

## APPLICATION FORM FOR ENTITY

Full name of the Fund	
Account number (for existing investors)	
Account reference up to 20 characters (optional)	
Name of the Intermediary (if applicable)	

**Instructions for filling this application form :**

- 1) This Application Form should be read in conjunction with the most recent prospectus of Sparinvest SICAV or Sparinvest SICAV-SIF (each "the Fund").
- 2) The original copy of this Application Form once completed and signed must be sent by post along with any further identification documentation required in the below sections to the Fund's Administrator EFA S.A.:  
European Fund Administration S.A. (EFA)  
Att: Register Administration Department - Shareholder Services  
2, rue d'Alsace  
L-1122 Luxembourg
- 3) In addition to sending the documents by post, you may provide a copy of the completed and signed Application Form along with any further identification documentation to the following Fax number of EFA in Luxembourg: (00352) 48 65 61 8002.
- 4) Please instruct your bank to transfer the amount that you wish to invest to the Fund's bank account. Please ensure that your transfer is executed from the entity's own bank account and that the transfer is received by the Fund at the correct date.
- 5) Please complete this Form in English and in BLOCK LETTERS using Black ink. Please tick (b) in the appropriate box ( ), where boxes have been provided. Please note that all mandatory fields are marked with an asterisk (\*).
- 6) You will receive by mail (or by fax if you provided us with your fax number) a confirmation of your transaction.

Should you have any questions about any aspect of the subscription process please e-mail your question to [register.ta.ops@efa.eu](mailto:register.ta.ops@efa.eu) and EFA will be pleased to help you.

## ACCOUNT HOLDER (ENTITY) DETAILS

Entity name*				
Is the entity a professional of the financial sector regulated by a competent financial authority of this country?*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of the competent financial authority (if applicable)				
Is the entity covered by an AML comfort letter from a parent entity regulated by a competent financial authority of a country having implemented identification obligations equivalent to those required by Luxembourg law ?*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name of the parent entity (if applicable)				
Name of the competent financial authority of the parent entity (if applicable)				
Type of entity*	<input type="checkbox"/>	Financial institution	<input type="checkbox"/>	Listed / Public company
	<input type="checkbox"/>	Insurance company	<input type="checkbox"/>	Corporate
	<input type="checkbox"/>	Investment fund	<input type="checkbox"/>	Pension scheme
	<input type="checkbox"/>	Non profit / Public organisation	<input type="checkbox"/>	Trust
	<input type="checkbox"/>	Other (specify):		
Contact person*				
Telephone number*				
Fax number*				
E-mail address*				
<b>Registered address (PO Box and c/o address are only accepted as mailing address)</b>				
Name of street and number*				
Zip code or Postal code*				
Town or City*				
Country*				

Mailing address (if different from registered address)	
Addressee (if applicable)	
Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	

**Business activity**  
(not applicable if the entity is a regulated professional of the financial sector in an equivalent country or is covered by an AML comfort letter from its parent entity regulated in an equivalent country)

In case the statutes of your entity do not disclose in what line of business your entity operates, please provide us with a short description\*

In the case the money you intend to invest is not part of your entity's ordinary income, please indicate the economic origin of the money\*

*EFA reserves the right to request documentary evidence relating to the source of funds in all instances.*

**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"/> Over EUR 100 000 <input type="checkbox"/> Other (specify):
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"/> Up to EUR 500 000 <input type="checkbox"/> Other (specify):
Expected period of investment*	<input type="checkbox"/> Short term <input type="checkbox"/> Middle term <input type="checkbox"/> Long term
	<input type="checkbox"/> Other (specify):

**WELL INFORMED INVESTOR (for investments into SPARINVEST SICAV-SIF only)**

Please note that investments into Specialised Investment Funds (SIF) under the Luxembourg amended law of 13th February 2007 are restricted to well-informed investors only. In this context it is to be noted that besides professional and institutional investors any other investor confirming in writing that he/she adheres to the status of well-informed investor who is investing at least EUR 125 000 or who benefits from an assessment made by a credit institution, investment firm or management company certifying his/her expertise, his/her experience and his/her knowledge in adequately appraising an investment in the SIF qualifies as well-informed investor. However, none of the aforementioned conditions needs to be met by persons intervening in the management of a SIF. Please note that in addition to the foregoing, specific restrictions defined in the relevant fund prospectus (if any) must be complied with as well.

