



T. Rowe Price Funds OEIC

New Account Registration Form

- Review the fund prospectus and KIID before completing this registration form. Visit www.troweprice.com or contact your financial intermediary for the latest prospectus and KIID plus a list of the sub-funds and share classes currently available in your jurisdiction.
- Following receipt of registration form, T.Rowe Price reserve the right to reject the account opening / withhold redemption proceeds if all required materials have not been completed correctly.
- Terms not defined in this form shall have the meaning given to them in the OEIC prospectus.
- This form is not for individual (retail) investors.
- The purpose of this form is to establish an account and register your account information. Dealing will need to be instructed separately by using the T. Rowe Price Funds OEIC Transaction Form.

1. Account Holder *Print clearly in BLOCK CAPITALS using dark ink.*

NAME OF ACCOUNT HOLDER	
ACCOUNT DESIGNATION (IF REQUIRED)	
E-MAIL	
PHONE	FAX
EXISTING ACCOUNT NUMBER IN THIS OEIC, IF ANY	
AGENT CODE, IF KNOWN	

Registered Address *Cannot be a PO box or "care of" address*

ADDRESS	
CITY/POSTCODE	COUNTRY

Principal place of business *Complete if different to registered address*

ADDRESS	
CITY/POSTCODE	COUNTRY

Mailing Address *Complete if different to registered address*

ADDRESS	
CITY/POSTCODE	COUNTRY

Intermediary / Agent *Complete if you don't already have an agent code*

NAME	
COMPANY NAME	POSITION
ADDRESS	
CITY/POSTCODE	COUNTRY
EMAIL	FCA REGISTRATION NUMBER, IF APPLICABLE
PHONE ▶ <i>With local and international codes</i>	FAX ▶ <i>With local and international codes</i>

Type of Entity Select all that apply

- UK/EU/EEA regulated company
- Non UK/EU/EEA regulated Company - principal regulatory authority is: _____
- Platform
- Nominee (owned by regulated parent) - principle regulatory authority is: _____
- UK/EU/EEA Distributor
- Listed public Company
- Corporation SA, Ltd, etc.
- Charity/foundation
- Investment/mutual fund
- Trust
- Public Sector Bodies / Local Authority
- Registered Occupational Pension Scheme
- Local Authority pension Scheme
- UK Registered pension Scheme

Industry sector

If your business and/or Organization is within an Industry, please identify if your sector of industry is:

- Gambling & casino
- Oil and gas
- Money Service
- Precious Metals and jewelers
- Transport or logistics
- Arms Manufacturing
- Other: _____

If you have any listed company identified please indicate this under one of the below:

Listed entity security identifier/code/ticker _____

Legal Entity Identifier (LEI) _____

Does your share capital include the ability to issue bearer shares?

- Yes No N/A

Estimated Level of Investment Complete for monitoring purposes (will not be processed as a deal instruction)

CURRENCY	AMOUNT	COMMENTS (optional)
GBP		

Purpose and intended nature of the business relationship

- Investing for investment returns Other: _____

Expected holding period

- 0-3 years 4-6 years 7+ years

Expected number of transactions with the fund per annum

- 1-2 per month 2-10 per month 10-20 per month > 20 per month

Source of wealth (SOW) of customer Select all that apply

- Business Activity
- Disinvestment from other financial Product
- Member Pensions contribution / Employee Pension contributions
- Intermediary position - SOW held by us on client
- Other: _____

Source of Funds (SOF) connected to the investment Select all that apply

- Business income
- Disinvestment from other financial Product
- Member Pensions contribution / Employee Pension contributions
- Intermediary position - SOF held by us on client
- Other: _____

2. Ultimate Beneficial Ownership Declaration

- We the account name holder hereby confirm in respect to our relationship with the funds that we are **acting on our own behalf** OR
- We the account name holder hereby confirm in respect to our relationship with the funds that we are acting on **behalf of a third party**. If account holder is not the beneficial owner of the shares, complete the intermediary section of the registration form;
- If acting on behalf of a third party, please also indicate the nature of your services in relation to your clients:
- Advisory**
- Discretionary**
- Platform (execution only)**
- Other, intermediary**
- Please **consider** the statements at the start of each section and **tick the relevant declaration**;
 - **Important** you must fully complete the section against which you make the declaration otherwise form will be rejected;
 - **Refer to section 2**, If the investing entity is a Trust, Foundation or a similar legal arrangements;
 - If needed, **please add additional** beneficial owners on a separate sheet;
 - **Provide** a certified true copy of a valid passport or government issued ID for the individual(s) named within this form.

