

# Application form for Company investment This application form is for investment into the following Walker Crips plan: UK Step Down Kick-out Plan (CA102) The closing date for applications is 10 January 2025. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips. Applications can only be accepted if the financial adviser declaration is completed in section 8, and the appropriate FATCA Addendum is completed and submitted. FATCA Addendum forms can be found on our website or by calling 020 3100 8880. Funding the investment Please indicate how you will fund this investment I have attached a cheque made payable to 'Walker Crips Investment Management Limited'. I am making a bank transfer to the following bank details: Account Name Walker Crips Investment Management Ltd Bank HSBC Bank plc Sort code 40-05-30

#### Application sections

Reference

Account Number

### Please ensure all of the following sections are fully completed

1 Company details 5 Source of wealth

2 Signing authority 6 Financial advice and adviser charging

3 Bank details 7 Applicant declaration

40025232

I am using proceeds from a matured plan held with Walker Crips.

Investment details 8 Financial adviser declaration

#### Contact

## For any queries please contact:

Website www.wcgplc.co.uk/wcsi Email wcsi@wcgplc.co.uk Telephone 020 3100 8880 Fax 020 3100 8822

#### Address for all correspondence:

Walker Crips Structured Investments Old Change House

128 Queen Victoria Street

Please quote the Company Name and or the Walker Crips account number (if known)

London EC4V 4BJ

|   | y details<br>y a client of Walker Crips or have previously invested in<br>tments Plan please provide your account number: | a Walker Crips  |  |
|---|---|---|--|
| Name of company                               |   |   |  |
| Nature of business                            |   |   |  |
| Registered office                             |   |   |  |
|   |   |   |  |
|   | Postcode  | Telephone   |  |
| Registered<br>number                          |   |   |  |
| LEI:  |   |   |  |
| Primary Contact<br>Name and<br>Correspondence |   |   |  |
| address                                       |   |   |  |
|   | Postcode  | Email address   |  |
| Please provide<br>company's sho               | details of all company directors and all co<br>ares)  | mpany shareholders (i.e. those holding 25% or more of the |  |
| First   | Director Controlling shareholder (i.e. h  | olding 25% or more of the company's shares)               |  |
| Title (Mr/Mrs/Mi                              | ss/Other)   | Surname   |  |
| Full forenames                                |   |   |  |
| Permanent resid                               | ential address  |   |  |
|   |   | Postcode  |  |
| Telephone                                     |   | Date of birth   |  |
| Nationality                                   |   | Tax Identification Number eg National Insurance number    |  |
| Country of permanent residence                |   |   |  |
| Are you α US Pe                               | erson? Yes No   |   |  |
| Second  | Director Controlling shareholder (i.e. h  | olding 25% or more of the company's shares)               |  |
| Title (Mr/Mrs/Miss/Other)                     |   | Surname   |  |
| Full forenames                                |   |   |  |
| Permanent resid                               | ential address  |   |  |
|   |   | Postcode  |  |
| Telephone                                     |   | Date of birth   |  |
| Nationality                                   |   | Tax Identification Number eg National Insurance number    |  |
| Country of permanent residence                |   |   |  |
| Are you α US Pe                               | erson? Yes No   |   |  |

| Third Director Controlling shareholder (i.e. holding 25% or more of the company's shares)  |  |  |  |  |  |
|--|--|--|--|--|--|
| Title (Mr/Mrs/Miss/Other)  | Surname  |  |  |  |  |
| Full forenames   |  |  |  |  |  |
| Permanent residential address  |  |  |  |  |  |
|  | Postcode   |  |  |  |  |
| Telephone  | Date of birth  |  |  |  |  |
| Nationality  | Tax Identification Number eg National Insurance number |  |  |  |  |
| Country of permanent residence   |  |  |  |  |  |
| Are you a US Person? Yes No  |  |  |  |  |  |
| Fourth Director Controlling shareholder (i.e. holding 25% or more of the company's shares)   |  |  |  |  |  |
| Title (Mr/Mrs/Miss/Other)  | Surname  |  |  |  |  |
| Full forenames   |  |  |  |  |  |
| Permanent residential address  |  |  |  |  |  |
|  | Postcode   |  |  |  |  |
| Telephone  | Date of birth  |  |  |  |  |
| Nationality  | Tax Identification Number eg National Insurance number |  |  |  |  |
| Country of permanent residence   |  |  |  |  |  |
| Are you a US Person? Yes No  |  |  |  |  |  |
| 2. Signing authority   |  |  |  |  |  |
| Please stipulate the requisite signing authority:  |  |  |  |  |  |
| Any one Any two Other Please specify   |  |  |  |  |  |
| 1. Name  | Signature  |  |  |  |  |
| 2. Name  | Signature  |  |  |  |  |
| 3. Name  | Signature  |  |  |  |  |
| 4. Name  | Signature  |  |  |  |  |
| If you require more than four Authorised Signatories, please continue on a separate sheet of paper.  Where there is any change to the Authorised Signatories, please notify Walker Crips in writing giving the date of change at: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ.  Please note that we will be entitled to rely on the last list provided to us until we receive notification of an update. |  |  |  |  |  |