Please tick one of the following declarations which most appropriately match with your entity

<p>1. We are exempted to this condition as we are :</p> <p>- an institutional investor or professional investor subscribing in our entity name and in our own behalf :</p> <p>OR</p> <p>- part of the management of the fund subscribing in our entity name and in our own behalf :</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p>
<p>2. We are a credit institution or a professional of the financial sector regulated by the financial supervision authority of a country been considered as having implemented identification obligations equivalent to those required by Luxembourg law or a wholly owned subsidiary of one of the aforementioned companies under the same group policy subscribing in our entity name on behalf of our client(s).</p> <p>We hereby certify that the underlying client(s) / ultimate economic beneficiary(ies) is (are) well informed investor(s) in the sense of the concerned law on SIF / SICAR. We certify his (their) expertise, experience and knowledge in adequately appraising an investment in the fund, as such the underlying client(s) / ultimate economic beneficiary(ies) is (are) consequently aware of the highly risky character of the investment in the above named fund</p>	<p align="center"><input type="checkbox"/></p>
<p>3. For other entities: Please note that an additional declaration of well informed investor duly signed by the underlying client(s) / ultimate beneficiary(ies) can be required.</p> <p>3.1. We hereby declare to adhere to the status of well informed investor according to the concerned Luxembourg law as aforementioned relating to SIF.</p> <p>AND</p> <p>3.2a. We invest a minimum of EUR 125 000.-* :</p> <p>OR</p> <p>3.2b. We are subject of an assessment** made by:</p> <p>    i. a credit institution within the meaning of Directive 2006/48/EC,</p> <p>    ii. an investment firm within the meaning of Directive 2004/39/EC, or</p> <p>    iii. a management company within the meaning of Directive 2009/65/EC.</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center">* The minimum investment capital is a condition applicable to each investor and/or underlying client(s).</p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center"><input type="checkbox"/></p> <p align="center">** Certifying the entity's and ultimate economic beneficiary(ies)'s expertise, experience and knowledge in adequately appraising an investment in the fund.</p>

**US Foreign Account Tax Compliance Act ("FATCA") - Account Holder**

If you have any questions related to your FATCA status, please speak with your tax adviser or your tax authorities.  
 For further information on FATCA, please refer to the IRS website: <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA>.  
 Please note your FATCA classification may differ from your CRS classification.

FATCA Declaration Specified U.S. Person:	
a) The Entity is a Specified U.S. Person and the Entity's U.S. Federal Taxpayer Identifying Number (U.S. TIN) is : .....	<input type="checkbox"/>
b) The Entity is not a Specified U.S. Person (please also complete pertaining sections below)	<input type="checkbox"/>
<b>Financial Institutions under FATCA</b>	
If the Entity is a Financial Institution, please tick one of the below categories and provide the Entity's GIIN	
Luxembourg Financial Institution or a Partner Jurisdiction Financial Institution	<input type="checkbox"/>
Registered Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
Participating Foreign Financial Institution	<input type="checkbox"/>
Please provide the Entity's <i>Global Intermediary Identification number (GIIN)</i>	
If the Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons	
Partner Jurisdiction Financial Institution and has not yet obtained a GIIN	<input type="checkbox"/>
The Entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN  Please provide the sponsor's name and sponsor's GIIN : Sponsor's Name : ..... Sponsor's GIIN : .....	<input type="checkbox"/>
Exempt Beneficial Owner	<input type="checkbox"/>
Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)	<input type="checkbox"/>
Non-Participating Foreign Financial Institution	<input type="checkbox"/>
Excepted Foreign Financial Institution	<input type="checkbox"/>
U.S. person but not a Specified U.S. person	<input type="checkbox"/>
<b>Non-Financial Institutions under FATCA</b>	
If the Entity is not a Financial Institution, please tick one of the below categories	
Active Non-Financial Foreign Entity	<input type="checkbox"/>
Passive Non-Financial Foreign Entity  If this box is ticked, please include Controlling Person self-certification forms for each of your Controlling Persons that is a Specified U.S. person	<input type="checkbox"/>
Excepted Non-Financial Foreign Entity	<input type="checkbox"/>
The Entity is a U.S. person but not a Specified U.S. person	<input type="checkbox"/>