Legal Person

2.1. Statements and Form for Legal Persons

- (A) If a public authority or public body ▶ **Complete section 2.1.3 and "Signatures"**
- (B) I/we declare that the investing entity or on whose behalf a transaction or activity is being conducted, is a company whose shares are admitted to trading on a Regulated Market¹ (This box does not apply to subsidiaries including wholly owned; please complete an alternative box). ▶ **Complete section 2.1.1 and "Signatures"**
- (C) I/we declare there is a natural person(s) who ultimately owns or controls (directly or indirectly) equal or greater than 25% of the value of the shares, voting rights or ownership in the investing entity or on whose behalf a transaction or activity is being conducted, including through bearer shares. ▶ **Complete section 2.1.2 and "Signatures"**
- (D) I/we declare there is a natural person(s) who owns or control(s) by other means (a) the investing entity or (b) the party for whose behalf the transaction or activity is conducted. ▶ **Complete section 2.1.2 and "Signatures"**
- (E) I/we declare there is **no** natural person(s) who ultimately owns or controls (directly or indirectly) equal or greater than 25% of the value of the shares, voting rights or ownership in the investing entity or on whose behalf a transaction or activity is being conducted, including through bearer shares or through control by other means². ▶ **Complete section 2.1.3 and "Signatures"**

2.1.1. Listed on a Regulated Market

STOCK EXCHANGE IDENTIFIER	COUNTRY IN WHICH THE ENTITY IS TRADED
FULL NAME OF THE REGULATED MARKET	

2.1.2. Control by Ownership or Control by other Means

Beneficial Owner 1 – Control by ownership or Control other means

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
FOR "CONTROL BY OWNERSHIP" INDICATE PERCENTAGE OWNERSHIP:	
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
<p>If controlled by other means, please provide below an explanation on how the control is derived such as for example through a shareholder's agreement, the exercise of dominant influence or the power to appoint senior management. Please note depending on the details provided we may require further information or documentation:</p> <p>▶</p>	

¹ Listed companies on a regulated market in the European Union, the European Economic Area, or in another third country that imposes obligations recognised as equivalent by the European Commission need only to disclose on which market they are listed as per EU Directive 2004/109/CE requirements;

² for example, through a shareholder's agreement, the exercise of dominant influence or the power to appoint senior management;

2.1.3. Senior Managing Official

In the event that statements C) or D) above do not apply, a Senior Managing Official¹⁸ will be recorded as the “Ultimate Beneficial Owner – Senior Managing Official”, as defined in Directive (EU) 2015/849.

Senior Managing Official

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
BUSINESS ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
NAME OF COMPANY	POSITION IN COMPANY

Trusts, Foundations and similar legal arrangements

2.2. Form for Trusts, Foundations and similar legal arrangements

- Please complete sections 2.2.1, 2.2.2 or 2.2.3. in block capitals;
- If an **employee’s pension, superannuation or similar scheme** please complete section 2.2.3 **only**;
- If needed, please add additional Protectors, Settlers, Trustees, Beneficiaries or Controllers on a separate sheet;
- Unless specifically stated below, please provide a certified true copy of a valid passport or government issued ID for the individual(s) named below;

2.2.1. Protector, Settlor, (un)defined beneficiaries, Trustees

Protector

- I/we declare there is no protector
- I/we declare there is a protector (please complete the below information)

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY

Settlor

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
<input type="checkbox"/> I/we declare the settlor has deceased [no ID will be required]	

¹⁸ Senior Managing Official means any natural person(s) responsible for strategic decisions that fundamentally affect the business practices or general direction of the legal entity/vehicle and any natural person(s) who exercises executive control over the daily and regular business of the legal entity/vehicle through a senior management position, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Managing or Executive Director, President or Chairman; **Note:** identification and verification measure of SMO may be reviewed on individual account cases.

