Fairfield KYC – Schedules and Forms

Schedule A

RECOGNISED JURISDICTIONS

Schedule 2 of the Anti-Money Laundering and Terrorist Financing Code of Practice, 2008
Revised 1 January 2020

1. Andorra
2. Argentina
3. Aruba
4. Australia
5. Bahamas
6. Barbados
7. Bermuda
8. Belgium
9. Brazil
10. Bulgaria
11. Canada
12. Cayman Islands
13. Chile
14. China
15. Curacao
16. Cyprus
17. Denmark
18. Dubai
19. Estonia
20. Finland
21. France
22. Germany
23. Gibraltar
24. Greece
25. Guernsey
26. Hong Kong
27. Hungary
28. Iceland
29. Ireland
30. Isle of Man
31. Italy
32. Japan
33. Jersey
34. Latvia
35. Liechtenstein
36. Luxembourg
37. Malta
38. Mauritius
39. Mexico
40. Netherlands
41. Netherlands Antilles
42. New Zealand
43. Norway
44. Panama
45. Portugal
46. Russia
47. Singapore
48. Spain
49. South Africa
50. St. Lucia
51. Sweden
52. Switzerland
53. United Kingdom
54. United States of America
55. Uruguay

Form A1

EXEMPTED ENTITY OR TRUSTEE; SELF-CERTIFICATION FORM

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Dear Liquidators of Fairfield Select Limited (In Liquidation),

We understand that you are exempting us from the provision of anti-money laundering and terrorist financing information on our controlling parties and customers and are relying upon the fact that we are regulated and are located in one of the countries in Schedule A. In order to provide us with this exemption, you require and by execution below, we provide confirmation of the following. We are located in the country of Select Country (name of country) and specifically regulated by _____(name of regulatory authority in said country). The regulator requires as part of its regulatory framework that we comply with the anti-money laundering and terrorist financing laws and regulations in Select Country (name of country).

In that regard, we have established and implemented anti-money laundering and terrorist financing policies and procedures to *inter alia* verify controlling parties' and customers' identity and report suspicious activity. We confirm that we are in compliance with the anti-money laundering and terrorist financing laws and regulation in Select Country (name of country) and are unaware of any breaches or regulatory issues.

Kindly provide us with the current authorized signatory list for our records at your earliest convenience.

Yours faithfully,

Signature	
Full name	
Title	
Authorised Signatory of	

Form A2

EXEMPTED CUSTODIAN; SELF-CERTIFICATION FORM

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Dear Liquidators of Fairfield Select Limited (In Liquidation),

We understand that you are exempting us from the provision of anti-money laundering and terrorist financing information on our controlling parties and customers and are relying upon the fact that we are regulated and are located in one of the countries in Schedule A. In order to provide us with this exemption, you require and by execution below, we provide confirmation of the following. We are located in the country of Select Country (name of country) and specifically regulated by (name of regulatory authority in said country). The regulator requires as part of its regulatory framework that we comply with the anti-money laundering and terrorist financing laws and regulations in Select Country (name of country).

In that regard, we have established and implemented anti-money laundering and terrorist financing policies and procedures to *inter alia* verify controlling parties' and customers' identity and report suspicious activity. We confirm that we are in compliance with the anti-money laundering and terrorist financing laws and regulation in Select Country (name of country) and are unaware of any breaches or regulatory issues. We also confirm we have conducted customer due diligence on the customer(s) involved in the said account for which we are listed as registered shareholder, as required by the laws and regulations of Select Country (name of country) and consistent with the policies and procedures we have established and implemented, and that we have in our possession documentation to support that due diligence. Lastly we confirm that there are no issues that the Liquidators of Fairfield [fund] should be made aware of with regard to those customers.

Kindly provide us with the current authorized signatory list for our records at your earliest convenience.

Yours faithfully,

Signature	
Full name	
Title	
Authorised Signatory of	

Form B

NON-EXEMPTED ENTITY OR CUSTODIAN - CUSTOMER DUE DILIGENCE INFORMATION

Basic Investor Information

The following information need to be provided:

- Name of corporation
- Official registration or other identification number of the corporation, if applicable
- Date and place of incorporation, registration or formation of the corporation
- Registered office address of incorporation and mailing address, if different
- If applicable, address of the registered agent of the legal person to whom correspondence may be sent and the mailing address of the registered agent, if different
- Principal place of business
- Type of business engaged in
- Identity of each Director and Officer
- Identity of each shareholder who owns at least 10% or more of the corporation
- Identity of ultimate beneficial owners and controllers

KYC Documents

The following documents, all of which need to be notarized/certified[1], need to be obtained:

- Memorandum & Articles of Association or equivalent governing constitution.
- Certificate of Incorporation or Registration.
- Certificate of Name Change (if applicable, including all former names).
- Certificate of Good Standing;
- Register of Directors and Officers.
- Register of Members/Shareholders for parties that own at least 10% or more of the corporation
- Complete **Form C** for each individual Director, beneficial owner, controller and each individual who owns at least 10% or more of the corporation
- Complete **Form B** for each corporate Director and each corporate shareholder who owns at least 10% or more of the corporation
- Complete **Form B1**
- Current Authorized Signatory List

[1] The certificate bears the date of the certificate, the signature and seal of the person certifying the document and provide adequate information to enable the person certifying the document to be contacted in the event of a query or further clarification. The person certifying the document needs to be independent of the individual, trust or legal person for which the certification is being provided and is subject to professional rules of conduct or statutory compliance measures breach of which is subject to the application of penalties.

Form B1

NON-EXEMPTED ENTITY OR CUSTODIAN - CUSTOMER DUE DILIGENCE INFORMATION

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Dear Liquidators of Fairfield Select Limited (In Liquidation),

I_____(name of director), being a director of_____(name of company), declare that the business of_____(name of company) is to

_____

_____

_____

_____(describe the company's business).

Yours faithfully,

Signature	
Full name	
Title	

Form C

INDIVIDUAL - CUSTOMER DUE DILIGENCE INFORMATION

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Basic Investor Information

The following Information need to be collected from the individual:

- Full legal name (including former name, other current name or aliases used)
- Principal residential address
- Date of birth
- Place of birth
- Nationality (where the individual holds more than one nationality, all nationalities he or she holds must be stated)
- Nature of employment or profession, and if employed, name of employer

KYC Documents

The following Documents, all of which need to be notarized/certified[2], need to be obtained:

- Any 1 of a valid Passport, Driving License (permanent), Armed Forces Identity Card or National Identity Card with the full legal name, a photo and at least the resident address or date of birth.
- Utility bill (less than 3 months old).
- Specimen signature

[2] The certificate bears the date of the certificate, the signature and seal of the person certifying the document and provide adequate information to enable the person certifying the document to be contacted in the event of a query or further clarification. The person certifying the document needs to be independent of the individual, trust or legal person for which the certification is being provided and is subject to professional rules of conduct or statutory compliance measures breach of which is subject to the application of penalties.

Form C1

POLITICAL EXPOSED PERSON; SELF-CERTIFICATION FORM

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Dear Liquidators of Fairfield Select Limited (In Liquidation),

I_____(name of individual) hereby declare that I am:

An individual who ☐ [has] or ☐ [has not] been entrusted with prominent public functions and members of his immediate family, or persons who are known to be close associates of such individuals.

Yours faithfully,

Signature	
Full name	
Title	

Form D

TRUST - CUSTOMER DUE DILIGENCE INFORMATION

Full legal name of Registered Shareholder:	
Holder and Account IDs:	
Registered office address of Registered Shareholder:	
Fund:	Select Fund

Basic Investor Information

The following information need to be collected from a trust:

- Type of Trust
- Name of trust
- Date and country of establishment of the trust
- Where there is an agent acting for the trust, the name and address of the agent
- The nature and purpose of the trust
- Name and address of the trustee
- Names of the settlor and protector
- Names of beneficiaries
- Name of the ultimate beneficial owner of the trust

KYC Documents

The following documents, all of which need to be notarized/certified[3], need to be obtained:

- Complete **Form C** for each Individual trustee, settlor, protector, beneficiary and ultimate beneficial owner.
- Complete **Form B** for each Corporate trustee, protector and beneficiary

[3] The certificate bears the date of the certificate, the signature and seal of the person certifying the document and provide adequate information to enable the person certifying the document to be contacted in the event of a query or further clarification. The person certifying the document needs to be independent of the individual, trust or legal person for which the certification is being provided and is subject to professional rules of conduct or statutory compliance measures breach of which is subject to the application of penalties.

Form E

WIRETRANSFER REQUEST FORM

WIRE INSTRUCTIONS

Beneficiary Details

NAME OF BENEFICIARY	
ADDRESS OF BENEFICIARY	
COUNTRY	Select Country
ACCOUNT NUMBER:	
IBAN:	

Beneficiary Bank Details

NAME AND ADDRESS OF THE BENEFICIARY BANK	
COUNTRY	Select Country
SWIFT/BIC	
ABA	

Intermediary Bank

NAME AND ADDRESS OF THE INTERMEDIARY BANK	
COUNTRY	Select Country
ACCOUNT NUMBER:	
SWIFT/BIC	
ABA	

Verification (for Non-Exempt Investors):

I_____(name of individual) of_____(bank name) located at_____(address) hereby verify that the above account details belong to the beneficiary named.

Signature	
Full name	
Title	
Contact telephone number	