

# Casterbridge

## GIA Application Form

Please complete all sections electronically or in **BLOCK** capitals using **blue** or **black** ink.  
**For Office use only**

Client Name:

Account Reference No:

Investment Manager Name:

Investment Manager Comments:

Adviser Name:

## Personal Details - Applicant 1

Title:

Email address:

First name:

Mobile No:

Middle name:

How long have you  
lived at this address?

Year(s)

Month(s)\*

Surname:

Occupied from:

### Previous address:

Date of birth:

House No/name:

National Insurance No:

Street name:

Nationality:

Town:

*If you hold dual nationality, please give both countries.*

Country of birth:

County:

Town of birth:

Postcode:

Are you a US person?      Yes      No

Country:

House No/name:

Occupied from:

Street name:

### Correspondence address, if different from above:

Town:

House No/name:

County:

Street name:

Postcode:

Town:

Country:

County:

Telephone No:

Postcode:

Country:

**Occupation:**

Full time

Part time

Self employed

Temp

Retired (*Please state last occupation*)

Occupation:

Name of current  
employer:

Are you or have you ever been employed in the financial  
services industry?

Yes

No

*If yes, please provide details:*

Are you an individual who has held a prominent public  
function?

Yes

No

*If yes, please state the position:*

Have you ever been connected to an individual who has  
held a prominent public function?

Yes

No

*If yes, please state the connection:*

**Assets & Liabilities - Applicant 1****Income:**

Gross income p/a:

£

Savings and Investments:

£

Other:

£

*Please give brief description of other:*

**Assets:**

Property:

£

Investments:

£

Cash:

£

**Liabilities:**

Mortgage:

£

Loans:

£

Other:

£

*Please give brief description of other:*

## Personal Details - Applicant 2

Title:

Email address:

First name:

Mobile No:

Middle name:

How long have you  
lived at this address?

Year(s)

Month(s)\*

Surname:

Occupied from:

### Previous address:

Date of birth:

House No/name:

National Insurance No:

Street name:

Nationality:

Town:

*If you hold dual nationality, please give both countries.*

Country of birth:

County:

Town of birth:

Postcode:

Are you a US person?      Yes      No

Country:

House No/name:

Occupied from:

Street name:

### Correspondence address, if different from above:

Town:

House No/name:

County:

Street name:

Postcode:

Town:

Country:

County:

Telephone No:

Postcode:

Country:

**Occupation:**

Full time

Part time

Self employed

Temp

Retired (*Please state last occupation*)

Occupation:

Name of current  
employer:

Are you or have you ever been employed in the financial  
services industry?

Yes

No

*If yes, please provide details:*

Are you an individual who has held a prominent public  
function?

Yes

No

*If yes, please state the position:*

Have you ever been connected to an individual who has  
held a prominent public function?

Yes

No

*If yes, please state the connection:*

**Assets & Liabilities - Applicant 2****Income:**

Gross income p/a:

£

Savings and Investments:

£

Other:

£

*Please give brief description of other:*

**Assets:**

Property:

£

Investments:

£

Cash:

£

**Liabilities:**

Mortgage:

£

Loans:

£

Other:

£

*Please give brief description of other:*

## Source of Wealth\*

\*Please note, we require documentary evidence of source of wealth

Employment income	Savings and investments	Business income/Sale of business	Gift
Rental property	Compensation	Inheritance ( <i>we will require evidence</i> )	Other

Please provide more information (include type of business, location of rental property, details of relationship and person inheritance received from, type of savings, compensation event):

## Future Circumstances

Do you foresee any changes to your circumstances in the future?      Yes      No

*If yes, please provide details:*

**Personal** e.g. house purchase, marriage, birth of child, expenditure on dependants:

**Financial** e.g. inheritance, bonus, significant capital withdrawal:

**Financial dependants:**

Name:      Age:

Name:      Age:

Name:      Age:

Name:      Age:

## Investment Experience & Objective

Tick as appropriate:

