

1. Scheme & Trust	tee(s) details:		
Name of Scheme:			
Scheme Address:			
(for correspondence)			
	COUNTY		
	POSTCODE		
Scheme Reference No:		Contact Name:	
Email Address:		Contact Tel No:	
Legal Entity Identifier:		Type of Scheme:	SIPP SSAS
HMRC Reference No:		Date registered	
			<u> </u>
2. Beneficiary Deta	ails (please copy sheet for additional b	peneficiaries)	
First Beneficiary		Second Beneficion	nry
Title		Title	
Full Name:		Full Name:	
Permanent		Permanent	
Address:		Address:	
	COUNTY		COUNTY
	POST CODE		POST CODE
Date of Birth:	DD MM YYYY	Date of Birth:	DD MM YYYY
Occupation:		Occupation:	
NI Number:		NI Number:	
Are you resident in the UK for Tax P	Purposes Yes: No:	Are you resident in the U	K for Tax Purposes: Yes: No:
Are you resident for tax purposes in	n any other country? Yes: No:	Are you resident in the U	K for Tax Purposes: Yes: No:
If you have answered yes to the latt	ter question input Country and Tax Reference:	If you have answered yes	to the latter question input Country and Tax Reference:
	1		/
3. Trustee Details			
First Trustee		Second Trustee	
Full Name:		Full Name:	
Residential		Residential	
Address:		Address:	
	COUNTY		COUNTY
	POST CODE		POST CODE
Date of Birth:	DD MM YYYY	Date of Birth:	DD MM YYYY
Telephone No:		Telephone No:	



hird Trustee		Fourth Trustee	
ull Name:		Full Name:	
esidential		Residential	
ddress:		Address:	
	COUNTY	_	COUNTY
	POST CODE		POST CODE
ate of Birth:	DD MM YYYY	Date of Birth:	DD MM YYYY
elephone No:		Telephone No:	
		ring system.	
		Account N	umber:
6. Source of Fu	Sort Code: Building Society Reference	Account N	umber:
6. Source of Fu	Sort Code: Building Society Reference	Account N	umber: Divorce Settlement
hat has created/ is	Sort Code: Building Society Reference unds generating the funds being used to o	Account Ne or Roll Number	
6. Source of Further has created/ is Savings Pension	Sort Code: Building Society Reference unds generating the funds being used to o Salary/Bonus	Account N e or Roll Number pen this Plan:	Divorce Settlement
6. Source of Fundament Holder Name And Holder	Sort Code: Building Society Reference unds generating the funds being used to o Salary/Bonus Property Sale	Account N or Roll Number open this Plan: Inheritance Maturing Investments	Divorce Settlement Other (specify below)

Bank Name:	HSBC Bank
Account Name:	Dura Capital Client Money Holding Account
Sort Code:	40-02-50
Account Number:	71426273
IBAN:	GB85MIDL40025071426273
Payment Reference (MANDATORY):	Please use your Legal Entity Identifier (LEI)



8. Data Protection - uses of your data

Dura Capital Limited is committed to processing your data in accordance with the Data Protection Act 1998. We may use your personal data to provide you with services you request from us, manage your accounts, make decisions, detect and prevent fraud, for analysis and assessment, and to ensure that we comply with legal and regulatory requirements. For further details of how Dura Capital Limited uses your information, please read our Data Protection Statement on our website www.duracapital.co.uk or ask for a printed copy.

I/We do not wish to receive marketing information by post and telephone.

By signing this form you agree that we can use and disclose your information in the ways described in our Data Protection Statement, as amended or updated from time to time.

9. Declaration

I/We declare that I/we are authorised to provide all instructions in relation to this investment either as Trustee for the Scheme or as specifically authorised as a signatory on behalf of the Scheme (authority provided).

