

# 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: <b>PIEVQ4</b>
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 G.

<b>Under an Execution Only Account</b>	<ul style="list-style-type: none"> <li>■ You make your own investment decisions;</li> <li>■ Trades are executed upon your specific instruction;</li> <li>■ We will not give advice on investments relating to the merits of the transaction;</li> <li>■ We will only provide factual information such as share prices or market activity on request.</li> </ul>
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## **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 months)		
Postcode		
Correspondence address (if different to the permanent residential address)		
Postcode		
Telephone (home)	Telephone (office)	Telephone (mobile)
Email address (default address for the account)	Date of birth <span style="font-size: 1.2em; font-weight: normal;">DD MM YYYY</span>	
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, the holder of a US passport, Green Card or US bank account; or have you ever resided in or owned property in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
UK Tax Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please provide details: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
UK Tax Identification Number (TIN) (e.g. National Insurance Number)		
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) <input type="checkbox"/>
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If you are **not a UK National**, please also provide your passport number and expiry date:

Passport number:

Passport expiry date:

As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging managerial responsibilities (PDMR)\*, or a person closely associated (PCA) with a PDMR?  Yes  No

*If yes please provide details along with the stock symbol/ticker for the company in question:*

**\*Person Discharging Managerial Responsibilities (PDMR):** A person discharging managerial responsibilities (PDMR) will typically be privy to potentially price sensitive 'inside' information in relation to the company they work for, which is also typically a public listed company, and are likely to hold senior managerial roles, for example, at Director or Board level. A person closely associated (PCA) with a PDMR is a spouse, family member, business partner or another known association.

**Second applicant**

Title (Mr/Mrs/Miss/Other)	Surname
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Full forenames	Previous names (if applicable)
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Permanent residential address

Postcode

Previous residential address (if resident at current address for less than 12 months)

Postcode

Telephone (home)	Telephone (office)	Telephone (mobile)
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Email address	Date of birth <input type="text" value="DD MM YYYY"/>
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Country of birth	Town of birth
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Nationality	Country of permanent residence
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Dual nationality (if applicable)

UK Tax Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born in the US or are you, or have you ever been, a US citizen, the holder of a US passport, Green Card or US bank account; or have you ever resided in or owned property in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
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UK Tax Identification Number (TIN) (e.g. National Insurance Number)	<i>If yes please provide details:</i>
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Country of Tax Residency (if outside the UK. Do not abbreviate)

Overseas Tax Reference for Non-UK Nationals	Please tick if you do not have a Tax Identification Number (TIN) <input type="checkbox"/>
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If you are **not a UK National**, please also provide your passport number and expiry date:

Passport number:

Passport expiry date:

## 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?

Yes

No

*If yes please provide details along with the stock symbol/ticker for the company in question:*

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

## **B** Account Classification

Please refer to the Terms of Service and Business for further details.

Please select **one** of the Client categories below.

<input type="checkbox"/> <b>Retail</b> 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.
<input type="checkbox"/> <b>Elective Professional</b> I/we confirm that I/we have expertise, experience and knowledge in investments and can make investment decisions.	<p>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.</p> <p><input type="checkbox"/> carried out transactions of significant size on the relevant market at a frequency of at least ten per quarter;</p> <p><input type="checkbox"/> a financial investment portfolio made up of cash deposits and/or financial instruments exceeding €500,000;</p> <p><input type="checkbox"/> worked in the financial sector for at least one year in a professional position.</p> <p>If you qualify to be an elective Professional, we will send you an Elective Professional Agreement for you to sign and return.</p>

## C 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

#### Primary source of wealth

- Employment     Investment     Savings  
 Pension     Inheritance     Family Trust  
 Divorce     Gift  
 Business ownership/sale     Property ownership/sale  
 Other: \_\_\_\_\_

#### Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank     Transfer from an unregulated firm (UK or overseas)  
 UK investment firm     Internal transfer from existing Walker Crips account  
 Overseas investment firm  
 Overseas bank  
 Other: \_\_\_\_\_