Little to no experience

Some experience

Very experienced

### Investment Objective:

**Capital Growth** – the principal objective is to grow the capital value.

**Capital Growth and Income** – the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.

**Income** – the principal objective is to generate income from the portfolio.

### Your willingness to accept risk:

*Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you:*

I/We have a **LOWER** tolerance for risk, and regardless of market circumstances would only be comfortable with minimal variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **LOWER TO MEDIUM** tolerance for risk, and would only be comfortable with moderate variation or disruption to capital value or current income and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM** tolerance for risk and can accept moderate variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

I/We have a **MEDIUM TO HIGHER** tolerance for risk, and can accept significant variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

I/We have a **HIGHER** tolerance for risk, and can accept significant variation or disruption to capital value or current income in order to meet longer-term objectives and I/We are happy with a minimum investment period of 5 years.

### Your capacity for loss:

*Here, we are looking to ascertain your capacity to bear investment losses, in the broader context of your overall current financial situation and standard of living. Please select one of the following which most closely matches your circumstances:*

I/We have **NO** capacity to bear investment losses – Any losses to the value of the portfolio would have an unacceptable impact on my/our overall financial position and standard of living.

I/We have a **LOW** capacity to bear investment losses – In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **MODERATE** capacity to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on my/our overall financial position and standard of living.

I/We have a **SIGNIFICANT** capacity to bear investment losses – in extreme circumstances, falls in the value of the portfolio in excess of 45% would not have a material impact on my/our overall financial position and standard of living.

**Environmental, Social & Governance (ESG) Suitability monitoring:**

ESG Suitability considerations are incorporated into our investment process and the following questions will help us to manage your investments whilst achieving sustainable outcomes. We can apply specific restrictions to meet your ethical principles or attitude and to avoid certain investments or sectors. Have you completed an ESG questionnaire with your adviser?

Yes                  No

Are there any investment restrictions you would like us to apply when managing your portfolio?

Yes                  No

*If yes, please provide details on the restrictions you would like to make, i.e., no tobacco or armaments:*

**Amount to be invested:**

Acc type: Value:

Acc type: Value:

Acc type: Value:

**Investment Mandate:**

Using the mandate guidance overleaf, please tick appropriate mandate.

Mandate:	DPS	MPS
Portfolio 3	29% - 49%	20% - 40%
Portfolio 4	41% - 61%	35% - 55%
Portfolio 4 Income	41% - 61%	35% - 55%
Portfolio 5	53% -73%	50% - 70%
Portfolio 5 Income	53% - 73%	50% - 70%
Portfolio 6	66% - 86%	65% - 85%
Portfolio 6 Income	66% - 86%	N/A
Portfolio 7	78% - 98%	80% - 100%



# Investment Mandate Guidance

This guide is used to assist in selecting a suitable investment mandate based on your Objective, Willingness to Accept Risk and Capacity for Loss. Subject to your specific circumstances and requirements, your investment manager may recommend an alternative 'Mandate' to the guide.

Using the guide in two easy steps:

**Step 1:** from the information given on the previous page, select the appropriate table below depending on your objective,

**Step 2:** cross reference 'Capacity for Loss' and 'Willingness to Accept Risk' to illustrate a suitable Mandate.

## Objective - Income

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 4 Inc.
	Moderate	Portfolio 3	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 5 Inc.	Portfolio 5 Inc.
	Significant	Portfolio 4 Inc.	Portfolio 4 Inc.	Portfolio 5 Inc.	Portfolio 5 Inc.	Portfolio 5/6 Inc.