Defined Beneficial Owner (entitled to 25% or more of the legal arrangement)

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
In the event all beneficiaries have not been designated please provide below the category of persons for which the trust or Foundation is to benefit:	
▶	

Individual Trustee (if applicable)

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY

Corporate Trustee (if applicable)

COMPANY NAME	DATE OF INCORPORATION
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
BUSINESS ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
IDENTIFICATION NUMBER	

With respect to the Corporate Trustee above, please tick one of the below boxes and complete the Corporate Trustee Beneficial Owner section immediately below in block capitals:

- 1) I/we declare there is a natural person(s) who ultimately owns or controls (directly or indirectly) equal or greater than 25% of the value of the shares, voting rights or ownership in the Corporate Trustee, including through bearer shares.
- 2) I/we declare there is a natural person(s) who control(s) the Corporate Trustee by other means (add explanation below);
- 3) I/we declare there is no natural person(s) who ultimately owns or controls (directly or indirectly) equal or greater than 25% of the value of the shares, voting rights or ownership in the Corporate Trustee, including through bearer shares or through control by other means.

(Applicable to box 2 only) If controlled by other means, please provide below an explanation on how the control is derived such as for example through a shareholder's agreement, the exercise of dominant influence or the power to appoint senior management. Please note depending on the details provided we may require further information or documentation:

▶

In respect to Corporate Trustee Beneficial Owner, please complete this section

COMPANY NAME	
DATE OF INCORPORATION (DD-MM-YYYY)	IDENTIFICATION NUMBER
PLACE OF BIRTH	IDENTIFICATION NUMBER
PERCENTAGE OWNERSHIP	(APPLICABLE TO BOX 3 ONLY) POSITION IN THE COMPANY:
BUSINESS ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY

2.2.2. Control by other Means of trusts or similar legal arrangements

Control by Ownership or by other Means

- I/we declare there is no other natural person exercising ultimate control or influence over the legal arrangement by means of direct or indirect ownership or by any other means,
- I/we declare there is another natural person exercising ultimate control or influence over the legal arrangement by means of direct or indirect ownership or by any other means (please complete the below section)

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
RESIDENTIAL ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY

2.2.3. Senior Managing Official (including employee's pension, superannuation or similar scheme)

A Senior Managing Officialⁱⁱⁱ will be recorded as the "Ultimate Beneficial Owner – Senior Managing Official", as defined in Directive (EU) 2015/849. A Senior Managing Official may be recorded as Ultimate Beneficial Owner of an employee's pension, superannuation or similar scheme where the following conditions are met: a) provides retirements benefit for employees; b) where contribution are made by an employer by way of deductions from employee's wages and; c) scheme rules do not permit assignment of members interest under the scheme.

Senior Managing Official

SURNAME	FIRST NAME(S)
DATE OF BIRTH (DD-MM-YYYY)	NATIONALITY
PLACE OF BIRTH	IDENTIFICATION NUMBER
BUSINESS ADDRESS (PO OR C/O WILL NOT BE ACCEPTED)	
STREET AND NUMBER	CITY / TOWN
POSTCODE / ZIP CODE	COUNTRY
NAME OF COMPANY	POSITION IN COMPANY

ⁱⁱⁱ Senior Managing Official means any natural person(s) responsible for strategic decisions that fundamentally affect the business practices or general direction of the legal entity/vehicle and any natural person(s) who exercises executive control over the daily and regular business of the legal entity/vehicle through a senior management position, Chief Executive Officer (CEO), Chief Financial Officer (CFO), Managing or Executive Director, President or Chairman; Note: identification and verification measure of SMO maybe reviewed on individual account cases.

3. Tax Residency of Account Holder All account holders must complete. Additional information may be required.

ACCOUNT HOLDER'S PRIMARY COUNTRY OF TAX RESIDENCE	TAX ID NUMBER IN THAT COUNTRY
ACCOUNT HOLDER'S COUNTRY OF INCORPORATION	ANY OTHER COUNTRIES OF TAX RESIDENCE AND THEIR TAX ID NUMBERS

OEIC funds are not available to U.S. persons/United States persons. As per OEIC prospectus a "U.S. person/United States person" is defined as:

- a "United States person" per the U.S. Internal Revenue Code of 1986
- a "U.S. person" per Rule 902 under the U.S. Securities Act of 1933
- a person who is not a "Non-United States person" per Section 4.7 of the U.S. Commodity Exchange Act
- a "U.S. Person" per the CFTC's "Interpretive Guidance and Policy Statement Regarding Compliance with Certain Swap Regulations," July 26, 2013

