Fidelity Funds (SICAV) **Application Form**



(Fidelity's offshore range of funds - for UK Advisers and their clients)

Please Note:
For Trust Accounts we will register each named trustee as a joint holder of the account.
The first named trustee will be deemed to be the principal holder and will receive all documentation.
To comply with legislative requirements the Trust name CANNOT be entered onto the register.
Please supply the trust deed or a certified copy with this application unless previously provided to Fidelity.

If you are a Private Individual or a Company or Pension Scheme looking to invest in Fidelity Funds (SICAV), please contact one of our ServiceLine Associates on 0800 358 4060 for the appropriate form.
Please complete in BLOCK CAPITALS using BLACK INK. PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.

or may have to be returned to you.

For the identification of the Trust:											
Original or certified true copy of the Trust Deed (initial/definitive deed and all subsequent deed of variation/amendments)											
In the case of a deceased trusts a certified copy of the original Grant of Probate											
You must read all the information in Section 11 before completing this application form.											
1 Details of First Trustee											
TITLE SURNAME MALE OR FEMALE											
FIRST NAME(S) IN FULL											
ADDRESS ("Care of" and PO Box are not acceptable) HOUSE NUMBER AND/OR HOUSE NAME EXISTING CLIENTS ONLY ACCOUNT NUMBER OR CLIENT NUMBER											
STREET, CITY, COUNTY AND COUNTRY DETAILS CONTACT TELEPHONE NUMBER (in case of query)											
]										
	J										
POSTCODE DATE OF BIRTH											
TOWN OF BIRTH											
COUNTRY OF BIRTH											
NATIONALITY - Please write your country nationality in the boxes provided											
EMPLOYMENT STATUS	0.										
Employed Self-Employed Full-time education Unemployed Pensioner	/09.20/v14.0										
If Employed / Self-Employed, please confirm your main profession:	/09.2										
INDUSTRY (e.g. financial services/manufacturing)											
POSITION (e.g. manager)											
	ustInt										
	BSICAVTrustInt										
Are you a resident in the UK for tax purposes? If yes please mark this box	BSI										

PLEASE TURN OVER

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Details of First Trustee (continued)

NATIONAL INSURANCE NUMBER (Will be 9 characters: 2 letters, 6 numbers followed by the letter A, B, C, or D.) NONATIONAL INSURANCE NUMBER? If you have never been issued with a National Insurance Number please mark										
an X in the box.										
Are you also a resident in any other country(s) for tax purposes? If so please complete the following fields										
FIRST COUNTRY TAX IDENTIFIER										
ADDITIONAL COUNTRY ADDITI										
2 SICAV Joint Holders Details										
If you would like Joint Holders on this account, please mark an X in this box. All holders must sign the reverse of this form. The SICAV Joint Holder Supplement Form must also be completed and returned with this application form.										
3 Confirmation of Beneficial Owner										
Please mark an X as appropriate										
I am the beneficial owner of my investments held with Fidelity. I am not the beneficial owner of my assets held with Fidelity. Please provide details of the beneficial owner below.										
(Please only complete the following section if you are not the beneficial owner of your investments held with FundsNetwork).										
TITLE SURNAME										
FIRST NAME(S) IN FULL										
ADDRESS ("Care of" and PO Box are not acceptable.) HOUSE NUMBER AND/OR HOUSE NAME ACCOUNT NUMBER (If held)										
HOUSE NUMBER AND/OR HOUSE NAME ACCOUNT NUMBER (If held)										
STREET, CITY, COUNTY AND COUNTRY										
POSTCODE DATE OF BIRTH										
POSTCODE DATE OF BIRTH										
If there is more than one beneficial owner please continue on a separate sheet providing all the required information.										
il tiele is more than one beneficial owner please continue on a separate sheet providing all the required information.										
4 Details of Second Trustee (if applicable) TITLE SURNAME MALE OR FEMALE										
FIRST NAME(S) IN FULL										

