

INFORMATION FORM FOR A NATURAL PERSON



Full name of the Fund	Citadel Value Fund SICAV ISIN P-class: LU0141953439 / ISIN X-class: LU0939062922
Account number (for existing investors)	
Account reference up to 20 characters (optional)	

Instructions for filling in this Information Form

- 1) This Information Form should be read in conjunction with the most recent Prospectus and Key Information Document of the Fund.
- 2) Please email a copy of the signed form along with any further identification documents to Pure Capital S.A., the Fund's global distributor, at invest@citadelfund.com for a check on correctness and further assistance.
- 3) The **original** of this Information Form duly completed and signed must be sent **by post** along with any further identification documents required in the below sections to the Fund's Administrator UI EFA S.A. ("EFA")

UI EFA S.A.
Att: Register Administration Department - Customer Due Diligence
2, rue d'Alsace
L-1122 Luxembourg

4) Please complete this Form in English and in BLOCK LETTERS. Please tick (■) in the appropriate box (□), where boxes have been provided. Please note that all mandatory fields are marked with an asterisk (*).

5) You will receive a confirmation of your transaction by email.

Should you have any questions about any aspect of the subscription process please email your question to invest@citadelfund.com and we will be pleased to help you.

Note: Apple users are advised to use Adobe Acrobat Reader to fill in the form, rather than the standard Apple file viewer.

DETAILS OF MAIN ACCOUNT HOLDER

Title*	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Last name*	
First name*	
Date of birth*	
Place of birth (town or city)*	
Country of birth*	
Nationality/ies / citizenship(s) (please list all)*	
Number(s) of identity card or passport*	
Issued by (authority/country)*	
Date of issue*	
Date of expiration (if applicable)	
Contact details	
Telephone number*	
Fax number (if available)*	
E-mail address*	
Residential address (PO Box and c/o address are only accepted as mailing address)	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	
Mailing address (if different from residential address)	
Addressee (if applicable)*	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	
Politically exposed persons (and closely related persons or relatives)	
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed person)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the function and the timeframe*	

U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") - DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES - MAIN ACCOUNT HOLDER

Investor Self-Certification is required in order to determine whether or not the Account Holder is a resident or/and a citizen (including a permanent resident with an issued green card) of the United States of America for tax purposes. Please note that a U.S. citizen is considered a U.S. tax resident even if the person is also a tax resident of another jurisdiction. Please also note that U.S. citizens cannot invest in Citadel Value Fund SICAV.

Self-certification of the Main Account Holder*	(a) <input type="checkbox"/>	I confirm that I am a U.S. citizen and/or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes. My U.S. federal taxpayer identifying number (U.S. TIN) is as follows:	TIN :
	or (b) <input type="checkbox"/>	I confirm that I am not a U.S. citizen or resident (including a permanent resident with an issued green card) in the U.S. for tax purposes	

INTERNATIONAL EXCHANGE OF FISCAL INFORMATION - COMMON REPORTING STANDARD ("CRS") - DECLARATION OF TAX RESIDENCE - MAIN ACCOUNT HOLDER

*Investor Self-Certification is required in order to determine the tax residence(s) of the Main Account Holder for tax purposes.
Please note that you may choose more than one country.
Provision of the Tax Identification Number (TIN) is required unless you are tax resident in a country / jurisdiction that does not issue a TIN.*

Self-certification of the Main Account Holder*	I am tax resident in the following country/jurisdiction and have the following Tax Identification Number:		
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
	Country / jurisdiction:	TIN**:
If applicable, please specify the reason for non-availability of a TIN:			

** For further information, please refer to: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>
If the country of tax residence either does not issue a TIN or does not require the TIN to be disclosed, please indicate "N/A". In the Netherlands, your TIN is the same as your BSN.