- > I/We confirm that the information given on this application at the date of signing is true, complete and correct to the best of our knowledge and helief
- > I/We declare that I/we understand the Plan brochure, including the Plan Risks and accept the Terms and Conditions and agree to be bound by the Terms and Conditions under which our plan will be managed.
- > I/We acknowledge that in order to comply with its obligations under UK tax legislation, Dura Capital Limited may request me/us to provide additional information and/or documentation related to the tax status of my/our organisation and any trustee, settlor, protector or beneficiary. I/We agree to comply at all times with such a request from Dura Capital Limited within the time specified by Dura Capital Limited in its request.
- > I/We have taken any and all independent advice required, do not require any further consent and will not be in breach of any regulatory or trust provisions in making this investment.
- > I/We agree to advise Dura Capital Limited within 30 days in writing of any changes in the information contained in this Application Form, including any changes to the Trustee Holder. I/We agree to provide evidence of the change if I am/we are asked to.
- > I/We confirm that I/we have the full power to invest in the Plans and have taken all action necessary to authorise the completion of this application and the person(s) signing this Application Form have full power, consents and authority to do so on our behalf.
- > I/We are not acting on behalf of a resident of the United States or a U.S. Person (as defined under the Internal Revenue Code of 1986, as amended) and I/we will not assist any person who is resident in the United States or a U.S. Person to acquire an interest in the Trust/Bond. I/We agree to inform you immediately should I/we believe anyone connected with the trust becomes a resident of the United States or a U.S. Person.
- > I/We are not acting on behalf of a person who is in the United States or who is a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended).
- > I/We authorise Dura Capital Limited to hold the subscriptions, Plan Investments, interest and any other rights or proceeds in connection with our investments and any other cash and upon our request to transfer or pay to the Scheme any investments, interest, rights or other proceeds in connection with such investments.
- > I/We agree that our money will be used to purchase securities issued by the Issuer
- > I/We accept that the Plan Manager will only provide an annual statement on the value of the Plan.
- > I/We confirm that I/we have read and understood the Key Information Document and Plan Brochure(s), including Plan risks and selling restrictions, and the Terms and Conditions under which your Plan will be managed.

Notes:

- 1. Money Laundering Regulations (as amended): Under the regulations there is a legal requirement to prove the identity of people who wish to make an investment. In order to comply with these regulations, we require the Verification of Identify Section of this form to be completed.
- 2. Your Plan is designed to be held without change until it matures. The interim value of the underlying investment of the Plan does not directly impact on the benefits generated. The capital return from the Plan depends on the level of the Index/Indices at maturity and its/their performance throughout the Plan Term, which can be obtained from us or from public sources. We will send you Plan Statements once a year with information on how your Plan is progressing.
- 3. Capitalised terms unless otherwise defined, have the meanings given to them in the Terms and Conditions within the Plan brochure.



10. Your signature (please copy sheet for additional Signatories)					
Authorised Signatory					Date://
Full Name:					
Capacity					
Authorised Signatory					Date://
Full Name:					
Capacity					
PLEASE PROVII			AUTHORISED OU SUBMIT T		ORIES (INCLUDING SAMPLE ICATION
Name of Registered Individual:					
Name of Company:					
Address:					
Address.					Post Code:
Telephone Number:	+44				
Email Address:				1	
Email / tour ess.					
Are you a member of a network Name of network: Financial Services Register references Principal's Financial Services Re	rence number:	If yes, are you dir	rectly authorised	or an author	rised representative?
I confirm that I have provided that I have you provided the Custom Yes No If 'No', how has the investment *If further space is required for	ner with investment a	advice in relation to execution only)?*	o this product in acco	ordance with	the guidance set out in the Plan Brochures?
Under our Terms of Business th potential Customers. Have these checks been complete.			ing the suitability and	I/or appropria	steness of Dura Capital Limited products for



Verification of Identity

I confirm that the Scheme and trustee details listed in Sections 1 & 4 were obtained by me and the bank details provided in Section 5 belong to the Customer. I have seen evidence to verify the identity of all applicants that meets the standards set out within JMLSG guidance, issued in 2007.

Authorised Signatory	Date://
Full Name:	
Job Title:	

This declaration cannot be used to verify the identity of a Customer that falls into one of the following categories:

- > Those who are exempt from verification as being an existing Client of the introducing firm prior to the introduction of the requirement for such verification;
- > Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
- > Those whose identity has been verified using the source of funds as evidence.

Please return the completed and signed Application Forms to: Dura Capital Limited, PO BOX 1233, St Albans, AL1 9HU

If you have difficulty in reading our literature, please call us on **0330 678 1111**. We can supply this in a range of formats including large print, audio & Braille.

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