



Commission de Surveillance
du Secteur Financier

Identification form for the AML/CFT compliance officer ("**Responsable du contrôle**" or "**RC**")¹ of an investment fund manager which is supervised by the *Commission de Surveillance du Secteur Financier*

I, the undersigned _____ hereby declare and certify that I act as AML/CFT compliance officer (*Responsable du contrôle* or RC) of [*IFM NAME*] _____ (the "IFM") with regard to compliance with all AML/CFT obligations in accordance with article 4 of the AML/CFT Law.

My appointment to the above-mentioned function by the management body/governing body of the IFM is effective from _____.

By checking the box,

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

I confirm that I am 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 request by the Luxembourg AML/CFT competent authorities;

I confirm that I have access to all internal documents and systems required and necessary for performing my tasks.

<u>Contact details of the RC (<i>Responsable du contrôle</i>)</u>	
Email address :	
Phone number :	
Address :	

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

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

Signature: _____

¹ "*Responsable du contrôle*" or "RC" means the compliance officer according to Article 4(1) of the amended Law of 12 November 2004 (the "AML/CFT Law").