

# Casterbridge

## GIA & ISA 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

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****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

Temp

House No/name:

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

### 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.*

### 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, in-line with our terms & conditions 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 name:

Casterbridge Signature:

Date:

# Stocks and Shares ISA Application Form

Third Platform Services Limited - ISA Plan Manager (Z1888)

## Personal Details

Please complete **all** sections, including date of birth and National Insurance Number

Title:

First name:

Middle name:

Surname:

Date of birth:

National Insurance No:

You must provide a National Insurance number to apply for an ISA unless you are not eligible for one. You can check if you're eligible and apply online at [www.gov.uk/apply-national-insurance-number](https://www.gov.uk/apply-national-insurance-number)

Are you eligible for an NI number? If Yes, you must apply for an NI number and provide it before you complete your ISA application.

Yes

No

You can find your NI number: online in your HMRC account or App, in any documents you already have, e.g. a payslip, P45 or P60, at [www.gov.uk/find-national-insurance-number](https://www.gov.uk/find-national-insurance-number)

For your own benefit and protection you should read the Terms and Conditions of Third Platform Services Limited (the **'Terms and Conditions'**) which will form part of your agreement with us.

Nationality:

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

## Permanent Residential address:

House No/name:

Street name:

Town:

County:

Postcode:

Country:

Telephone No:

Email address:

## Signature & Declaration

I apply to subscribe for a Stocks & Shares ISA for tax year 2025/2026 and any subsequent year until further notice. **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/made payments, and will not subscribe/make payments, more than the overall subscription/payment limit in total to a cash ISA, a stocks and shares ISA, an innovative finance ISA, and a Lifetime ISA in the same tax year;
- I have not subscribed and will not subscribe to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA;
- I am resident in the United Kingdom for tax purposes or, if not so 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 Third Platform Services 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 understand that any money withdrawn from my ISA account cannot be reinvested in an ISA without counting as a new subscription;
- for my own benefit and protection I have been given the opportunity to read the Terms and Conditions carefully and have had any questions I had concerning them answered to my satisfaction;
- I agree to the Terms and Conditions; and
- I consent to my personal data being used in accordance with the Terms and Conditions.

### **I authorise Third Platform Services Limited:**

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash;
- to give effect to my instructions in accordance with the Terms and Conditions; and
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I declare that this application form has been completed to the best of my knowledge and belief. I will notify Third Platform Services without delay of changes to these particulars.

I appoint Casterbridge Wealth as Investment Advisor to my ISA portfolio.

Full name:  
(BLOCK CAPITALS)

Signature:

Date:

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

### Investment Adviser's Declaration

To be completed by your investment adviser

#### I confirm that

- I have verified the identity of all relevant parties referred to in this application;
- the information in this form was obtained by me in respect of the relevant parties;
- the evidence that I have obtained to verify the identity of the relevant parties can be produced on demand and meets the standard of evidence set out within the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group;
- if any individual referred to in this application has changed address within the last three months, I can provide evidence on demand;
- I have not verified the identity of the following parties referred to in this application because they are exempt from verification under applicable UK money laundering regulations

- this section is signed below by the person who has seen documentary evidence (which may include an electronic identity check).

Full name  
(BLOCK CAPITALS):

Position:

Financial Services  
Number:

Investment Adviser's  
Signature:

Contact Number:

Full name of  
regulated firm:

Date:

# Transfer Authority Form

Third Platform Services Limited - ISA Plan Manager (Z1888)

## Personal Details

Please complete all sections, including date of birth and National Insurance Number

Title:

First name:

Middle name:

Surname:

Date of birth:

National Insurance No:

You must provide a National Insurance number to apply for an ISA unless you are not eligible for one. You can check if you're eligible and apply online at [www.gov.uk/apply-national-insurance-number](https://www.gov.uk/apply-national-insurance-number)

Are you eligible for an NI number? If Yes, you must apply for an NI number and provide it before you complete your ISA application.

Yes

No

You can find your NI number: online in your HMRC account or App, in any documents you already have, e.g. a payslip, P45 or P60, at [www.gov.uk/find-national-insurance-number](https://www.gov.uk/find-national-insurance-number)

For your own benefit and protection you should read the Terms and Conditions of Third Platform Services Limited (the **'Terms and Conditions'**) which will form part of your agreement with us.

Nationality:

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

## Permanent Residential address:

House No/name:

Street name:

Town:

County:

Postcode:

Country:

Telephone No:

Email address:

**Declaration** *Please ensure you have read and agreed to this declaration before you transfer*

I authorise Third Platform Services Limited: (a) To hold my cash subscriptions, ISA investments, interest, dividends and other rights or proceeds in respect of those investments and any other cash (b) To make on my behalf any claims to relief from tax in respect of ISA investments. I have not subscribed, and will not subscribe more than the overall subscription limit in total to a Stocks & Shares ISA, a Cash ISA, Lifetime ISA and an Innovative Finance ISA in the same tax year. I declare that I am 18 years of age or over. For my own benefit and protection I have been given the opportunity to read the Terms and Conditions carefully and have had any questions I had concerning them answered to my satisfaction.

I agree to the Terms and Conditions.

**ISA Transfer Authority** *Please complete a separate transfer form for each ISA you wish to transfer*

ISA Company's Name:

Address:

Postcode:

ISA reference to be transferred:

Approx transfer value:

Full          Partial

Existing ISA type:                  Stocks & Shares                  Cash                  Innovative Finance                  Lifetime

Please transfer my entire ISA to the Third Platform Services Stocks & Shares ISA as:

Stock or          Cash          Subscriptions made in  
current tax year

I authorise you to transfer my investment(s) as stock if I have not ticked either the stock or cash option above. I authorise you to discuss this transfer with Third Platform Services by telephone and/or via correspondence sent to **'Third Platform Services Limited, 8th Floor, Centennium House, 100 Lower Thames Street, London, EC3R 6DL'**.

**I have read and agreed to the declaration above.**

Full name  
(BLOCK CAPITALS):

Signature:

Date:



# Casterbridge

0800 644 4848

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

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