

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: PIEVQ3
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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.

Under an Execution Only Account	<ul style="list-style-type: none"> ■ You make your own investment decisions; ■ Trades are executed upon your specific instruction; ■ 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.
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If you wish to open an Execution only Stocks and Shares ISA Account please request a form from the ISA Team who can be contacted via telephone on 020 3100 8310 or email isas@wcgplc.co.uk

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		
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	
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	
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)		
Overseas Tax Reference for Non-UK Nationals	Please tick if you do not have a Tax Identification Number (TIN) <input type="checkbox"/>	
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 Y Y Y Y	

As defined by the UK Market Abuse Regulation are you considered a person discharging managerial responsibilities (PDMR)?

Yes No

If yes please provide details:

Joint applicant

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

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

Nationality

Country of permanent residence

UK Tax Resident? Yes 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? Yes No

UK Tax Identification Number (TIN)
(e.g. National Insurance Number)

Country of Tax Residency (if outside the UK. Do not abbreviate)

If yes please provide details:

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 Y Y Y Y

As defined by the UK Market Abuse Regulation are you considered a person discharging managerial responsibilities (PDMR)?

Yes No

If yes please provide details:

Account title

The name in which contract notes should be issued, if different from the above name/s

Account Title

B Service Type

Please select **one** of the options below.

<input type="checkbox"/> Telephone service
<input type="checkbox"/> Online service <i>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.</i>

C 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"/> 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.
<input type="checkbox"/> Elective Professional I/we confirm that I/we have expertise, experience and knowledge in investments and can make investment decisions.	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. <input type="checkbox"/> carried out transactions of significant size on the relevant market at a frequency of at least ten per quarter; <input type="checkbox"/> a financial investment portfolio made up of cash deposits and/or financial instruments exceeding €500,000; <input type="checkbox"/> 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	Joint applicant
Source of wealth and funds <input type="checkbox"/> Employment <input type="checkbox"/> Investment <input type="checkbox"/> Savings <input type="checkbox"/> Pension <input type="checkbox"/> Inheritance <input type="checkbox"/> Family Trust <input type="checkbox"/> Business ownership/sale <input type="checkbox"/> Property ownership/sale <input type="checkbox"/> Other: _____	Source of wealth and funds <input type="checkbox"/> Employment <input type="checkbox"/> Investment <input type="checkbox"/> Savings <input type="checkbox"/> Pension <input type="checkbox"/> Inheritance <input type="checkbox"/> Family Trust <input type="checkbox"/> Business ownership/sale <input type="checkbox"/> Property ownership/sale <input type="checkbox"/> Other: _____
Employment status <input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired: _____ <small>(previous occupation if retired)</small> <input type="checkbox"/> Other: _____	Employment status <input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired: _____ <small>(previous occupation if retired)</small> <input type="checkbox"/> Other: _____
If you are employed/self employed, please provide details below: <input type="text" value="Occupation/Job title"/> <input type="text" value="Employer's name (if applicable)"/> <input type="text" value="Nature of Business"/> <input type="text" value="Date of joining current employment DD MM YYYY"/>	If you are employed/self employed, please provide details below: <input type="text" value="Occupation/Job title"/> <input type="text" value="Employer's name (if applicable)"/> <input type="text" value="Nature of Business"/> <input type="text" value="Date of joining current employment DD MM YYYY"/>

E Investment Knowledge & Experience

First applicant

How many years of investment experience do you have?

- None Below 5 years Over 5 years

What types of instruments have you previously invested in?
eg. equities funds CFD, 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.

Joint applicant

How many years of investment experience do you have?

- None Below 5 years Over 5 years

What types of instruments have you previously invested in?
eg. equities funds CFD, 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.

F Investment Intentions

Frequency of trading (approximate)

- A one-off Execution Only sale
- Ongoing Execution Only sales (please select frequency below)
- trading (very frequent) more than once a month less than once a month
- Ongoing Execution Only purchases and sales (please select frequency below)
- trading (very frequent) more than once a month less than once a month

Anticipated individual trade size (approximate)

- £0 - £10,000 £10,001 - £50,000 Over £50,001

Initial Investment Amount (For individual or joint account)

£

G Bank Details

Note: We will 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"/>

H 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. Credit balances will be eligible to receive interest. For full details, please refer to our 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 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.

Registration *(to be completed only by clients selecting the Telephone service in Section B above)*

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.

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 (not applicable 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	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	
UK Tax Identification Number (TIN) (e.g. National Insurance Number)		
If you are not a UK National , please also provide your passport number and expiry date: Passport number: <input type="text"/> Passport expiry date: <input type="text"/> D D M M Y Y Y Y		
As defined by the UK Market Abuse Regulation are you considered a person discharging managerial responsibilities (PDMR)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please provide details: <input type="text"/>		

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 J 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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