

INVESTOR PROFILE FORM

ALL INVESTORS MUST COMPLETE THIS PAGE.

Name of Investor *(Please Print or Type)*

Social Security Number/Tax I.D. Number

Amount of Subscription:

☐ IV Interests _____

Type of Investor—***Please check one:***

☐ Individual

☐ Registered Investment

Company

☐ Partnership

☐ Joint Tenants (with Rights of

Survivorship

☐ Corporation

☐ Tenants in Common

☐ Trust

☐ Limited Liability Company

Form PF Investor Type:

(A) Is the Investor acting as agent or nominee for a Beneficial Owner? ***(please check one)***

Yes

☐

No

☐

(B) Please check the investor type that best describes the Investor. *(If the Investor is acting as trustee, agent, representative or nominee for a Beneficial Owner, please check the item that best describes the Beneficial Owner)*

Please check one:

☐ Individual that is a United States person* (or a trust of such a person)

☐ Broker-dealer

☐ Insurance company

☐ Investment company registered with the SEC

☐ Private fund**

☐ Non-profit

☐ Pension plan (other than a governmental pension plan)

☐ Banking or thrift institution (proprietary)

☐ State or municipal government entity*** (other than a governmental pension plan)

☐ State or municipal governmental pension plan

☐ Other *(please specify):* _____

** For purposes of Form PF, the term "United States person" has the meaning provided in Rule 203(m)-1 under the Advisers Act, which includes any natural person that is resident in the United States.

** For purposes of Form PF, the term "private fund" means any issuer that would be an investment company as defined in Section 3 of the Company Act but for Section 3(c)(1) or 3(c)(7) of the Company Act.

*** For purposes of Form PF, the term "government entity" means any US state (including any US state, the District of Columbia, Puerto Rico, the US Virgin Islands or any other possession of the United States) or political subdivision of a state, including:

- (i) any agency, authority or instrumentality of the state or political subdivision;
- (ii) a plan or pool of assets controlled by the state or political subdivision or any agency, authority or instrumentality thereof; and
- (iii) any officer, agent, or employee of the state or political subdivision or any agency, authority or instrumentality thereof, acting in their official capacity.



EUROPEAN ABSOLUTE OPPORTUNITIES FUND L.P.

INVESTOR PROFILE FORM

Full Mailing Address (*Exactly as it should appear on labels*):

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other _____

Telephone number

Fax number

Residence (if an individual) or Principal Place of Business (if an entity) Address (*No P.O. Boxes please, if any*):

Telephone number

Fax number

Attention: _____

E-Mail Address: _____

**INVESTOR PROFILE FORM****AUTHORIZATION OF REPRESENTATIVE(S)/AGENT(S):**

Set forth below are the names of persons authorized by the Investor to give and receive instructions between the Partnership and the Investor, together with their respective signatures. Such persons are the only persons so authorized until further notice to the Partnership.

(Please attach additional pages if needed)

Name	Signature

Address of Authorized Representative/Agent *(No P.O. Boxes please, if any)*:

Telephone number

Fax number

Until further written notice to the Partnership, funds may be wired to the Investor using the following instructions:

Bank name: _____

Bank address: _____

ABA or CHIPS number: _____

Account name: _____

Account number: _____

For further credit: _____

METHOD OF DELIVERY OF ACCOUNT COMMUNICATIONS

Account Communications may be delivered via the e-mail address provided on page 15. Should this means of transmission be unacceptable, Account Communications will be delivered via facsimile or physical delivery if the following box is checked:

- ☐ E-mail transmission is declined. Please send Account Communications via facsimile or physical delivery (e.g., first class mail, overnight or express courier service or similar delivery method).

INVESTOR PROFILE FORM

ANTI-MONEY LAUNDERING INFORMATION

This Subscription Agreement will not be deemed complete, and the Investor will not be deemed a limited partner of the Partnership, regardless of whether it has already wired funds, until all of the required documentation listed below is received by the Administrator. For additional information, please contact Investor Relations at the Administrator at + 353 1 636 7300 or cliffordstreet@citco.com.

Payment Information

I. PAYMENT INFORMATION

(a) Name of the Investor: _____

(b) Name of the bank from which the Investor's payment to the Partnership is being wired (the "Wiring Bank"): _____

(c) Is the Wiring Bank located in an Approved Country*?

YES

☐

NO

☐

(d) Is the Investor a customer of the Wiring Bank?

☐☐

The Investor must wire the payment from an account in its name.

If the Investor is a private corporation, partnership, limited liability company, trust or any other entity (including an investment fund such as a hedge fund or a broker-dealer organised as an investment partnership) please identify any beneficial owners ("**Beneficial Owners**") holding 25% or over of the issued interests in the entity by completing the relevant section for the Investor's entity type, or otherwise confirm there are no such Beneficial Owners by initialling below as appropriate;

Initial _____ There are no Beneficial Owners of such entity holding 25% or more of the issued interests in that entity.

Please note: In certain limited circumstances the documentation requirements described below may be reduced. The Administrator will advise applicants if the circumstances apply on an individual basis.

1. If the Investor is a **natural person** please provide the following to the Administrator along with the application:

(a) a certified** copy of your passport (or national identity card) showing the photograph and signature; and

(b) two items of proof of address: for example an original or certified** copy of a recent utility bill or bank statement (not more than 3 months' old).

* As of the date hereof, Approved Countries are: Australia, Austria, Belgium, Canada, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Guernsey, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Jersey, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Singapore, Spain, Sweden, Switzerland, United Kingdom and the United States of America.

** **All certified copies should be true-ink and certified by a Notary Public, Solicitor, Company Registrar or any person so authorized under the laws of your country or domicile.**