**International Exchange of Fiscal Information -  
Common Reporting Standard ("CRS") Declaration of Tax Residency - Account Holder**

*Entity Self-Certification is required in order to determine the tax residence(s) of the 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\*\*.  
If you have any questions related to your CRS status, please speak with your tax adviser or your tax authorities.  
For further information on CRS please refer to the OECD automatic exchange of information portal: <http://www.oecd.org/tax/automatic-exchange>.*

**Entity's Tax Residence(s)**

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".

**Entity's CRS Classification**

The information provided in this section is for CRS, please note your CRS classification may differ from your FATCA classification

Custodial Institution, Depository Institution, Specified Insurance Company or Investment Entity other than an Investment Entity under A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction	<input type="checkbox"/>
An Investment Entity under A(6)(b) of Section VIII of the CRS resident in a Non-Participating Jurisdiction. If this box is ticked, please include Controlling Person self-certification forms for each of your Controlling Persons	<input type="checkbox"/>
Active Non-Financial Entity – (i) a corporation the stock of which is regularly traded on an established securities market or (ii) a corporation which is a related entity of such a corporation  If you fall under the definition of (i), please provide the name of the established securities market on which the corporation is regularly traded:  ----- If you fall under the definition of (ii), please provide the name of the regularly traded corporation that the entity is a Related Entity of:	<input type="checkbox"/>
Active Non-Financial Entity – a Government Entity or Central Bank	<input type="checkbox"/>
Active Non-Financial Entity – an International Organisation	<input type="checkbox"/>
Active Non-Financial Entity – other than specified above (for example a start-up NFE or a non-profit NFE)	<input type="checkbox"/>
Passive Non-Financial Entity If this box is ticked, please include Beneficial Ownership/Controlling Person forms for each of your Controlling Persons	<input type="checkbox"/>

**IF APPLICABLE - DETAILS OF POWER OF ATTORNEY (PoA)**

EFA is authorised to accept and execute any future instructions received from the following entity 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):		
Name of the entity*			
The entity is a professional of the financial sector regulated by a competent financial authority of its country*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of the competent financial authority (if applicable)			

**Residential address**

Name of street and number*	
Zip code or Postal code*	
Town or City*	
Country*	

**Contact person**

Telephone number*	
Fax number*	
E-mail address*	

**BANK ACCOUNT DETAILS****(from which subscriptions are paid and to be used in case of redemption and/or dividend payments)***According to the standard procedure EFA will only transfer redemption proceeds and dividends to the entity appearing as holder of the units/shares in the register of unit/shareholders.**The following details should be provided in order to ensure timely processing of payments made to you.*

Name of the bank*	
Name of street and number*	
Zip code / Postal code and town*	
Country*	
BIC code of the bank*	
National code of the bank (e.g. BLZ, BC, Sort Code)*	
Bank account number*	
Bank account currency*	
IBAN format of the bank account number*	
Full name of bank account holder*	
BIC code of the bank account holder (if available)	
For settlements via clearing, please specify	<input type="checkbox"/> Clearstream <input type="checkbox"/> Euroclear
Clearing bank account number	