## Objective - Capital growth & income

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4	Portfolio 4	Portfolio 4
	Moderate	Portfolio 3	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6
	Significant	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 7

## Objective - Capital growth

		Willingness to accept risk				
		Lower	Lower-Medium	Medium	Medium-Higher	Higher
Capacity for loss	Low	Portfolio 3	Portfolio 3	Portfolio 4	Portfolio 4	Portfolio 4
	Moderate	Portfolio 4	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 6
	Significant	Portfolio 5	Portfolio 5	Portfolio 6	Portfolio 6	Portfolio 7

## Bank Account Details

*These must be completed for account set up.*

Bank name:

Account name:

Bank account no:

Sort code:

SWIFT/IBAN, if  
applicable:

Building Society ref,  
if applicable:

*All payments will be paid in sterling and can take up to 5 working days.*

*If you are not looking to set up a regular payment instantly but could possibly make a withdrawal in the future, please add your bank details to avoid any future delays in returning funds back to you.*

## Income Instructions

How would you like us to deal with income generated within your portfolio?

Reinvested into your portfolio

Paid monthly

Paid half yearly

Paid quarterly

Paid yearly

Retained in income account

Would you like a fixed standing order, if so how much?

£

When would you like to receive this into your bank?

## Client Access

Do you require access to view your accounts online?

Yes

No

*If yes, please ensure your email address has been provided on page 2.*

## Financial Adviser

Name:

Name of  
organisation:

Organisation  
address:

Postcode:

Telephone no:

FCA IRN:

FCA FRN:

Adviser email address:

We can accept instructions from your named financial adviser, support and administrative staff or other regulated advisers working for the same organisation, to make a payment to your nominated bank account.

Please tick here if you would like to grant this authority

### Other Adviser:

If you would like us to provide information to a professional or individual who is not a financial adviser, i.e., accountant/tax adviser, please provide their details below:

Name:

Name of  
organisation:

Organisation  
address:

Postcode:

Telephone no:

FCA IRN:

FCA FRN:

Adviser email address:

**Please tick if you would like your adviser to receive any of the following reports:**

Investment reports and valuations

Annual tax report

Adviser name:

Adviser signature:

Date:

## Power Of Attorney/ Third Party Authority

If completing for a Power of Attorney, please provide a certified copy, we also require certified AML documents

Title:

**Correspondence address, if different from above:**

First name:

House No/name:

Middle name:

Street name:

Surname:

Town:

Date of birth:

County:

National Insurance No:

Postcode:

Nationality:

Country:

*If you hold dual nationality, please give both countries.*

Country of birth:

**Occupation:**

Town of birth:

Full time

Part time

Are you a US person?      Yes      No

Self employed

House No/name:

Temp

Retired (*Please state last occupation*)

Street name:

Occupation:

Town:

Name of current employer:

County:

As the account owner, I authorise

Postcode:

Country:

to make investment decisions, payment instructions, receive valuations and tax reports, have client access and take any steps or do anything which they may consider necessary and appropriate in connection with my account.

Telephone No:

Email address:

Mobile No:

## Fees and Charges

**Our Charges:** *(Tick as applicable)*

DPS 0.60% + VAT Investment Management and  
0.30% No VAT Custody

Hardy 0.45% No VAT Investment Management and  
0.30% No VAT Custody

Other	%	Plus VAT
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## How we correspond with you

I/We authorise the transfer of personal information, on a confidential basis and in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016, between Casterbridge Wealth LTD and any relevant third parties. I/We agree that Casterbridge Wealth LTD or any such third party may contact me in the future by any means of communication considered appropriate at the time.

We may wish to contact you in the future so that we can provide information about other services or events that may be of interest to you. Please let us know by which means you would prefer to hear from us.

Email Telephone

Text Post

*Please note that you may withdraw this consent at any time by notifying us in writing at our main business address.*

### Acceptance & Signature

I hereby declare that I have received and read the Terms & Conditions and agree to the charges as detailed in this form.

It is most important that your GIA portfolio is invested in the most appropriate investments for your circumstances and risk profile. Whilst we mitigate tax where possible, we cannot guarantee any capital gains will be within your yearly allowance. Should your stance differ regarding CGT, please do liaise with your Financial Adviser

Client name:

Signature:

Date:

Account owner

Or state capacity in which you are acting on:

# Casterbridge

0800 644 4848

[admin@casterbridgewealth.co.uk](mailto:admin@casterbridgewealth.co.uk)

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