#### Employment status

- Full time employment     Part time employment  
 Self employed     Unemployed  
 Homemaker     Retired  
 Other: \_\_\_\_\_

**Occupation details - Required**  
(previous details, if retired or unemployed):

Occupation/Job title
Employer's name (if applicable)
Nature of Business
Date of joining current employment    DD    MM    YYYY

### Second applicant

#### Primary source of wealth

- Employment     Investment     Savings  
 Pension     Inheritance     Family Trust  
 Divorce     Gift  
 Business ownership/sale     Property ownership/sale  
 Other: \_\_\_\_\_

#### Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank     Transfer from an unregulated firm (UK or overseas)  
 UK investment firm     Internal transfer from existing Walker Crips account  
 Overseas investment firm  
 Overseas bank  
 Other: \_\_\_\_\_

#### Employment status

- Full time employment     Part time employment  
 Self employed     Unemployed  
 Homemaker     Retired  
 Other: \_\_\_\_\_

**Occupation details - Required**  
(previous details, if retired or unemployed):

Occupation/Job title
Employer's name (if applicable)
Nature of Business
Date of joining current employment    DD    MM    YYYY

## D Investment Knowledge & Experience

### First applicant

How many years of investment experience do you have?

- None  Below 3 years  Over 3 years

What types of instruments have you previously invested in?  
e.g. equities, funds, Contracts for Difference, options, futures...  
(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 investment education or hold any investment qualifications?

- Yes (Please describe here)  No

Are you a member of any professional bodies?

- Yes (Please describe here)  No

Please give details of any previous investment experience which you may consider relevant.

### Second applicant

How many years of investment experience do you have?

- None  Below 3 years  Over 3 years

What types of instruments have you previously invested in?  
e.g. equities, funds, Contracts for Difference, options, futures...  
(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 investment education or hold any investment qualifications?

- Yes (Please describe here)  No

Are you a member of any professional bodies?

- Yes (Please describe here)  No

Please give details of any previous investment experience which you may consider relevant.

## E Investment Intentions

### Frequency of trading (approximate)

- A one-off Execution Only sale
- Ongoing Execution Only purchases and sales (please select frequency below)
- Infrequent (approx. 1-5 trades a month)  Moderate (approx. 6-30 trades a month)  Trading (very frequently)

### 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  
(for one-off sales)

£

## F 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																
									Postcode							
Sort code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## G Support Service Requirements

Note: Please read the Terms of Service and Business, which detail the conditions governing our Managed Deposit and Nominee Services, and the accompanying supplementary charges list.

### Managed Deposit Service

Maintaining a Deposit Account is the easiest way to manage funds for buying and selling of securities. Payments will be made into this account, and if there is sufficient cash, purchases will be paid from this account. This reduces the need to send monies back and forth. Any credit balances may attract interest and the current interest rates can be found on our website at:

<https://www.wcgplc.co.uk/source/documents/Managed-deposit-interest-rates.pdf>

For full details, please refer to the Terms of Service and Business.

Do you wish to 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 understand 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 F 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.

### Registration

How would you like to register your investments? Please select one of the following.

- I/We wish to have my/our investments registered in your Nominee Company, together with a Managed Deposit Account (as above). (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 Payments

When you receive income from your investments, how would you like us to deal with it?

I would like the 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.

## H 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.

Signature (for the account holder)	Date
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### Details of the Third Party (to be completed by the Third Party)

Title (Mr/Mrs/Miss/Other)	Surname	
Full forenames		
Address		
Postcode		
Telephone (home)	Telephone (office)	Telephone (mobile)
Email address	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)	
If you are <b>not a UK National</b> , please also provide your passport number and expiry date:		
Passport number:		Passport expiry date:
<input type="text"/>		<input type="text"/> D D M M Y Y Y Y
As defined by the UK Market Abuse Regulation is the third party considered a person discharging managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes please provide details along with the stock symbol/ticker for the company in question:</i>		
<input type="text"/>		

\*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:
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OR

How many years of experience do you have in dealing with non-complex products such as Shares, Unit Trusts and Bonds?

