIX – RR Contact details:

In the case of joint responsibility, information on each board member has to be provided:

Full name :	
Email address :	
Phone number :	
Address :	

Full name :	
Email address :	
Phone number :	
Address :	

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Email address :	
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