

NB! Please note that due to law we cannot invest your money in funds unless we receive a complete application form, know your customer data and a certified copy of ID-identification and certificate of registration to Lannebo Fonder AB. For application forms that are faxed or e-mailed, original documentation must also be sent by post to the fund company.

### Client data:

Company name:	Company registration number:	
Address:	Post code:	City:
Country:	Primary point of contact:	
E-mail:	Fax number:	
Tax residence:		

### Banking details:

Name of bank:	Swift/BIC:	IBAN:
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If the legal person is a trust or similar, please state name, address, company number/personal ID-number for future policy holder, alternatively name of physical persons whose primary interest the legal person operates for.

Name, address and personal ID/company number of future policy holders:
Name, address and personal ID/company number of future policy holders:

### Know your customer information:

Due to the law on measures against money laundering and the financing of terrorism (2009:62), which is based on the third anti-money laundering directive, demands have been imposed on Lannebo Fonder. These demands include an obligation to collect certain information from all new clients in order to achieve a greater understanding of our clients. Lannebo Fonder therefore kindly requests you to fill in the form below.

<p>1. Beneficial owner</p> <p><input type="checkbox"/> Fully owned company   <input type="checkbox"/> Company with more shareholders than yourself   <input type="checkbox"/> Listed company <i>Questions 2-5 do not need to be answered</i>   <input type="checkbox"/> Credit and financial institution under supervision within the EES <i>Questions 2-5 do not need to be answered</i>   <input type="checkbox"/> Other through power of attorney. Who? (<i>attach power of attorney</i>)</p> <p><input type="checkbox"/> Other, please specify:</p>	
<p>2. No person(s) owns or controls directly or indirectly 25% or more of the legal entity. (<i>Stocks in listed companies are exempt</i>)</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> If yes, please fill in below.</p>	
<p>Name:</p> <p>Personal ID/company no:</p> <p>Address:</p> <p>Share of stocks or votes in %:</p>	<p>Name:</p> <p>Personal ID/company no:</p> <p>Address:</p> <p>Share of stocks or votes in %:</p>

3. Nature of business relationship <input type="checkbox"/> One-off payment <input type="checkbox"/> Regular savings (eg. monthly investments) <input type="checkbox"/> Other please state:
4. What amount do you estimate an average transaction to? <input type="checkbox"/> < 10 000 SEK <input type="checkbox"/> 10 000 - 100 000 <input type="checkbox"/> 100 000 - 1 000 000 <input type="checkbox"/> > 1 000 000 <input type="checkbox"/> Other:
5. Most common source of invested capital: <input type="checkbox"/> Revenue from the company we represent <input type="checkbox"/> Property income <input type="checkbox"/> Income from sale of company <input type="checkbox"/> Other:

**Are you a person that is or has been entrusted with any of the following prominent public functions or related or closely connected, either socially or professionally, to such person?**  
 Yes    No    If yes, please fill in below.

**A) Prominent public functions**  
 Head of State    Head of government    Minister    Deputy or assistant Minister    Member of parliament  
 Member of supreme courts    Member of constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances    Member of courts of auditors    Member of the board of central bank    Ambassador    Chargés d'affaires    High-ranking officer in the armed forces    Member of the administrative, management or supervisory bodies of State owned enterprises    Senior management or equivalent function of an international organization

**B) Family members of persons referred to in section A**  
 Spouse    Any partner considered as equivalent to the spouse    Children    Children's spouses or partners  
 Parents

**C) Close associates of persons referred to in section A**  
 Person who is known to have joint beneficial ownership of legal entities or legal arrangements with a person referred to in section A    Person who is known to have any other close business relations with a person referred to in section A  
 Person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of the person referred to in section A

NB! Due to anti-money laundering legislation we are unfortunately unable to register you as a client if this form is not complete or if a certified personal ID-identification and certificate of registration have not been sent to us. If we need to repay the purchase order disbursement we will make it to the senders account, alternatively to the account number stated on the application form.

**Signatures:**

<ul style="list-style-type: none"> <li>• We hereby certify that the information above is current and correct.</li> <li>• We confirm that we have read, understood and accepted the fund rules, key investor information document and fund prospectus.</li> <li>• We have attached a copy of certification of registration and certified copy of authorised signatories valid ID-identification.</li> <li>• We vow to disclose to Lannebo Fonder any new information in the event of any changes or updates to the details given.</li> <li>• We confirm that the purpose of our intentions is regular savings in funds according to the law on investments funds.</li> </ul>
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City and date:	
Signature	Signature:
Name in print:	Name in print:

**Send this form to:**  
Lannebo Fonder, P O Box 7854, S-103 99 Stockholm, Sweden.