ECONOMICAL BACKGROUND - MAIN ACCOUNT HOLDER *) obligatory under Know Your Client regulations

Professional situation (If you are retired, please indicate the information on your last position.)				
Professional status*	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Student
	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Director / Partner / Management
	<input type="checkbox"/>	Retired		
	<input type="checkbox"/>	Other (specify):		
Profession*				
Job title*				
Business line/ field of activity*				
Executed within a*	<input type="checkbox"/>	Public administration	<input type="checkbox"/>	Small / Medium size Co.
	<input type="checkbox"/>	Listed company	<input type="checkbox"/>	Multinational
	<input type="checkbox"/>	Other (specify):		
Name of your employer and country*				
Source of funds				
Best estimate of annual regular income* (such as from professional occupation, retirement/ pension benefits, investment income, leasing or renting of real estate)	<input type="checkbox"/>	Up to EUR 50 000	<input type="checkbox"/>	Up to EUR 100 000
	<input type="checkbox"/>	Up to EUR 250 000	<input type="checkbox"/>	Up to EUR 500 000
	<input type="checkbox"/>	Up to EUR 1 000 000	<input type="checkbox"/>	More than EUR 1 000 000
Source of wealth				
Best estimate of total net assets* (including liquidities, investments, real estate, etc.)	<input type="checkbox"/>	Up to EUR 100 000	<input type="checkbox"/>	Up to EUR 250 000
	<input type="checkbox"/>	Up to EUR 500 000	<input type="checkbox"/>	Up to EUR 1 000 000
	<input type="checkbox"/>	Up to EUR 5 000 000	<input type="checkbox"/>	More than EUR 5 000 000
Source of wealth*	<input type="checkbox"/>	Savings/ professional occupation	<input type="checkbox"/>	Investments / insurance policy
	<input type="checkbox"/>	Sale of business/ house	<input type="checkbox"/>	Real estate
	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Other (specify):

INVESTMENT DETAILS						
(Purpose and intended nature of the investment as well as the economic origin of the funds invested)						
Planned frequency of future investment*	<input type="checkbox"/> Lump sum	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly
	<input type="checkbox"/> Other (specify):					
Expected average amount per investment*	<input type="checkbox"/> Up to EUR 10 000	<input type="checkbox"/> Up to EUR 50 000	<input type="checkbox"/> Up to EUR 100 000	<input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Over EUR 100 000					
Expected total amount to invest*	<input type="checkbox"/> Up to EUR 50 000	<input type="checkbox"/> Up to EUR 100 000	<input type="checkbox"/> Up to EUR 300 000	<input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Up to EUR 500 000					
Expected period of investment*	<input type="checkbox"/> Short term	<input type="checkbox"/> Middle term	<input type="checkbox"/> Long term	<input type="checkbox"/> Other (specify):		
	<input type="checkbox"/> Other (specify):					
Economic origin of the money considered to be invested*	<input type="checkbox"/> Professional income	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Sale of house, business, other			
EFA reserves the right to request documentary evidence relating to the source of funds in all instances.	<input type="checkbox"/> Insurance policy	<input type="checkbox"/> Savings	<input type="checkbox"/> Exceptional income (commissions, bonuses...)			
	<input type="checkbox"/> Other (specify):					

BANK ACCOUNT DETAILS	
(from which subscriptions are paid and to which redemption proceeds will be paid)	
<i>According to the standard procedure EFA will only transfer redemption proceeds to the persons appearing as holders of the shares in the register of shareholders. The following details should be provided in order to ensure timely processing of payments made to you.</i>	
Name of the bank*	
Town or City of the bank*	
Country of the bank*	
BIC code of the bank*	
National code of the bank (e.g. BLZ, BC, Sort Code if appl.)*	
Bank account number* (not required if IBAN is available)	
Bank account currency*	
IBAN format of the account number*	
Full name of bank account holder*	
Please be advised that EFA will have the right to verify that information. As part of such verification process EFA might therefore ask you to provide documentary evidence of the information provided especially in case of change of your bank details.	

