

DIRECT AND ISA APPLICATION: FOR CLIENTS OF BEST PRICE FINANCIAL SERVICES

1. Personal Details (please complete ALL fields):

First Plan Holder

Title (Mr/Mrs/Miss/Ms/Other):

Forename(s):

Surname:

NI Number:

Permanent Address:

Post Code:

Date of Birth:

Telephone No.:

Email Address*:

Country of Birth:

Place of Birth:

Nationality:

Are you resident in the UK for Tax Purposes? Yes No

Are you resident for tax purposes in another country? Yes No

If you answered 'yes' to the latter question, input Country and Tax Ref.:

Second Plan Holder

Title (Mr/Mrs/Miss/Ms/Other):

Forename(s):

Surname:

NI Number:

Permanent Address:

Post Code:

Date of Birth:

Telephone No.:

Email Address*:

Country of Birth:

Place of Birth:

Nationality:

Are you resident in the UK for Tax Purposes? Yes No

Are you resident for tax purposes in another country? Yes No

If you answered 'yes' to the latter question, input Country and tax Ref.:

*A valid email address is compulsory, as it will be needed to access all your correspondence relating to the plan.

2. On behalf of a child (Applicable for DIRECT investments only, for individuals under the age of 18):

Title (Mr/Mrs/Miss/Ms/Other):

Date of Birth:

Forename(s):

Surname:

3. Gift from another – where the funds have been gifted to the applicant (not applicable for ISA transfers):

Title (Mr/Mrs/Miss/Ms/Other):

Date of Birth:

Relationship to Plan Holder:

Signature:

Forename(s):

Surname:

Date:

4. Source of Funds – what has created / is generating the funds being used to open this plan?

Accumulated Savings <input type="checkbox"/>	Pension Lump Sum <input type="checkbox"/>	Employment related (e.g. Bonus) <input type="checkbox"/>
Property Sale <input type="checkbox"/>	Inheritance <input type="checkbox"/>	Reinvestment of matured funds <input type="checkbox"/>
Transfer from another provider <input type="checkbox"/>	Other (please state) <input type="text"/>	

5. Payment Details

All redemptions, maturity payments and income payments will be transmitted to the following bank / building society account. Payments can only be made into an account with a bank or building society within the UK Clearing System.

Bank / Building Society Name:

Account Holder Name:

Sort Code:

Account Number:

Building Society Ref. / Roll Number:

Please return this form to: Dura Capital Limited, PO Box 1233, St Albans, AL1 9HU.

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6. Investment Details, Amounts (must be in whole pounds) and Fee Arrangements

Plan Name:

Direct Amount:

ISA Amount (max £20,000):

ISA Transfer Amount* (complete appendix):

Maturity Reinvestment Amount**:

Total to be invested (min. £3,000):

Pay this amount to my Financial Adviser: £ OR %

OR Fees settled directly with my Financial Adviser:

TOTAL AMOUNT TO BE PAID TO DURA CAPITAL LIMITED (this must be the sum of the Totals to be invested + the amount of fee to be paid to your Financial Adviser (where applicable):

**Approximate value of all ISAs being transferred. Total amount is subject to change as the ISA transfer amount is approximate.*

***If you have been notified of the maturity of an existing hop plan and would like to reinvest the proceeds into this plan, please enter the amount you wish to reinvest. Please also advise of your matured Plan Number here:*

7. Payment Details

Please submit the 'TOTAL AMOUNT' (above) to Dura Capital Limited by bank transfer to the details below, once you receive instructions from us via email:

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 the reference number provided in the email from our administrators

If paying by cheque, please make payable to **Dura Capital Limited** (please note cheque applications should be received **5 working days before the offer close date**).

8. Data Protection – use of your data

hop investing 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 material 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.

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9. Declaration

Applicable to direct investment applicants only

I declare that: as set out in the Personal Details section, I am 18 years of age or over, and either: (a) resident in the UK for tax purposes and that I am not acting on behalf of a Non-UK tax resident; or (b) resident of the Isle of Man, Guernsey or Jersey.

Applicable to all ISA applicants* / ISA Transfer applicants

I apply to subscribe for an ISA for the 2025/26 tax year, reinvest my cash ISA or stocks and shares ISA proceeds, or to transfer an existing ISA from another ISA manager.

**For deposit-backed plans, you are investing in a Cash ISA. For all other plans, you are investing in a Stocks and Shares ISA.*

I declare that:

- All subscriptions made, and to be made, belong to me.
- I am 18 years of age or over.
- I have not subscribed, and will not subscribe, more than the overall subscription limit in total to a cash ISA, stocks and shares ISA, an innovative finance ISA and a Lifetime ISA in the same tax year.
- I am resident in the United Kingdom for tax purposes or, if not UK tax resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Dura Capital Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I have read and understood the ISA Terms and Conditions.

For all applicants

I declare that:

- I am neither in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended).
- I 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 the Plan(s) will be managed.

I authorise Dura Capital Limited:

- To hold my cash subscription, ISA investments, direct investments, interest and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of ISA investments.
- Upon my written request to transfer or pay to me any amounts, as determined in accordance with the Terms and Conditions of my Plan(s), realised on or deriving from, as the case may be, ISA investments and/or direct investments including all rights and proceeds in respect of such ISA investments or direct investments.
- To supply me with a periodic statement.

