

1. Scheme & Trustee(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 by HMRC:	DD MM YYYY

2. Beneficiary Details (please copy sheet for additional beneficiaries)

First Beneficiary

Title	
Full Name:	
Permanent	
Address:	
	COUNTY
	POST CODE
Date of Birth:	DD MM YYYY
Occupation:	
NI Number:	
Are you resident in the UK for Tax Purposes	Yes: ☐ No: ☐
Are you resident for tax purposes in any other country?	Yes: ☐ No: ☐
If you have answered yes to the latter question input Country and Tax Reference:	

Second Beneficiary

Title	
Full Name:	
Permanent	
Address:	
	COUNTY
	POST CODE
Date of Birth:	DD MM YYYY
Occupation:	
NI Number:	
Are you resident in the UK for Tax Purposes:	Yes: ☐ No: ☐
Are you resident in the UK for Tax Purposes:	Yes: ☐ No: ☐
If you have answered yes to the latter question input Country and Tax Reference:	

3. Trustee Details

First Trustee

Full Name:	
Residential	
Address:	
	COUNTY
	POST CODE
Date of Birth:	DD MM YYYY
Telephone No:	

Second Trustee

Full Name:	
Residential	
Address:	
	COUNTY
	POST CODE
Date of Birth:	DD MM YYYY
Telephone No:	

4. Trustee Details (...continued)
Third Trustee

Full Name:

Residential

Address:

COUNTY

POST CODE

Date of Birth:

Telephone No:

Fourth Trustee

Full Name:

Residential

Address:

COUNTY

POST CODE

Date of Birth:

Telephone No:

5. Payment Details

All redemptions will be transmitted to the following bank/building society account. Payments can only be made into an account with a bank of building society within the UK Clearing system.

Bank / Building Society Name:

Account Holder Name:

Sort Code: Account Number:

Building Society Reference or Roll Number

6. Source of Funds

What has created/ is generating the funds being used to open this Plan:

☐ Savings ☐ Salary/Bonus ☐ Inheritance ☐ Divorce Settlement

☐ Pension ☐ Property Sale ☐ Maturing Investments ☐ Other (specify below)

7. Investment Details (Minimum £3,000.00)

Product Name	Amount (£)*	Adviser Fee (£)	Adviser Fee has been settled Directly with Customer (circle)
			YES / NO

***Investment amount must be in whole pounds.**

Please submit the above investment amount by bank transfer to the details 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 belief.
- 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 Identity 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 PROVIDE AN UP TO DATE LIST OF AUTHORISED SIGNATORIES (INCLUDING SAMPLE SIGNATURES) WHEN YOU SUBMIT THIS APPLICATION

11. Adviser Section

Name of Registered Individual:

Name of Company:

Address:

Post Code:

Telephone Number: +44

Email Address:

Are you a member of a network? Yes ☐ No ☐ If yes, are you directly authorised ☐ or an authorised representative? ☐

Name of network:

Financial Services Register reference number:

Principal's Financial Services Register reference number (if applicable):

I confirm that I have provided the Customer with the Key Information Document for this product. ☐

Have you provided the Customer with investment advice in relation to this product in accordance with the guidance set out in the Plan Brochures?

Yes ☐ No ☐

If 'No', how has the investment been taken out (e.g. execution only)?*

*If further space is required for your answers please attach the additional information on a separate sheet.

Under our Terms of Business the Intermediary is responsible for assessing the suitability and/or appropriateness of Dura Capital Limited products for potential Customers.

Have these checks been completed? Yes ☐ No ☐

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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