4. FATCA Self-Certification All account holders must complete.

A. Entities With Their Own Global Intermediary Identification Number (GIIN)

GIIN

Entity's category:

- | | |
|--|---|
| <input type="checkbox"/> Participating Financial Institution | <input type="checkbox"/> Direct Reporting NFFE |
| <input type="checkbox"/> Registered Deemed Compliant Financial Institution | <input type="checkbox"/> Reporting Financial Institution under an IGA |

B. Entities Using a Sponsor's GIIN

GIIN	SPONSOR ORGANISATION
------	----------------------

Entity's category:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sponsored Investment Entity or Controlled Foreign Corporation | <input type="checkbox"/> Sponsored Direct Reporting NFFE | <input type="checkbox"/> Sponsored Closely Held Investment Vehicle |
|--|--|--|

C. Entities Without a GIIN

Entity is not able to, or does not need to, provide a GIIN because it is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Waiting to receive a GIIN for which it has applied. Indicate entity's category in Sub-section A above. | <input type="checkbox"/> An Exempt Beneficial Owner | <input type="checkbox"/> An Active NFE |
| <input type="checkbox"/> A Certified Deemed-Compliant Financial Institution under a Model 2 IGA or Non-Reporting Financial Institution under a Model 1 IGA | <input type="checkbox"/> A Territory Financial Institution | <input type="checkbox"/> A Passive NFE <small>See box at the end of section 5. Common Reporting Standard Self-Certification, 4. Passive Non-Financial Entity</small> |
| | <input type="checkbox"/> A Non-Participating Financial Institution | |

5. Common Reporting Standard Self-Certification All account holders must complete.

Note: Relevant information can be found at the OECD automatic exchange of information portal at <http://www.oecd.org/tax/automatic-exchange/>. If you have any questions then please contact your tax adviser or domestic tax authority.

1. Financial Institution - Investment Entity

- (a) Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution *(Note: if you tick this box, please include individual self-certification forms for each Controlling Person)**
- (b) Other Investment Entity

2. Financial Institution

- (a) Depository Institution
- (b) Custodial Institution or
- (c) Specified Insurance Company

3. Active Non-Financial Entities

- (a) Entity which is regularly traded on an established securities market or a related entity of such an entity
- If you have ticked 3(a), please provide the name of the established securities market on which the corporation is regularly traded: _____.
 - If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in 3(a) is a Related Entity of: _____.
- (b) Government entity
- (c) Central Bank
- (d) International organization
- (e) Active Non-Financial Entity other than (a)-(d)

4. Passive Non-Financial Entity

- if you tick this box, please include individual self-certification forms for each Controlling Person **

***Individual "Controlling Person tax residency self-certification forms" can be downloaded free of charge from the fund's Transfer Agent SS&C <http://www.dstdistributorportal.com/documents/fatca-self-certifications>**

6. Payment instructions Bank details completed will be added as coverall and future redemption payments paid there until otherwise advised by client

Registered Bank Account Details If the space provided below is not sufficient to fit your bank account details then please attach a separate page including all information.

REGISTERED OWNER <small>▶ If not same as fund account holder, see note above</small>	BANK ACCOUNT NUMBER/IBAN
BANK NAME	BANK ADDRESS
BANK CITY/POSTCODE	BANK COUNTRY
SWIFT CODE	BIC OR SORT CODE
SUB-ACCOUNT NAME	SUB-ACCOUNT NUMBER

- If you would like the above stated bank details to be added across all accounts, please tick here. Please note, if this is a subsequent account opening ticking this box will update and overwrite previously held bank details on other accounts under the same shareholder details.

- If you would like to use the above stated bank details for this account only, please tick here.

Third Party Payments (if applicable)

Third party payments are not permitted. Where the name of the Account Holder and bank account Registered Owner are not the same please provide a signed letter together with this registration form, confirming that both accounts are owned and controlled by the Account Holder.

Distribution Instructions

For any income shares in this account, distribution payments should be:

- Reinvested Default if no choice indicated.
- Paid to the bank account identified in this section.