**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 <b>contract note</b> of each transaction*	<input type="checkbox"/> To the holder(s) and/or <input type="checkbox"/> To a third party
2. EFA should provide a <b>holding statement</b> 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 holder account	
Name of street and number	
Zip code or Postal code	
Town or City	
Country	
Contact person	
Telephone number	
Fax number	
E-mail address	

**DIVIDEND INFORMATION (if applicable)***The following instructions will be applied only in accordance with terms and conditions of the prospectus of the fund we invest in*

Dividend should be*	<input type="checkbox"/> Reinvested <input type="checkbox"/> Paid by transfer to the holder's bank account (please fill bank details below)
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**IF YOU ARE INVESTING IN AN INSTITUTIONAL SHARE CLASS**

*In case of an investment to be made into an institutional share class, which is not intended to be placed with the public, please be aware that you must qualify as an institutional investor. Proof of such qualification may be requested.*

*Please tick one of the following types of institutional investors which most appropriately describes your entity.*

Institutional investors stricto sensu, such as banks and other professionals of the financial sector, insurance and reinsurance companies, social security institutions and pension funds, charitable institutions, industrial, commercial and financial group companies, all subscribing on their own behalf, and the structures which such institutional investors put into place for the management of their own assets.	<input type="checkbox"/>
Credit institutions and other professionals of the financial sector investing in their own name but on behalf of institutional investors as defined above.	<input type="checkbox"/>
Credit institutions and other professionals of the financial sector established in Luxembourg or abroad which invest in their own name but on behalf of their non institutional clients on the basis of a discretionary management mandate.	<input type="checkbox"/>
Collective investment undertakings established in Luxembourg or abroad.	<input type="checkbox"/>
Holding companies or similar entities, whether Luxembourg-based or not, whose shareholders are institutional investors as described above.	<input type="checkbox"/>
Holding companies or similar entities, whether Luxembourg-based or not, whose shareholder(s) is (are) individual person(s) which may reasonably be regarded as sophisticated investor(s) and where the purpose of the holding company is to hold important financial interests/investments for an individual or a family.	<input type="checkbox"/>
A holding company or similar entity, whether Luxembourg-based or not, which as a result of its structure and activity has a true substance and holds important financial interests / investments.	<input type="checkbox"/>
<b>We hereby confirm that EFA will be informed as soon as possible in case we no longer qualify as institutional investor. We understand that in such case the investment must be redeemed or switched out of the institutional share class.</b>	Yes <input type="checkbox"/>

**DECLARATIONS**

<b>1. Beneficial owner declaration</b>	
We hereby confirm that the investment registered in our entity's name is made on behalf of our own entity :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note that an additional declaration providing the name, information details and documents of identification of entity shareholder(s) / ultimate beneficiary(ies) can be required.	
<b>2. Identification of underlying beneficial owners</b>	
Only for entities regulated by the financial supervision authority of a country been considered as having implemented identification obligations equivalent to those required by Luxembourg law and their wholly owned subsidiaries	
In the case of investments registered in our entity name but on behalf of our clients, we hereby confirm that the identification and verification of the identity of underlying client(s), including any ultimate economic beneficiary(ies) of the investment, as well as the origin of the money invested in the fund has been executed and archived in line with the AML-TF obligations to which we are subject by our financial authority or by our group policy.	<input type="checkbox"/> Yes
We hereby confirm that none of the underlying client(s) / ultimate economic beneficiary(ies) related to the investment is named on a list of prohibited countries, territories, entities and individuals maintained by the OFAC, the EU and our / mother entity's Financial Supervision Authority.	
<b>3. Use of fax</b>	
If no preference is expressed EFA will assume that fax authority is required). EFA is authorised to accept and execute any future instruction received by fax	
Fax authority shall remain in force until notice in writing of its termination is received by EFA.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We assume all risks, eg those arising from an error in communication or comprehension as well as those arising from fraud resulting from the use of this communication mean considering it may prove difficult or impossible to detect forgery, and we relieve EFA from any and all responsibility in this respect.	
<b>4. Fund Prospectus</b>	
We hereby confirm that we are aware of the terms and conditions of the Prospectus of the fund we subscribe, including but not limited to the fact that such fund is not registered under the United States Securities Act of 1933 or under any other law or regulation governing the United States securities industry and the investment, registered in our entity name, is not made on behalf of US persons.	<input type="checkbox"/> Yes
<b>5. Update</b>	
We hereby confirm that EFA will be informed as soon as possible of any change relating to our entity (eg entity name, address, contact persons / authorized signatories); our status (eg no longer under supervision); our structure (eg change of entity shareholders) or to the economical beneficiary of the investment.	<input type="checkbox"/> Yes

