

**Identification form of the compliance officer in charge of the
control of compliance with the AML/CFT professional
obligations of an investment fund
("Responsible du contrôle" or "RC")¹**

I, the undersigned **[Full Name]** _____, hereby declare and certify that I act as AML/CFT compliance officer ("Responsible du contrôle" or "RC") of the Fund **[Fund Name]** _____ (the "Fund") in compliance with all AML/CFT obligations as defined in Article 4 of the AML/CFT Law.

My appointment to the above-mentioned function by the Board of _____ of the Fund 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 Fund;
- ☐ 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 necessary to perform all tasks in relation to the RC function.

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

I declare that the information provided in the present document is true, accurate and complete².

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

Signature: _____

¹"Responsible du contrôle" or "RC" means the compliance officer 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").

²A copy of the identification document(s), an/the extract(s)/certificate(s) from the criminal record and a dated and signed curriculum vitae must be provided to the CSSF for each appointment as RC. When an AML/CFT Market Entry Form is submitted, such documents must be uploaded to eDesk.