Account to receive Distributions Complete if different to registered bank account details above. If the space provided below is not sufficient to fit your bank account details then please attach a separate page including all information.

REGISTERED OWNER ▶ <i>If not same as fund account holder, see note above</i>	BANK ACCOUNT NUMBER/IBAN
BANK NAME	BANK ADDRESS
BANK CITY/POSTCODE	BANK COUNTRY
SWIFT CODE	BIC OR SORT CODE
SUB-ACCOUNT NAME	SUB-ACCOUNT NUMBER

Bank of the Fund Account For subscription and investments, monies should be sent to the following bank account

Domestic	Bank Name	Currency	Account name	Local or Domestic account number	Bank sort code
	Bank of America N.A.	GBP	T. Rowe Price UK Ltd Client Money Receipts Account	82105026	165050
International	Bank Name	Currency	Account name	IBAN	Bank SWIFT BIC ID
	Bank of America N.A.	GBP	T. Rowe Price UK Ltd Client Money Receipts Account	GB44 BOFA 1650 5082 1050 26	BOFAGB22

7. Investor Information

■ In connection with an account (or prospective account) we will obtain information about actual or prospective investors and associated persons of investors, such as beneficial owners, advisers, contact persons, and individuals who act on behalf of entities, such as employees, officers or directors (collectively, "Investor Information"). Investor Information can contain data concerning entities as well as personal data of individuals.

The "Privacy, Use, and Disclosure of Investor Information" section of the prospectus has details about our practices regarding Investor Information and you acknowledge and accept such terms, as well as the terms stated here.

■ When Investor Information consists of personal data of an individual, please see the link to our Privacy Notice at the end of this section, copies can be provided upon request.

The Privacy Notice provides individuals with information about the types of personal data that may be processed, to whom such personal data may relate, how it may be sourced, and the types of parties who may process or receive it and for what purposes, and otherwise explains certain policies and practices that have been put in place to ensure the privacy of such personal data.

■ When Investor Information consists of personal data of an individual collected in order to meet legal and regulatory obligations for the prevention of money laundering and terrorist financing, it will be processed only for these purposes, unless otherwise permitted or agreed.

The Privacy Notice also describes important rights of individuals relating to their personal data. By applying for and/or maintaining an account, you agree to provide the Privacy Notice to individuals whose personal data you (or a representative) will provide to us or to agents associated with the fund, such as the depositary or transfer agent.

■ The Privacy Notice can be found here: www.troweprice.com/PrivacyNoticeEMEA

■ Institutional Investors, as defined by the Shareholder Rights Directive, are able to access transparency reporting for the T. Rowe Price Funds OEIC sub-funds here: <https://www.troweprice.com/financial-intermediary/uk/en/about/news/2021/srd-ii-transparency-uk.html>

8. Account Owner Signature(s) and Date

By signing below, you make this contract legally binding, and you also state, acknowledge and agree as follows:

■ you have received and read the most recent prospectus, each applicable Key Investor Information Document (KIID) or any other locally required document(s) and you understand and accept the terms and conditions of this investment as described in those documents and in this form (including the costs, risks and requirements),

■ before making any subsequent investment(s), you agree to obtain and read the latest versions of the above documents (available via www.troweprice.com, the administrator or your intermediary);

■ if you are investing in an institutional share class, you qualify as an institutional investor as described in the prospectus, and we may refuse or liquidate your investment if we determine you do not qualify

■ your account will not be opened unless and until we receive all materials we consider necessary and are satisfied that they are complete, correct, and authentic

■ we may ask you to provide additional tax information at any time, and you agree, any provision of law to the contrary notwithstanding, that we may subject your investment to US withholding taxes or to transfer, redemption or termination if you fail to provide adequate information

■ we may provide your identity and account information to tax authorities as required by law

■ these investments are not and will not be registered for sale in the United States

■ with respect to all laws and regulations, and all relevant terms stated in the prospectus, you are not a U.S. Person, nor will this account be held for the benefit of, or on behalf of, such a person



■ all requests for transactions in sub-fund shares will be processed based on when the request is accepted for processing, as described in the prospectus, and not according to any other information or event

■ all of the information in this registration form is truthful, correct and complete, that you have the authority to sign this form, and that you are at least 18 years old

■ you are aware that any false representation in these matters could lead to penalties or other adverse actions against you