**ADDITIONAL ENCLOSURES / MANDATORY DOCUMENTATION**

1. EFA reserves the right to reject any incomplete Form, provided without signature or the necessary documentation of identification.
2. All mandatory information must be filled.
3. EFA reserves the right to accept and to execute only payments coming from / in favour of an account opened in the entity name with a bank regulated by the financial supervision Authority of a country been considered as having implemented identification obligations equivalent to those required by Luxembourg law.
4. Pursuant to the terms of the regulations in force, obligations have been imposed on professionals of the financial sector to verify the identity of holders, ultimate economic beneficiaries and legal representatives to prevent the use of the financial sector for the purpose of money laundering and terrorist financing. This Form must be accompanied by the following identification documents:
  - a) In the case of listed entities and entities regulated by the financial supervision authority of a country been considered as having implemented identification obligations equivalent to those required by Luxembourg law : evidence of listing or regulation and a simple copy of a current and dated signatory list.
  - b) In the case of corporates, holdings, entities which are not regulated by a financial supervision authority and entities regulated by the Financial Supervision Authority of a country been considered as having implemented identification obligations Non-equivalent to those required by Luxembourg law: i. original or certified true copy of evidence of registration, ii. memorandum and articles of association, iii. a current and dated signatory list, iv. a official list of directors/administrators, v. identification documents of signatories and directors /administrators, vi. latest audited financial report, vii. beneficial owner declaration and viii. either, in the case of investment on behalf of third persons, identification documents of the ultimate economic beneficiaries or, in the case of investments on behalf of the own entity, an official list of shareholders and identification documents of shareholders owning directly or indirectly at least 25% of the entity assets.
  - c) In the case of Trusts : i. original or certified true copy of evidence of registration, ii. initial/definitive deed and all subsequent amendments, iii. beneficial owner declaration and iv. identification documents of the trustees, settlors, protectors and ultimate economic beneficiaries.
  - d) For other investors, EFA will provide the list of required identification documents on request.
5. If required, documentation must be truly certified by a competent authority in accordance with local laws (e.g. an embassy, consulate, local police or other competent official authority). The stamp of the certifying institution must be clearly affixed to the mentioned documentation.
6. EFA reserves the right to request additional information or documentation if necessary and to suspend any additional transaction and/or retain any redemption proceeds if exceptionally the identification process could not be completed before the acceptance of the initial subscription.

**Signatures**

The undersigned declare(s):

- To have full legal capacity;
- To be duly authorized to sign in the name and on behalf of the Entity identified under "entity details";
- 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 his/her authorized representative (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 ), to report in the time and manner described by the applicable laws to the tax authorities of the Grand Duchy of Luxembourg or his/her authorized representative, the following information (the "Information"):
- entity name, jurisdiction(s) of tax residence(s), tax identification number(s), registered address and mailing address ;
- entity 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;
- in case the entity is a Passive NFE or Passive NFFE, the name, address, jurisdiction(s) of residence, tax identification number and date and place of birth of each Controlling Person that is a Reportable Person ;
- 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 his/her authorized representative 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 his/her delegate, 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/Auditors/Fiscal representatives/Sponsoring entity and/or to the Fund's paying agent if so required for the good administration of my shareholding in the Fund;
- 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.

<b>Date :</b>		<b>Date :</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Signature :</b>		<b>Signature :</b>	