REPORTING			
1. EFA should provide a contract note of each transaction*	<input type="checkbox"/> To the holder(s)	and/or	<input type="checkbox"/> To a third party
2. EFA should provide a holding statement to*	<input type="checkbox"/> To the holder	and/or	<input type="checkbox"/> To a third party
on the following basis*	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly (default)
using the following media*	<input type="checkbox"/> Postal (default)	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
EFA should provide the reporting in the following language*	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> German
	<input type="checkbox"/> Swedish	<input type="checkbox"/> Italian	
EFA should provide the reporting in the following currency			
Name of the third party* (if applicable)			
Relation with the main account holder*			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Contact person*			
Telephone number*			
Fax number*			
E-mail address*			

DETAILS OF THE POWER OF ATTORNEY / LEGAL REPRESENTATIVE (if applicable)

Transactions on behalf of a Main Account Holder under the age of 18 are only accepted if signed by both parents.
In the case of a sole legal tutor, proof of legal representation / authority must be provided.

If there is more than one legal representative, please add the other legal representative details to this Form using the next page.

EFA is authorised to accept and execute any future instructions received from the following person for (if not specified, PoA will be ALL dealing instructions)*	<input type="checkbox"/> Subscriptions ONLY	<input type="checkbox"/> Redemptions ONLY	<input type="checkbox"/> ALL dealing instructions
	<input type="checkbox"/> Other (specify):		
Title*	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
Last name*			
First name*			
Date of birth*			
Place of birth (town or city)*			
Country of birth*			
Nationality/ies / citizenship(s) (please list all)*			
Number(s) of identity card or passport*			
Issued by (authority/country)*			
Date of issue*			
Date of expiration (if applicable)*			
Contact details			
Telephone number*			
Fax number*			
E-mail address*			
Residential address (PO Box and c/o address are only accepted as mailing address)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Mailing address (if different from residential address)			
Addressee (if applicable)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Politically exposed persons (and closely related persons or relatives)			
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please specify the function and the timeframe*			

DETAILS OF THE 2nd POWER OF ATTORNEY / LEGAL REPRESENTATIVE (if applicable)

Transactions on behalf of a Main Account Holder under the age of 18 are only accepted if signed by both parents.
In the case of a sole legal tutor, proof of legal representation / authority must be provided.

If there is more than one legal representative, please add the other legal representative details to this Form using this page.

EFA is authorised to accept and execute any future instructions received from the following person for (if not specified, PoA will be ALL dealing instructions)*	<input type="checkbox"/> Subscriptions ONLY	<input type="checkbox"/> Redemptions ONLY	<input type="checkbox"/> ALL dealing instructions
	<input type="checkbox"/> Other (specify):		
Title*	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
Last name*			
First name*			
Date of birth*			
Place of birth (town or city)*			
Country of birth*			
Nationality/ies / citizenship(s) (please list all)*			
Number(s) of identity card or passport*			
Issued by (authority/country)*			
Date of issue*			
Date of expiration (if applicable)*			
Contact details			
Telephone number*			
Fax number*			
E-mail address*			
Residential address (PO Box and c/o address are only accepted as mailing address)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Mailing address (if different from residential address)			
Addressee (if applicable)			
Name of street and number*			
Zip code or Postal code*			
Town or City*			
Country*			
Politically exposed persons (and closely related persons or relatives)			
I hereby declare that I am or I have been entrusted with prominent public functions (or to be closely connected to a politically exposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please specify the function and the timeframe*			

GENERAL DECLARATIONS

Beneficial owner declaration

I am / we are the beneficial owner(s) of the shares subscribed and registered in my / our name(s).
Or

Yes

I / we have subscribed the shares on behalf of somebody else and I / we will provide you with an additional declaration(s) providing the name(s) and identification details as well as the relevant documentation(s) of the beneficial owner(s) of the shares registered in my / our name(s).

