

Execution Only Share Dealing Application Form

Please complete this form using **BLOCK CAPITALS** and **return to** Share dealing, Walker Crips Investment Management, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ.

Office Use Only		Scan ref: PIEVQ4
Internal ref:	AE	
Internal ref:	Code	

By completing this form you are applying to open a share dealing account with Walker Crips Investment Management Limited (WCIM) as an Execution Only client. Please complete all sections of this form, though it is your decision which of our support services you select in Section H.

You make your own investment decisions; Trades are executed upon your specific instruction; Under an Execution Only Account We will not give advice on investments relating to the merits of the transaction; We will only provide factual information such as share prices or market activity on request.

A Personal details

First applicant (primary decision maker)			
Title (Mr/Mrs/Miss/Other)		Surname	
Full forenames		Previous names (if applicable)	
Permanent residential address			
		Postcode	
Previous residential address (if resident at current address for less than 12 mon	ths)		
			Postcode
Correspondence address (if different to the permanent residential address)			
Postcode			Postcode
Telephone (home)	Telephone (office)		Telephone (mobile)
Email address (default address for the account)		Date of birth D D M M Y Y Y Y	
Country of birth		Town of birth	
Nationality		Country of permanent residence	
Dual nationality (if applicable)		Were you born in the US or are you, or have you ever been, a US citizen,	
UK Tax Resident? Yes No		the holder of a US passport, Green Card or US bank account; or have you ever resided in or owned property in the US?	
UK Tax Identification Number (TIN) (e.g. National Insurance Number)		If yes please provide details:	
Country of Tax Residency (if outside the UK. Do not abbreviate)			

First applicant (continued)

Overseas Tax Reference for Non-UK Nationals		Please tick if you do not	have a Tax Identification Number (TIN)	
If you are not a UK National , please also provide your passport number and expiry date: Passport number: Passport expiry date:				
		D D M M	YYYY	
As defined by the UK Market Abuse Regulation is the managerial responsibilities (PDMR)*, or a person cla			Yes No	
If yes please provide details along with the stock	symbol/ticker for the comp	pany in question:		
price sensitive 'inside' information in relation to the	ne company they work fo	r, which is also typically a	sibilities (PDMR) will typically be privy to potentially public listed company, and are likely to hold senion MR is a spouse, family member, business partner on	
Title (Mr/Mrs/Miss/Other)		Surname		
Full forenames		Previous names (if applicable)		
Permanent residential address				
			Postcode	
Previous residential address (if resident at current address for less than 12 mon	ths)			
			Postcode	
Telephone (home)	Telephone (office)		Telephone (mobile)	
Email address		Date of birth	D D M M Y Y Y Y	
Country of birth	Country of birth		Town of birth	
Nationality		Country of permanent residence		
Dual nationality (if applicable)		Were you born in the US or are you, or have you ever been, a US citizen,		
UK Tax Resident? Yes No		the holder of a US passport, Green Card Yes No or US bank account; or have you ever		
UK Tax Identification Number (TIN) (e.g. National Insurance Number)				
		or US bank account; or resided in or owned pro If yes please provide	perty in the US?	
		resided in or owned pro	perty in the US?	
(e.g. National Insurance Number) Country of Tax Residency (if outside		resided in or owned pro If yes please provide	perty in the US?	
(e.g. National Insurance Number) Country of Tax Residency (if outside the UK. Do not abbreviate) Overseas Tax Reference	ovide your passport nun	resided in or owned pro If yes please provide Please tick if you do not	perty in the US? details:	

Second applicant (continued)

