

Casterbridge

Corporate 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:

Corporate Details

Legal Name of Entity:

Registered Company No:

Country of Incorporation:

Legal Entity Identifier (LEI):

Registered Business Address:

Address line 1:

Address line 2:

Address line 3:

City/Town:

County:

Postcode:

Country:

Company Telephone No:

Company Email address:

Notes:

Please see below minimum requirements for a corporate Entity account to be opened.

- *Partnership: A minimum of 2 partners.*
- *LLP: A minimum of 2 designated members.*
- *Private Ltd Company: A minimum of 2 directors or 1 director and the company secretary. (If there is no company secretary and only one sole director, then the sole director must sign)*
- *PLC: A minimum of 2 directors or 1 director and the company secretary.*

Important note: *A Board Resolution must accompany this account form.*

Correspondence address, if different from above:

Address line 1:

Address line 2:

Address line 3:

City/Town:

County:

Postcode:

Country:

Country of tax residency:

Tax residency identifier no:

Nature and Purpose of business:

Please list the main activities in which the corporate Entity is involved.

Company Trading Name:

** if different to above*

Company Trading Address:

** if different to above*

Authorised Account Holder Details - 1

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
	<i>* if less than 3 years, please provide your previous address</i>		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
Gender:	Town:		
National Insurance No:	County:		
Nationality:	Postcode:		
<i>If you hold dual nationality, please give both countries.</i>			
Country of birth:	Country:		
Town of birth:	Occupied from:		
Telephone No:	Correspondence address, if different from above:		
Email address:	House No/name:		
Mobile No:	Street name:		
	Town:		
Primary Residential address:	County:		
House No/name:	Postcode:		
Street name:	Country:		
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Relationship to account:

Director Partner Company Secretary
Sole Trader Designated Member

Authorised Account Holder Details - 2

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
	<i>* if less than 3 years, please provide your previous address</i>		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
Gender:	Town:		
National Insurance No:	County:		
Nationality:	Postcode:		
<i>If you hold dual nationality, please give both countries.</i>			
Country of birth:	Country:		
Town of birth:	Occupied from:		
Telephone No:	Correspondence address, if different from above:		
Email address:	House No/name:		
Mobile No:	Street name:		
	Town:		
Primary Residential address:			
House No/name:	County:		
Street name:	Postcode:		
Town:	Country:		
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Relationship to account:

Director Partner Company Secretary
Sole Trader Designated Member

Authorised Account Holder Details - 3

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
	<i>* if less than 3 years, please provide your previous address</i>		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
Gender:	Town:		
National Insurance No:	County:		
Nationality:	Postcode:		
<i>If you hold dual nationality, please give both countries.</i>			
Country of birth:	Country:		
Town of birth:	Occupied from:		
Telephone No:	Correspondence address, if different from above:		
Email address:	House No/name:		
Mobile No:	Street name:		
	Town:		
	County:		
	Postcode:		
	Country:		
Primary Residential address:			
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Relationship to account:

Director Partner Company Secretary
Sole Trader Designated Member

Authorised Account Holder Details - 4

Title:	How long have you lived at this address?	Year(s)	Month(s)*
First name:	Occupied from:		
	<i>* if less than 3 years, please provide your previous address</i>		
Middle name:	Previous address:		
Surname:	House No/name:		
Date of birth:	Street name:		
Gender:	Town:		
National Insurance No:	County:		
Nationality:	Postcode:		
<i>If you hold dual nationality, please give both countries.</i>			
Country of birth:	Country:		
Town of birth:	Occupied from:		
Telephone No:	Correspondence address, if different from above:		
Email address:	House No/name:		
Mobile No:	Street name:		
	Town:		
	County:		
	Postcode:		
	Country:		
Primary Residential address:			
House No/name:			
Street name:			
Town:			
County:			
Postcode:			
Country:			

Country of tax residency:

Tax residency identifier no:

Are you a US person? Yes No

Country of Citizenship:

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:*

Relationship to account:

Director Partner Company Secretary
Sole Trader Designated Member

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:

Fees and Charges

Adviser Charges:

Adviser initial fee: £ or %

Adviser ongoing fee: £ or %

Per annum, deducted monthly and in arrears.

No adviser charge to be deducted

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

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.

Entity Self-Certification

FATCA Certification

Is this Entity a Financial Institution (FI)? If your account is not a financial institution then continue to page 11 for the Non-Financial Institution section.