| 3. Bank details   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Please provide the details of your bank/building society accound during the investment term or following maturity:  | nt that you would like any payments to be mad                       | de into, either |  |  |  |
| Bank/Building<br>Society name   | Account name  |                 |  |  |  |
| Sort code   | Account number  |                 |  |  |  |
| Reference   |   |                 |  |  |  |
| 4. Investment details   |   |                 |  |  |  |
| New Investment  |   |                 |  |  |  |
| i. Total amount being sent (e.g. amount on cheque)  | £   |                 |  |  |  |
| ii. Adviser charge deducted (if any)  | £   |                 |  |  |  |
| iii. We apply to subscribe the following net investment amount  | f   | (min. £10,000)  |  |  |  |
| Investment using Maturity Proceeds  |   |                 |  |  |  |
| Matured Plan name   |   |                 |  |  |  |
| i. Total amount of our maturity proceeds Full amount  | (Please tick)   |                 |  |  |  |
| Partial amount  | f   |                 |  |  |  |
| ii. Adviser charge deducted (if any)  | f   |                 |  |  |  |
| iii. We apply to subscribe the following net investment amount  | f   | (min. £10,000)  |  |  |  |
| 5. Source of wealth   |   |                 |  |  |  |
| Value of company assets   | Source of company assets  |                 |  |  |  |
| Securities (including WCIM)   | Profits generated by business activity  Directors/shareholder loans |                 |  |  |  |
| Properties  |   |                 |  |  |  |
| Bank Balances   | Other (please specify):   |                 |  |  |  |
| Total Paid up Share Capital   |   |                 |  |  |  |
| Company Type  |   |                 |  |  |  |
| Private Ltd Company Public Ltd Company UK Regulated Company Charitable Company Other  |   |                 |  |  |  |
| Primary source of funds  Select the option that best describes where the funds you will t   | ransfer to Walker Crips originate from                              |                 |  |  |  |
| UK bank UK investment firm Transfer from an unregulated firm (UK or overseas) Overseas bank Overseas investment firm Internal transfer from existing Walker Crips account Other |   |                 |  |  |  |
|   |   |                 |  |  |  |