	As defined by the UK Market Abuse Regulation is the second applicant considered a person discharging managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR?				
If yes ple	If yes please provide details along with the stock symbol/ticker for the company in question:				
*Person Di	Person Discharging Managerial Responsibilities (PDMR): For full definition, please refer to page two of this application form.				
B Ser	B Service Type				
Please sel	Please select one of the options below.				
	☐ Telephone service				
	Online service We are unable to proceed with an application for an Online account without an email address. If you haven't already done so, please return to Section A and provide an email address.				
C Acc	count Classification				
Please ref	fer to the Terms of Service and Business for fur	ther details.			
Please se	elect one of the Client categories below.				
	Retail I/we confirm that I/we wish to be classified as a Retail client.	Retail clients are afforded the highest level of protection by the FCA. You will lose some of these protections if you elect to be classified as a non-Retail client.			
	Elective Professional I/we confirm that I/we have expertise,	In order to qualify as an elective Professional at least two of the following criteria must be satisfied. Please tick which of the below criteria apply to you.			
	experience and knowledge in investments and can make investment decisions.	carried out transactions of significant size on the relevant market at a frequency of at least ten per quarter;			
		a financial investment portfolio made up of cash deposits and/or financial instruments exceeding €500,000;			
		worked in the financial sector for at least one year in a professional position.			
		If you qualify to be an elective Professional, we will send you an Elective Professional Agreement for you to sign and return.			

D Personal Financial Circumstances

We are required under UK financial regulations to obtain information on our clients' source of wealth and source of funds.

First applicant	Second applicant
Primary source of wealth	Primary source of wealth
☐ Employment ☐ Investment ☐ Savings	☐ Employment ☐ Investment ☐ Savings
Pension Inheritance Family Trust	Pension Inheritance Family Trust
Divorce Gift	☐ Divorce ☐ Gift
☐ Business ownership/sale ☐ Property ownership/sale	☐ Business ownership/sale ☐ Property ownership/sale
Other:	Other:
Primary source of funds Select the option that best describes where the funds you will transfer to Walker Crips originate from UK bank UK investment firm Overseas investment firm Overseas bank Other:	Primary source of funds Select the option that best describes where the funds you will transfer to Walker Crips originate from UK bank UK investment firm Overseas investment firm Overseas bank Other:
Employment status	Employment status
Full time employment Part time employment	Full time employment Part time employment
Full time employment Part time employment	Full time employment Part time employment
☐ Full time employment ☐ Part time employment ☐ Unemployed	Full time employment Part time employment Self employed Unemployed
Full time employment Part time employment Self employed Unemployed Homemaker Retired	Full time employment Part time employment Self employed Unemployed Homemaker Retired
Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required	Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required
Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required (previous details, if retired or unemployed):	Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required (previous details, if retired or unemployed):
Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required (previous details, if retired or unemployed): Occupation/Job title	Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - Required (previous details, if retired or unemployed): Occupation/Job title

E Investment Knowledge & Experience First applicant Second applicant How many years of investment experience do you have? How many years of investment experience do you have? None ☐ Below 3 years Over 3 years Below 3 years Over 3 years What types of instruments have you previously invested in? What types of instruments have you previously invested in? e.g. equities, funds, Contracts for Difference, options, futures... e.g. equities, funds, Contracts for Difference, options, futures... (please describe below) (please describe below) How frequently have you dealt in investments? How frequently have you dealt in investments? Trading (very More than once Less than once More than once Less than once Trading (very a month a month frequently) a month frequently) a month Have you received any investment education or hold any investment Have you received any investment education or hold any investment qualifications? qualifications? Yes (Please describe here) Yes (Please describe here) No No Are you a member of any professional bodies? Are you a member of any professional bodies? Yes (Please describe here) Yes (Please describe here) No No Please give details of any previous investment experience which you Please give details of any previous investment experience which you may consider relevant. may consider relevant. **F** Investment Intentions Frequency of trading (approximate) ☐ A one-off Execution Only sale Ongoing Execution Only purchases and sales (please select frequency below) ☐ Trading (very frequently) Infrequent (approx. 1-5 trades a month) (approx. 6-30 trades a month) Anticipated individual trade size (approximate) £0 - £10,000 £10,001 - £50,000 Over £50,000 Initial investment amount, portfolio transfer value or estimated value of holdings f (for one-off sales)

G Bank Details

Note: We may need a copy of your bank account statement (showing your name and address) to confirm your details.