PLEASE TURN OVER

/09.20/v14.0

BSICAVTrustInt

4 Details of Second Trustee (if applicable) (ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)	continued)
BUILDING NUMBER AND/OR BUILDING NAME STREET, CITY, COUNTY AND COUNTRY DETAILS	EXISTING CLIENT? (please mark an X in the box if appropriate) CONTACT TELEPHONE NUMBER (in case of query)
POSTCODE DATE OF BIRTH	
5 Details of Third Trustee (if applica	ole)
TITLE SURNAME FIRST NAME(S) IN FULL	
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	
STREET, CITY, COUNTY AND COUNTRY DETAILS	(please mark an X in the box if appropriate) CONTACT TELEPHONE NUMBER (in case of query)
POSTCODE DATE OF BIRTH	
6 Details of Fourth Trustee (if application of the surname of the	nble)
FIRST NAME(S) IN FULL	
ADDRESS ("Care of" and PO Box are not acceptable. Only UK addresses are eligible) BUILDING NUMBER AND/OR BUILDING NAME	0
	EXISTING CLIENT? (please mark an X in the box if appropriate)
STREET, CITY, COUNTY AND COUNTRY DETAILS	CONTACT TELEPHONE NUMBER (in case of query)
	=
POSTCODE DATE OF BIRTH	Please do not enter more than four trustees

7 Ir	ivestment Details											
	counts excluding ISA you must enter a designation to identify this new account, otherwise this investment will be of characters is 18. Please note that we are precluded from accepting the word 'trust'.											
YOUR SOURCE OF WEALTH												
Please mark an X in the relevant box below.												
Savings from income Inheritance												
Divorce settlement Gift												
Sale of property Lottery/betting win												
Sale of investments/transfer												
Other (please specify												
Please complete your fund choice(s) and investment amount(s) below an visit www.fidelity.co.uk/fundrange for the Fund Code and Fund Name. by the Fund Code that you enter and not the Fund Name. The minimum (or equivalent in any of the major convertible currencies) or £50 per	Note: Your fund choice will be derived investment in any one fund is £1000 PAYMENT CURRENCY CURRENCY											
FUND CODE FUND NAME	LUMP SUM (£) MONTHLY (£)											
Income Option? If you have chosen income funds the income will automatically re-invested unless you complete you												
bank details overleaf in Section 6.	If investing a lump sum you must identify your payment method in Section 6. If you are investing monthly you must complete your mandate details in Section 7.											
8 Payment Detail	s - Lump Sum investment only											
	ee's bank account but third party cheques may be acceptable subject to compliance with the on is accompanied by a banker's draft or building society cheque, please ensure that the bank the cheque/draft and adds their stamp.											
Please ensure cleared funds are available BEFORE submitting your	application. Please mark an X in the appropriate box.											
I enclose a cheque payable to Fidelity . OR	I am paying by Electronic Bank Transfer. (Full client account details must be supplied with the transfer.)											
BRANCH SORT CODE	NAME AND ADDRESS OF BANK OR BUILDING SOCIETY											

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Mandate Details - Income or Monthly Savings

Any bank account details given in this section will override existing bank details that we may hold for you.

We do not accept payments from or make payments to third parties. This section must be completed and will be used for:

- Paying income out from the Income funds selected in section 5
- Any monthly savings payments
- Any future redemption payment.

Please make sure that you sign and date the instruction below.

	Fidelity International Instruction to your bank or building society to pay by Direct Debit Society to pay by Direct Debit																																											
Please Fidelit												pe	n a	nd s	en	d to	:																											
Name To: Th	ne I			post	al a	addr	ess	s of	yo	ur k	an	k o		uild nk/b								vice 6		er Nu 2	mbe	_		6			6		1											
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For a Building Society account please provide the following additional information to receive direct credit payments. Building Society Collection Account Number (if applicable) * Building Society accounts — the building society collection account number can be obtained from your Building Society branch. Please ensure that your Building Society account will accept direct credit payments through the Banks Automated Clearing system. Fidelity does not accept instructions for payments to be made to an account other than the client's own personal account. If the account number and sort code are incorrect, Fidelity will not accept responsibility for any loss incurred by the applicant.																																												
IBAN			_			_								_																														
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SWIFT/	ВΙ	2																																										
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10 Intermediary [

Intermediary Details (not applicable for direct clients)

	, Localite (met appropriate for all est eller)										
This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.											
INTERMEDIARY STAMP	UNIQUE ADVISER NUMBER										
	FCA FIRM REF NO. I confirm that I am registered with the Financial Conduct Authority (FCA) to conduct business and my authorisation number is:										
REMUNERATION DETAILS											
Have you provided a personal recommendation? (you must complete either the YES or NO box)											
YES - This option would default your remuneration type to Fee and override any alternate remuneration choice											
NO											
Please note these assets will be added to your client's fee account and if an Adviser Ongoing Fee has previously been setup this will be automatically applied. An Initial Fee cannot be applied to this type of instruction. An Adviser Ongoing Fee cannot be applied to this type of investment using an application form. If you would like to setup an Adviser Ongoing Fee this must be done online once the assets have been received.											
NAME OF INDIVIDUAL											
CONNECTION TO THE TRUST (DELETE AS APPROPRIA	ATE): Trustee / Settlor / Beneficiary / Protector										
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NAME OF INDIVIDUAL											
CONNECTION TO THE TRUST (DELETE AS APPROPRIA											
	re have verified the identity of all parties named on this application form and detailed below identifying their gulations and standards set in Guidance issued by the JMLSG.										
I/We confirm that I/we have provided the client with the appropropropropropropropropropropropropro	etwork.										
X	X										