None       Below 3 years       Over 3 years

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 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 professional 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)

I confirm that the information provided above is correct and I understand that Walker Crips will undertake electronic identity and fraud prevention checks using the information I have provided about myself and on identification documents in order to satisfy its anti-money laundering obligations (please refer to Section I for details on which identification documents to provide). I further understand that Walker Crips will treat the personal data it collects on me, directly and indirectly, in accordance with the General Data Protection Regulation and acknowledge receipt of Walker Crips' privacy notice.

Signature:	Date:
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## I 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

<p>VERIFICATION OF IDENTITY</p> <p>I enclose a copy of my:</p> <p><input type="checkbox"/> passport, or</p> <p><input type="checkbox"/> full UK photo driving licence</p> <p>VERIFICATION OF ADDRESS (dated within the last 6 months)</p> <p><input type="checkbox"/> bank statement, or</p> <p><input type="checkbox"/> utility bill, or</p> <p><input type="checkbox"/> income tax statement</p>
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### Second Applicant (if applicable)

<p>VERIFICATION OF IDENTITY</p> <p>I enclose a copy of my:</p> <p><input type="checkbox"/> passport, or</p> <p><input type="checkbox"/> full UK photo driving licence</p> <p>VERIFICATION OF ADDRESS (dated within the last 6 months)</p> <p><input type="checkbox"/> bank statement, or</p> <p><input type="checkbox"/> utility bill, or</p> <p><input type="checkbox"/> income tax statement</p>
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### Third Party (if applicable)

<p>VERIFICATION OF IDENTITY</p> <p>I enclose a copy of my:</p> <p><input type="checkbox"/> passport, or</p> <p><input type="checkbox"/> full UK photo driving licence</p> <p>VERIFICATION OF ADDRESS (dated within the last 6 months)</p> <p><input type="checkbox"/> bank statement, or</p> <p><input type="checkbox"/> utility bill, or</p> <p><input type="checkbox"/> income tax statement</p>
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**If you are not a resident in the UK we require all documents to be certified by a Lawyer, Accountant, Notary, Commissioner of Oaths or a UK Embassy or Consulate where a certification service is provided. Where required, we reserve the right to request additional information and documentation.**

- I/We confirm that I/we have read and accept WCIM's Terms of Service and Business and Standard Tariff, including supplementary charges list and consent to your Order Execution Policy incorporated therein, taking particular note of the policies relating to Off Market Venues and Limit Orders.
- I/We will advise WCIM of any change in my/our details and circumstances relevant to the services provided to me/us.
- I/We confirm that the Applicant/all Applicants is/are authorised to give instructions for this account.
- I/We consent to receiving marketing information from WCIM. (Please tick if you agree  Yes)
- I/We consent to receiving contracts and statements from WCIM in electronic format **only**, along with other documents as and when the services become available. (Using the e-mail address provided on Page 1)
- I/We confirm that I/we are 18 years of age or over and agree that the information provided is true and correct to the best of my/our knowledge.
- I am/We are aware that in certain circumstances Walker Crips Investment Management Ltd will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.

Signature (First applicant)	Signature (Second applicant)
Date	Date

- Note:
- This Application Form and our Terms of Service and Business, which taken together, set out the basis of your relationship with WCIM. We intend to rely on these documents and for your own benefit and protection, you should read the terms carefully before signing this Form. If you do not understand any item therein, please ask for further details.
  - The **Terms of Service and Business** can be found on [www.wcplc.co.uk/businesstc](http://www.wcplc.co.uk/businesstc). If you require a printed copy of the Terms of Service and Business, please contact [client.services@wcplc.co.uk](mailto:client.services@wcplc.co.uk) or 020 3100 8662.

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@wcplc.co.uk](mailto:client.services@wcplc.co.uk) | [walkercrips.co.uk](http://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.