Bank/Building Society name			
Account name			
Bank address			
Durik dudiess			
	Postcode		
	Sort code Account number		
¶ Support S	Service Requirements		
	d the Terms of Service and Business, which detail the conditions governing our Managed Deposit and Nominee Services, companying supplementary charges list.		
Managed [Deposit Service		
	Deposit Account is the easiest way to manage funds for buying and selling of securities. Payments will be made into		
	and if there is sufficient cash, purchases will be paid from this account. This reduces the need to send monies back and		
Torun. Any cred	dit balances may attract interest and the current interest rates can be found on our website at:		
https://www.w	rcgplc.co.uk/source/documents/Managed-deposit-interest-rates.pdf		
For full dotails	, please refer to the Terms of Service and Business.		
Torruir details,	please ferei to the Ferms of Service and business.		
Do you wish to	o maintain a Managed Deposit Account with WCIM?		
Please note that this is opened automatically if you select to utilise our Nominee Service below.			
Yes, I unde	erstand that funds will accumulate in my Managed Deposit Account until I request withdrawal.		
No, I would prefer for any funds to be sent to my bank account and not to accumulate in a Managed Deposit Account.			
Payments made from your account will be sent to the bank account detailed in Section G by BACS payment free of charge.			
Please note that payments other than by BACS may incur a charge. Please refer to our Supplementary Charges list.			
Registratio	n (to be completed only by clients selecting the Telephone service in Section B above)		
How would you	u like to register your investments? Please select one of the following.		
	e wish to have my/our investments registered in your Nominee Company, together with a Managed Deposit Account (as ve). (Please refer to our supplementary charges list).		
I/We wish to have my/our investments registered in my/our name (There is an additional cost for registering securities in your name and dealing in certificates. Please refer to our supplementary charges list).			
Income Pay	yments		
When you recei	ive income from your investments, how would you like us to deal with it?		
I would like the	e income from my portfolio to:		
	Accumulate in my/our Income Deposit Account with WCIM.		
_ •	Be paid to me/us monthly from my/our Income Deposit Account with WCIM (subject to the monthly de minimis amount). This excludes ISA accounts.		
	Be paid to me/us as soon as possible (subject to the de minimis amount). This excludes ISA accounts.		

I Third Party Authority and Declaration

Use this section to authorise an individual to give instructions on your account and provide us with additional information about them. If Third Party Authority is required for more than one individual, please complete our standalone Third Party Authority form for each additional individual.

Third party authority (signature not needed if holding Power of Attorney or acting as deputy)

Until further written notice, I/we authorise the individual stated below, and request that Walker Crips Investment Management Limited (Walker Crips) acts upon any instructions received by letter, telephone, facsimile or email from this individual to:

- buy or sell investments on my/our behalf in my/our Walker Crips account(s)
- accept or reject corporate actions on my/our behalf in my/our Walker Crips account(s)
- arrange transfers of funds from my/our Walker Crips account(s) to my/our personal bank account(s)
- receive information about my/our Walker Crips account(s)
- discuss my/our Walker Crips account(s)

I/We hereby indemnify Walker Crips against all claims, damages and expenses that may be incurred as a result of acting upon any such instructions. If I wish to withdraw the Third Party Authority, I/we will do so in writing to my/our Investment Manager.

Date			
mpleted by the Thir	d Party)		
Title (Mr/Mrs/Miss/Other) Surname			
	Postcode		
Telephone (office)		Telephone (mobile)	
	Date of birth	D D M M Y Y Y Y	
Country of birth		Town of birth	
Relationship to client		Account number (if existing client of WCIM)	
Nationality		Country of permanent residence	
Dual nationality (if applicable)		UK Tax Identification Number (TIN) (e.g. National Insurance Number)	
ovide vour passport num	nber and expiry date:		
	Passport expiry date:		
	D D M M	YYYY	
the third party considered c ated (PCA) with a PDMR?	ı person discharging mana	gerial Yes No	
s symbol/ticker for the comp	oany in question:		
	Telephone (office) ovide your passport num the third party considered cated (PCA) with a PDMR?	Postcode Telephone (office) Date of birth Town of birth Account number (if exist in the control of the cont	

*Person Discharging Managerial Responsibilities (PDMR): For full definition, please refer to page two of this application form.