Before investing please make sure you read and save or print the up-to-date version of:

- The Key Features Document Doing Business with FundsNetwork.
- · Key information document applicable to your investment.
- · The FundsNetwork Client Terms

If you have not received one or all of the documents listed above relating to the fund(s) you wish to invest in, please contact your adviser.

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Declaration & Signature

I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the FundsNetwork Client Terms. I/We declare that:

- By signing this form I/we confirm that I am not/we are not a US citizen, that I am not/we are not resident in the US, and that I do not/we do not have an obligation to pay tax to the US tax authorities on my/our worldwide income.
- I/We have read the latest Key Features Document Doing Business with FundsNetwork or Supplementary Information Document.
- I/We have read the latest key information document.
- I/We accept the FundsNetwork Client Terms
- I/We understand that this application is subject to the terms and conditions of Fidelity Funds and Fidelity Active Strategy SICAV as set out in its Articles of Incorporation and the current Prospectus.
- I/We acknowledge that I/we have been offered, free of charge, the latest Prospectus and accompanying financial reports.
- I/We declare that I am/we are over 18 years of age and that I/we have the necessary capacity, authority and (if required) consent to make this application.
- I/We acknowledge that I am/we are contracting with the General Distributor as a principal through its distributors (see note (iv) below). Monies held by the General Distributor for redemptions and switches out of the SICAV funds, if due to the client, are not held as client money and therefore not afforded the protection of the Financial Conduct Authority's client money rules.
- I/We acknowledge that full title of shares will only pass once monies are paid to the General Distributor in accordance with this application and therefore any monies held by the distributors before this point will be treated as client money and afforded the protection of the Financial Conduct Authority's client asset rules.
- I/We understand that all telephone lines to Fidelity are recorded.

SIGNATURE(S) OF ALL NAMED TRUSTEES AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form) If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

You must provide a SIGNATURE for EACH NAMED TRUSTEE

NOTE: For applications with joint holders the SICAV Joint Holder Supplement Form must also be completed and returned with this application form.

FIRST TRUSTEE SIGNATURE	X	X	PRINTNAME	
SECOND TRUSTEE SIGNATURE	X	X	PRINTNAME	
THIRD TRUSTEE SIGNATURE	X	X	PRINTNAME	
FOURTH TRUSTEE SIGNATURE	X	X	PRINTNAME	

- Notes: i. All joint holders must sign. A Corporation must affix its common seal and/or sign under the hand of the duly authorised official.
 - ii Financial Administration Services Limited acts as Agent of the General Distributor, FIL Distributors.
 - iii The right is reserved to ask investors for proof of identification.
 - iv All investors contract with the General Distributor (FIL Distributors, Bermuda) as principal in the purchase and sale of shares as explained in the current prospectus. The distributor acts as agent of the General Distributor in processing applications. Investors completing this application form apply through Financial Administration Services Limited, a distributor for Fidelity Funds. The payment for shares to the distributor fulfils the investor's obligation to Fidelity.
 - v The right is reserved to reject any application.

Fidelity Funds are open-ended investment companies incorporated under the laws of the Grand Duchy of Luxembourg as a societé d'investissement à capital variable. For all transactions you will deal with Financial Administration Services Limited (registered in England and Wales, Company No. 1629709), Please note that for all dividend payments, transactions you will deal with Financial Administration Services Limited (registered in England and Wales, Company No. 1629709). Please note that for all dividend payments, FIL Investments International (Company No. 1448245), has been appointed as paying agent, within the meaning of the EU Directive on the Taxation of Savings. Both companies are authorised and regulated in the UK by the Financial Conduct Authority, and the registered office for both is Oakhill House, Hildenborough, Kent, TN11 9DZ. Shares in Fidelity Funds will normally be issued in registered account form, and confirmation of entry on the Register of Shareholders will be sent to you.

If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 0800 358 4060. Please send your completed form to your Intermediary or to Fidelity, PO Box 391, Tadworth, KT20 9FU. Issued by Financial Administration Services Limited, (a Fidelity International company), which is authorised and regulated by the Financial Conduct Authority.