I/We agree to comply at all times with any request from Dura Capital Limited to provide additional information and or documentation related to my/our tax status within the timescale specified by Dura Capital Limited in its request.

You agree that your monies will be used to purchase securities issued by the relevant Issuer, as specified in the Plan brochure.

You acknowledge that the Plan Manager will only provide an annual statement on the value of your Plan(s).

Once you have read the above, please sign in Section 10 (below).

10. Your signature (please copy sheet for additional Signatories)

First Plan Holder:

Signature:

Full Name:

Date:

Second Plan Holder:

Signature:

Full Name:

Date:

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11. Adviser Section

Name of Registered Individual:			
Name of Company:			
Address:			
		Post Code:	
Telephone Number:			
Email Address*:			
Are you a member of a network?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, are you:	Directly authorised: <input type="checkbox"/>	An Authorised representative:	<input type="checkbox"/>
Name of network:			
Financial Services Register Ref:			
Principal's Financial Services Register Reference (if applicable):			

*This email address will be used to access our administration system, therefore we recommend using an email address that all relevant members of your team have access to, if appropriate.

Please tick ONE of the following to confirm.

This was an advised sale This was a non-advised sale with appropriateness

I declare that the information stated in the application has been completed to the best of my knowledge and belief and I have agreed any adviser charge with the applicant.

I have provided the investor with a Plan Brochure and Key Information Document.

I confirm that all dealings with the investor have been carried out in accordance with the requirements of the FCA Handbook and in accordance with my obligations under Dura capital's current Terms of Business.

I confirm that where I have provided the customer with investment advice in relation to the product(s) in accordance with the guidance set out in the Plan documentation, I have assessed the suitability of this product with respect to the customer's investment objectives and circumstances. Where conducting business on a non-advised basis, I have found the Plan to be appropriate for the customer's investment objectives and circumstances.

I acknowledge my responsibility to evaluate all information on the Plan and confirm that where I have given advice, I have the necessary knowledge and experience to be deemed competent to assess the Plan and its suitability to an applicant's circumstances and investment objectives, and that the applicant matches the description of the 'intended retail investor' in the Plan KID.

I agree to inform Dura Capital if the client named in this application form has any specific vulnerabilities we feel you should be aware of, or additional communication needs (e.g. documents to be provided in Braille). I will inform Dura Capital by calling 0330 678 1111 or emailing admin@support.duracapital.co.uk.

Tick to confirm declaration above

Verification of Identity

I confirm that:

The information was obtained by me in relation to the customer(s);

The evidence I have obtained to verify the identity of the customer(s) meets the standard evidence set out within the guidance Notes for the UK Financial Sector issued by the JMLSG in 2007;

I have carried out appropriate identity checks on all parties relevant to this application and have retained copies of the completed Verification of Identity Certificates and supporting documentation, which I understand Dura Capital may request at any time and may rely on.

Tick to confirm declaration above

Authorised Signatory:

Full Name:

Date:

Job Title:

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

APPENDIX: ISA TRANSFER INSTRUCTIONS

Please complete this page if you are transferring an existing ISA into the Plan. If you are transferring ISAs from more than one ISA Manager, please photocopy this page and complete for each ISA Manager.

If your intended transfer includes the transfer of current year ISA subscriptions, you must transfer the full amount for the current year.

Do not send this page to your existing ISA Manager. Instead, please ensure it is included with the rest of your completed application form, and we will arrange the transfers with your existing ISA Manager.

Your Details

Title (Mr/Mrs/Miss/Ms/Other):	<input type="text"/>
Forename(s):	<input type="text"/>
Surname:	<input type="text"/>
NI Number:	<input type="text"/>
Permanent Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code:	<input type="text"/>
Date of Birth:	<input type="text"/>
Email Address:	<input type="text"/>

Your Existing ISA Manager

Company Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
Contact Name:	<input type="text"/>
Contact Email:	<input type="text"/>

ISA Account References:

Approx. transfer amount (if transferring in full, write 'FULL')

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I hereby authorise my existing ISA Manager to act on instructions from Dura Capital Limited in relation to the transfer of my Cash ISA / Stocks and Shares ISA account(s), in cash. Please encash / sell all investments and transfer my entire ISA portfolio value to Dura Capital Limited.

In addition, please forward any requests for valuations, transaction reports or any other information as deemed necessary in relation to my account(s).

I understand that any fees in relation to this transfer are to be taken from my account with the existing ISA Manager.

I further understand that my existing ISA Manager will be responsible for any future dividends or tax reclaims, together with any other entitlements that are due to me. Dura Capital Limited will be unable to accept these additional amounts if they are not included in the original transfer. Please ensure any additional cash is paid to me directly.

This form constitutes my request to Dura Capital Limited to accept the transfer of my ISA and to act as my ISA manager.

Signature:

Full Name:

Date:

Note to current ISA manager: Dura Capital is able to receive ISA transfers even if the transfer amount entered on this instruction does not match the records held by you.

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