If yes, please provide the Global Intermediary Identification Number (GIIN):

If unable to provide the GIIN, please tick one of the following:

- i. Exempt beneficial owner
- ii. Owner Documented FI

Please complete the below section:

In order to qualify as Owner-Documented the Entity must meet the below criteria. Please declare you meet each criteria by using the tick boxes provided:

1. Entity does not maintain a financial account for any Non-Participating Financial Institution. i.e. a Non Participating FI does not hold an equity interest or debt interest in the Entity.
 2. Entity is not owned by, nor a member of, a group of related Entities with any FI that is a depository, custodial or specified insurance company as defined in UK legislation.
 3. Entity provides Casterbridge Wealth (i.e. the reporting Entity) information regarding all persons - both natural and legal persons - that hold direct or indirect equity or debt interest in the Entity.
- iii. Certified or otherwise deemed Compliant FI
 - iv. Non Participating FI
 - v. Other reason - please specify

Or is this Entity a **Non-Financial Institute (NFE)**?

- i. Active NFE
- ii. Passive NFE

Please complete the controlling person self declaration on page 11

- iii. Direct reporting NFE

Please provide the NFE's GIIN

- iv. Sponsored Direct reporting NFE

Please provide the NFE's GIIN

CRS Classification

- i. Managed Investment Entity
- ii. Financial Institution - other than a Managed Investment Entity
- iii. Non-Reporting Financial Institution
- iv. Active NFE
- v. Passive NFE

Please complete the controlling person self declaration on page 11

Controlling persons* self declaration

* A controlling Person is a natural person who exercises control over an Entity who owns or controls more than 25% of the shares or voting rights in the Entity.

For Entities which have declared themselves as either of the below in the FATCA/CRS Classification section:

A Passive NFE, or

A Managed Entity tax residence in a jurisdiction that is not a Participating Jurisdiction, should provide details of the controlling persons:

Controlling Person 1:

Type of controlling person:	<input type="checkbox"/> Ownership	<input type="checkbox"/> Senior Managing Official	<input type="checkbox"/> Other means
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Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Telephone No:

Gender:

Email address:

Primary Residential address:

Address line 1:

Country of tax
residency:

Address line 2:

Tax residency
identifier no:

Address line 3:

Are you a US person? Yes No

Town:

Country of
Citizenship:

County:

Nationality:

Postcode:

Town of Birth:

Country:

Occupation:

Controlling Person 2:

Type of controlling person: Ownership Senior Managing Official Other means

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Telephone No:

Gender:

Email address:

Primary Residential address:

Address line 1:

Country of tax
residency:

Address line 2:

Tax residency
identifier no:

Address line 3:

Are you a US person? Yes No

Town:

Country of
Citizenship:

County:

Nationality:

Postcode:

Town of Birth:

Country:

Occupation:

Controlling Person 3:

Type of controlling person: Ownership Senior Managing Official Other means

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Telephone No:

Gender:

Email address:

Primary Residential address:

Address line 1:

Country of tax
residency:

Address line 2:

Tax residency
identifier no:

Address line 3:

Are you a US person? Yes No

Town:

Country of
Citizenship:

County:

Nationality:

Postcode:

Town of Birth:

Country:

Occupation:

Controlling Person 4:

Type of controlling person: Ownership Senior Managing Official Other means

Percentage of legal Trust owned: %

Title:

First name:

Middle name:

Surname:

Date of birth:

Telephone No:

Gender:

Email address:

Primary Residential address:

Address line 1:

Country of tax
residency:

Address line 2:

Tax residency
identifier no:

Address line 3:

Are you a US person? Yes No

Town:

Country of
Citizenship:

County:

Nationality:

Postcode:

Town of Birth:

Country:

Occupation:

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	<i>Please note that you may withdraw this consent at any time by notifying us in writing at our main business address.</i>
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Acceptance & Signature

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

Account Owner 1:

Or state capacity in which you are acting on:

Client name:

Casterbridge name:

Signature:

Casterbridge Signature:

Date:

Date:

Account Owner 2:

Or state capacity in which you are acting on:

Client name:

Signature:

Date:

Casterbridge

0800 644 4848

admin@casterbridgewealth.co.uk

Suite 4, Brewery House, 36 Milford Street, Salisbury, SP1 2AP