Investment knowledge and experience of the Third Party

Professional Financial Advisers Only:	Employer/Name of firm:	FCA reference number:		
OR				
How many years of experience	do you have in dealing with non-complex products s	uch as Shares, Unit Trusts and Bonds?		
☐ None ☐ Below 3 years ☐ Over 3 years				
What types of instruments hav	What types of instruments have you previously invested in? Please describe below.			
How frequently have you dealt	: in investments?			
Trading (very frequently)	☐ More than once a month ☐	Less than once a month		
Have you received any investm qualifications?	Have you received any investment education (eg. attended a seminar or taken an online course) or do you hold any investment qualifications?			
Yes (Please describe here)	□ No			
Are you a member of any profe	essional bodies?	,		
Yes (Please describe here)	☐ No			
Please give details of any previous investment experience which you may consider relevant:				
Third Party Declaration (to be signed by Third Party)			
fraud prevention checks using its anti-money laundering ob further understand that Walke	, the information I have provided about myself oligations (please refer to Section J for details	at Walker Crips will undertake electronic identity and and on identification documents in order to satisfy on which identification documents to provide). In me, directly and indirectly, in accordance with the privacy notice.		
Signature:		Date:		



J Declaration and Documentary Disclosures

Note: Please be advised that before we are able to open a new investment account, we have to ask you for certain documents in order to comply with the UK Anti-Money Laundering Regulations (AML).

First Applicant	Second Applicant (if applicable)	Third Party (if applicable)
VERIFICATION OF IDENTITY I enclose a copy of my: passport, or full UK photo driving licence VERIFICATION OF ADDRESS (dated within the last 6 months) bank statement, or utility bill, or income tax statement If you are not a resident in the UK voaths or a UK Embassy or Consulate additional information and docume 1. I/We confirm that I/we have read of	VERIFICATION OF IDENTITY I enclose a copy of my:	VERIFICATION OF IDENTITY I enclose a copy of my: passport, or full UK photo driving licence VERIFICATION OF ADDRESS (dated within the last 6 months) bank statement, or utility bill, or income tax statement er, Accountant, Notary, Commissioner of equired, we reserve the right to request Standard Tariff, including supplementary
Venues and Limit Orders.		·
	ge in my/our details and circumstances relevant to the	·
	Applicants is/are authorised to give instructions for this	
_	g information from WCIM. (Please tick if you agree	_
	s and statements from WCIM in electronic format onl ng the e-mail address povided on Page 1)	y, along with other documents as and when
6. I/We confirm that I/we are 18 year knowledge.	ars of age or over and agree that the information pro	ovided is true and correct to the best of my/ou
	n circumstances Walker Crips Investment Manageme es, who may pass it on to other tax authorities.	nt Ltd will be obliged to share this
Signature (First applicant)	Signature (Second applicant)	
Date	Date	
WCIM. We intend to rely before signing this Form.The Terms of Service a	nd our Terms of Service and Business, which taken toge on these documents and for your own benefit and prote If you do not understand any item therein, please ask nd Business can be found on www.wcgplc.co.uk/busin please contact client.services@wcgplc.co.uk or 020 3100	ection, you should read the terms carefully for further details. lesstc. If you require a printed copy of the Terms
	For Office Use Only	
Reviewed by AE	Executive Notes	
AE Name		
On-boarding approval where required (signature/date)		
On-boarding Name		

Walker Crips Investment Management

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ | 020 3100 8000 | client.services@wcgplc.co.uk | walkercrips.co.uk Walker Crips Investment Management Limited is authorised and regulated by the Financial Conduct Authority and is a member of the London Stock Exchange. Registered in England and Wales number 4774117.