Yes

SIGNATURES

The undersigned declare(s):

- To have full legal capacity.
 - That I / we have examined and understood the information on this form, filled out this form to the best of my / our knowledge and believe it is true, correct and complete.
 - That I / we will examine the official documents of each investment fund before investing and accept and comply with any defined conditions related to such investments.
 - That I / we hereby authorise the Fund or its authorized representative(s) (the "Fund"), and/or EFA in its role of transfer agent or as an authorized delegate ("EFA"), to the extent required under the applicable Luxembourg laws (the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015, as amended), to report in the time and manner described by the applicable laws to the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s), the following information (the "Information"):
 - my / our last name, first name, date and place of birth, tax identification number, country or countries of tax residence and residence address(es);
 - my / our register account number;
 - the name of the Fund;
 - the account value as of the end of the relevant calendar year or, if the account was closed during such year or period, the closure of the account or the value of the account immediately before its closure, according to the terms of the applicable law;
 - the total gross amount paid or credited to my / our account during the calendar year including the aggregate amount of any redemption payments made to me / us;
 - all other information required by applicable laws.
 - I / we acknowledge that I / we have been informed that the tax authorities of the Grand Duchy of Luxembourg or its authorized representative(s) will automatically pass the aforementioned information on to the relevant Participating Jurisdiction Tax Authority(-ies) and to the U.S. Secretary of the Treasury or its delegate(s), according to the terms of the applicable law.
 - That I / we hereby authorise the Fund and/or EFA to disclose the Information to the governing body of the Fund, to the Fund's management company / AIFM / Auditor(s) / Fiscal representative(s) / Sponsoring entity(ies) and / or to the Fund's paying agent if so required for the good administration of my / our shareholding in the Fund.
 - That the Fund, acting as data controller, and / or EFA, acting as data processor, shall process the Information in accordance with the provisions of the law of 1 August 2018 on the protection of individuals with regard to the processing of personal data, as amended, (the "2018 Law") and according to the Regulation (EU) of the European Parliament and the Council of April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of data ("GDPR") as such laws may be amended or repealed from time to time; that, according to the 2018 Law, I / we have a right of access, to rectification, to erasure, of restriction of processing, to object and automated individual decision making, to data portability of the Information by contacting EFA at the email address mentioned on the front page of this document. The Information is kept in accordance with Luxembourg prescription rules applicable to the data controller. The Information is not kept beyond what is needed in order to comply with the Common Reporting Standard law of 18 December 2015 and the FATCA law of 24 July 2015, as amended. Documentation and personal data which are used to demonstrate orderly data processing will be stored in accordance with Luxembourg legal retention periods. Account holder's personal data are then erased if and when permitted by the Law of 2018 and GDPR or any other applicable laws.
 - That I / we agree that I / we will submit a new valid form to EFA within 30 days, if any declaration / certification on this form has changed.
 - That I / we hereby agree that the present information form is subject to Luxembourg law and to the exclusive jurisdiction of the courts of the judicial district of the City of Luxembourg, Grand-Duchy of Luxembourg.
 - I / we acknowledge that I / we may refuse to communicate part of the Information to the Fund and / or to EFA, thereby precluding the Fund or EFA from establishing computer records and from using the Information. However, such refusal or preclusion shall be an obstacle to the entry into relationship between the Fund and the Account Holder and such Account Holder may be subject to liability for penalties imposed on the Fund and / or EFA and attributable to such Account Holder's failure to provide the Information or to disclosure of the Information by the Fund and / or EFA to the Luxembourg tax authorities under the terms of the applicable law.
- The undersigned take/s note of the fact that the Fund and / or EFA may request documentary evidence for any of the forgoing declarations.
By signing this document, I/we declare that I/we am/are aware of the tax obligations relating to the detention of shares / units of the funds in which I/we hereby invest in, towards the competent tax authorities.
I/we declare that I/we am/are aware of my/our responsibility for fulfilling all tax obligations towards the reference and/or competent authorities. Especially, I/we declare that I/we comply with the Luxembourg legal requirements more specifically the requirements which result from the Law of 23 December 2016 and the CSSF circulars 17/650 and 20744 related to the fight against money laundering and the terrorism financing.

Main Account Holder			
Name*			
Date*			
Signature*			
Power of Attorney / Legal Representative (if applicable)		Power of Attorney / Legal Representative (if applicable)	
Name*		Name*	
Date*		Date*	
Signature*		Signature*	