

**Identification form of the person responsible for compliance with the  
AML/CFT professional obligations of an investment fund**  
**("Responsible du Respect" or "RR")<sup>1</sup>**

I/We, the undersigned<sup>2</sup> **[Full Name]** \_\_\_\_\_,  
hereby declare and certify that I am/we are responsible for ensuring the compliance of the Fund **[Fund Name]**  
\_\_\_\_\_ (the "Fund") 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 and 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 Fund;
- I/We confirm that I/we 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 fulfil this requirement).

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

I/We declare that the information provided in the present document is true, accurate and complete<sup>3</sup>.

Signed in (place) \_\_\_\_\_, on (date) \_\_\_\_\_

Signature(s) <sup>4</sup> :			
Name(s):			

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

<sup>2</sup>Where the members of the Board of Directors / Managers are jointly responsible, please indicate "members of the Board of Directors / Managers jointly", otherwise please provide the full name of the physical person.

<sup>3</sup>A copy of the identification document(s), an/the extract(s)/certificate(s) from the criminal record, a dated and signed curriculum vitae (and a declaration of honour if the person is subject to CSSF approval) must be provided to the CSSF for each appointment as RR. When an AML/CFT Market Entry Form is submitted, such documents must be uploaded to eDesk.

<sup>4</sup>In the case of joint responsibility of the members of the Board of Directors / Managers, all board members must sign this document. Alternatively, a resolution of the Board, validly adopted and signed, may be submitted.



Commission de Surveillance  
du Secteur Financier

Signature(s) <sup>4</sup> :			
Name(s):			

Signature(s) <sup>4</sup> :			
Name(s):			





**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:	

Full name:	
Email address:	
Phone number:	
Address:	

Full name:	
Email address:	
Phone number:	
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Full name:	
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