

Date

Account number

Account Holder Identification Data - Natural Person

NAME

CLIENT NUMBER

DATE OF BIRTH

NATIONALITY

ID CARD TYPE

ID CARD NUMBER

ADDRESS OF RESIDENCY

ID CARD EXPIRY DATE

PORTUGUESE TAX
NUMBER

BANK ACCOUNT
NUMBER (E.G. IBAN)

BANK NAME

E-mail

PHONE NUMBER

HOME COUNTRY TAX IDENTIFICATION NUMBER

SIGNATURES FORM

I hereby declare that the information provided in this form is accurate and up-to-date

First Representative

SIGNATURE

Second Representative

SIGNATURE

Transaction Conditions (Individual, Joint)

International Information Exchange Regimes

TAX RESIDENCE

If not resident in Portugal, let us know your country of residence and tax number:

Country of residence

Tax Identification Number*

(*) **N/A** if your country of residence does not issue a tax identification number or specify why you did not obtain a tax identification number.

US Person

Are you an US Person (US Citizen or US Resident) for tax purposes?

Yes

No

If **Yes**, the W-9 IRS form should be signed and provided to FINPROP.

Acceptance of Terms

I hereby declare that I have read, understood, and accepted the general conditions of the participation units registration account, as well as the account registration form.

Furthermore, we acknowledge that, for the purposes of compliance with legislation regarding the FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standard) regimes, the information provided in this form, as well as any additional information indicated herein, may be transmitted to the Portuguese Tax and Customs Authority.

If there is a change in circumstances affecting the client's tax domicile status or the information contained herein becomes incorrect or incomplete, I acknowledge that I am obliged to inform Finprop Capital SGOIC, S.A of such change within 30 days of its occurrence and to provide an updated FATCA/CRS self-certification.

I authorize the transmission of orders through my email address.

Any payments of dividends, interest, and other income must be made to the bank account number specified in this form.

Identification Data of a Natural Person

The client authorizes the processing carried out with or without automated means, of the personal data provided by him, as well as the access, consultations, instructions, transactions, and other records related to this agreement, including the processing of information indirectly collected from other sources about him.

The entity responsible for data processing is Finprop Capital SGOIC, S.A or its affiliated companies, to which the collected and recorded data may be disclosed.

The purpose of the data processing relates exclusively to client identification and the execution of the activities of the responsible entity, which includes ensuring the service levels, minimizing the financial activity risks, enabling the exercise of rights and the fulfilment of obligations contractually arising for any of the parties and the client and service base, as well as the management of contacts details.

With the identification details presented in Annex I, I hereby request the opening of an individualized account for participation units.

Client's Signature

BY FINPROP CAPITAL

DATE

FINPROP's SIGNATURE

ANNEX I
Natural person: Identification documents

ID elements	Required documents
Picture	ID Card
Name	
Signature	
Date of birth	
Nationality	
Type, number, expiry date and issuing entity of the ID card	
Tax number or equivalent	Document from the tax revenue authority that confirms the number. If US person: W-9 IRS form.
Bank Account	Document from the Client's bank showing the account number and name and details for wire transfers.
Primary residence address	Document, in physical or electronic format, that verifies the information.
Address for fiscal if different from primary address	
Profession and employer (if applicable)	
Nationality	Document, in physical or electronic format, that verifies the information.
Other nationalities	