■ you will notify us immediately of any changes in the information provided in this registration form, including all attachments


Applicant(s)

NAME		NAME	
TITLE		TITLE	
DATE	PLACE	DATE	PLACE
SIGNATURE 		SIGNATURE 	

Intermediary *Sign above and here.*

By the authorised signature below, the account owner certifies that:

- they are acting as an intermediary for the third-party beneficiary(ies) described in Section 2
- they possess all applicable licences, authorisations and operational capabilities to function as a distributor of shares of these funds in compliance with applicable law
- they will abide by all terms in the prospectus, and will avoid taking any actions that would cause the OEIC to need to register in another jurisdiction except as specifically approved by the OEIC
- they have provided the third party(ies) with all required materials, including the current prospectus and KIID(s), and will provide updated materials to the third party in advance each time that party makes any subsequent investment
- they have fully identified the shareholder/investor and any related party and the ultimate beneficial owners in accordance with the Money Laundering Act/Regulation identified at right
- they will hold documentation for at least 5 years after termination of the relationship
- they will provide KYC information and/or documentation retained by them concerning their client upon request
- they will neither arrange nor permit the beneficial ownership of this account to pass to any owner that is not clearly qualified to own the shares in question
- the information provided accurately reflects their customer due diligence information
- they have not relied on another third party(ies) introduction

MONEY LAUNDERING ACT/REGULATION
NAME OF PERSON AUTHORISED TO SIGN FOR INTERMEDIARY
TITLE
SIGNATURE 

Submitting Your Registration Form

Review the completed form and verify document suitability

For this registration form and all attachments, you must submit documents in English. All translations or copies must be certified as being a true translation or copy by an embassy, consulate, solicitor, licensed lawyer or a notary (empowered public authority), or by a bank regulated in a jurisdiction that has implemented AML/CTF regulations that are equivalent, under United Kingdom law, to United Kingdom standards. The certification must show the official stamp of the authority, the date, and the name, signature, contact details and, if possible, position of the representative. Our requirements may differ depending on the status and location of the corporate entity.

Make sure these documents are included with your registration form. If we need additional or updated documents, we will contact you.

All applicants

- registration form
- if you want to make your initial subscription now, complete the separate T. Rowe Price Funds OEIC - Transaction form

Applicants that are a regulated and/or listed entity, or are covered by a comfort letter from a regulated mother company, in an equivalent country

- copy of comfort letter
- list of authorized signatures on the account, on company letterhead and dated within the past 12 months
- proof of regulation by a national supervisory authority or of listing on a recognized stock exchange

Applicants that are a non-regulated and non-listed entity

- certificate or Articles of Incorporation with the seal of the regulator, or equivalent
- extract of the Commercial Register or Certificate of Incorporation, or equivalent
- latest annual audited report or financial statement including statements of the nature and purpose of the entity
- certified true copy of the Board resolution listing the authorized signatory(ies), if available
- list of authorized signatures on the account, on company letterhead and dated within the past 12 months
- names and IDs of company representatives/directors
- list of shareholders, with IDs for those owning more than 25% of the capital

Applicants investing on behalf of a third party

- "Know Your Customer" documentation for the third party
- evidence of regulated status and confirmation of compliance with identification requirements to those set by UK legislation
- certificate declaring that you are permitted to act as an intermediary e.g., a copy of a Power of Attorney granted to you by the investor(s)

Passive Non-Financial Entities (NFEs)

- If you are an NFE, please include individual self-certification forms for each Controlling Person. Individual "Controlling Person tax residency self-certification forms" can be downloaded free of charge from the fund's Transfer Agent SS&C <http://www.dstdistributorportal.com/documents/fatca-self-certifications>

Other

- special instructions for authorization authority for making changes to bank information or account registration

Please review and ensure you have provided the following.

- Have you provided your bank details?
- Have you provided an agent code (if known)?
- Have you provided your tax information per section 3?
- Have you provided an authorised signature list?

Fax completed registration form and attachments as follows

Client Services Fax number is

Fax Number	
UK dialled number	Overseas dialled number
0330 123 3755	+44 126 845 7712

Questions

Client Services Phone number is

UK dialled number	Overseas dialled number
0370 707 0073	+44 203 975 3976

Enquiries email address is

Email address
DCS@uk.dstsytms.com