| 6. Financial advice and adviser charging   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| All applications must be submitted via a financial intermediary (e.g. an FCA regulated financial intermediary, investment manager or execution only broker). If you do not have a financial intermediary please contact us before submitting an application.             |  |  |  |  |  |  |
| I/we have <b>not</b> received financial advice and am making this investing I/we have received advice from a financial adviser   | tment on an execution only basis   |  |  |  |  |  |
| Firm name Ad   | viser name   |  |  |  |  |  |
| Have you paid the adviser charges?   |  |  |  |  |  |  |
| Yes, I/we have paid the adviser charges separately.  |  |  |  |  |  |  |
| No, I/we have not paid the adviser charges and would like you to prote that the maximum charge we are able to facilitate is 4% of y  | pay the amount detailed in section 4 to my/our financial adviser. Please your total investment.  |  |  |  |  |  |
| 7. Applicant declaration   |  |  |  |  |  |  |
| For your own benefit and protection, before signing this application form please ensure that you have been provided with the Key   | I/We authorise Walker Crips Investment Management Limited (WCIM):  |  |  |  |  |  |
| Information Document (KID) and have read the Plan brochure, including the risks associated with investment in the Plan and the Terms and Conditions under which the Plan will be managed.  | <ul> <li>to purchase, hold and administer the Plan on my/our behalf and<br/>in accordance with the Terms and Conditions of the Plan as set<br/>out in the Plan brochure;</li> </ul>  |  |  |  |  |  |
| If you require further information or if there is anything you do not understand, please speak to your financial adviser before signing this application form.   | <ul> <li>to accept instructions from and release any information in<br/>relation to my/our investment in the Plan to my/our financial<br/>adviser, as detailed in Section 6 and/or Section 8 of this</li> </ul>  |  |  |  |  |  |
| I/We declare that:   | application form.  |  |  |  |  |  |
| <ul> <li>I/We have received the KID and carefully read the Plan brochure<br/>and accept the Terms and Conditions under which the Plan will</li> </ul>  | Adviser charges By signing this application, I/we confirm that:  |  |  |  |  |  |
| <ul> <li>be managed;</li> <li>I/We have full power to invest in the Plan and have taken all necessary action to authorise the making of this application. The person(s) signing this application has full power and authority to do so on our behalf;</li> </ul>         | <ul> <li>where I/we have requested Walker Crips to facilitate payment of my/our adviser charge to my/our financial adviser, I/we instruct you to deduct the adviser charge as indicated in section 4 and pay the deducted amount to my/our financial adviser.</li> <li>my/our adviser has fully explained their charges to me/us and I/</li> </ul> |  |  |  |  |  |
| <ul> <li>I/We are not, and am/are not acting on behalf of a resident of the United States or a US Person(s) and we will not assist any such person to acquire investment within the Plan;</li> <li>I/We will inform Walker Crips immediately if I/we become a</li> </ul> | we understand that, should I/we exercise my/our cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me/us. I/We will need to contact my/our financial adviser regarding any refund   |  |  |  |  |  |
| resident of the United States or a US Person;  • I/We agree to inform Walker Crips immediately should there be any change in the company's residence for tax purposes;   | <ul> <li>I/we understand that WCIM is simply facilitating adviser charges<br/>and any queries regarding these payments will need to be<br/>discussed with my financial adviser.</li> </ul>   |  |  |  |  |  |
| <ul> <li>the application form and this declaration have been completed<br/>to the best of my/our knowledge and belief and the information<br/>provided is true and complete.</li> </ul>  |  |  |  |  |  |  |
| Signed<br>Authorised<br>Signatory  | Signed<br>Authorised<br>Signatory  |  |  |  |  |  |
| Print name   | Print name   |  |  |  |  |  |
| Date   | Date   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signed<br>Authorised<br>Signatory  | Signed<br>Authorised<br>Signatory  |  |  |  |  |  |
| Print name   | Print name   |  |  |  |  |  |
| Date   | Date   |  |  |  |  |  |



# Applications must be submitted via a financial adviser

| 3. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)  |   |  |  |  |
|--|---|--|--|--|
| Target Market  |   |  |  |  |
| Under Product Governance rules we are required to provide particular di  | stribution information to the Issuer.                                 |  |  |  |
| Please confirm the following in meeting distributor obligations:   |   |  |  |  |
| Does the investor fall within the Target Market for which the Plan has Yes    No   | s been designed?  |  |  |  |
| If no, please outline your rationale for submitting an application on beginning to the submitting and application on beginning to the submitted to | pehalf of an investor falling outside the Target Market               |  |  |  |
|  |   |  |  |  |
| It is important to recognise and support vulnerable clients. If you know our records.  | your client is vulnerable, please tick this box so that we can update |  |  |  |
| Declaration  |   |  |  |  |
| In submitting this application on behalf of the investor, I declare that:  |   |  |  |  |
| • I acknowledge and understand the target market for whom the Plan applied for has been designed;  |   |  |  |  |
| • The Plan is compatible with the needs, characteristics and objectives  | s of the investor;  |  |  |  |
| $\bullet  \  \  I$ have provided the investor with the Key Information Document and  | d Plan brochure;  |  |  |  |
| • Where I have provided the investor with a personal recommendation, I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9;   |   |  |  |  |
| • Where the investor is making a non-advised investment, I confirm that I have assessed the appropriateness of this product in relation to the investor's investment knowledge and experience in accordance with COBS 10;  |   |  |  |  |
| <ul> <li>This application form has been completed to the best of my knowled<br/>applicable, to the investor(s);</li> </ul>   | dge and belief and I have fully disclosed any adviser charge, if      |  |  |  |
| <ul> <li>I understand that any adviser charge facilitated by Walker Crips will be paid after the start date of the Plan, subject to a fully completed<br/>Terms of Business agreement being in place;</li> </ul>   |   |  |  |  |
|  |   |  |  |  |
| Company name   | Adviser signature   |  |  |  |
| Adviser name   |   |  |  |  |
| Address or adviser company stamp   |   |  |  |  |
|  | Contact number  |  |  |  |
|  | FCA number  |  |  |  |
| Postcode   | Email   |  |  |  |