Application form for Company investment

This application form is for investment into the following **Walker Crips** plan:

UK Fixed Income Plan (CT125)

The closing date for applications is 14 February 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'.

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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		
Account Number	40025232		
Reference	Please quote the Company Name and or the Walker Crips account number (if known)		
I am using proceeds from a matured plan held with Walker Crips.			

Application sections

Please ensure all of the following sections are fully completed

- 1 Company details
- 2 Signing authority
- 3 Bank details
- 4 Investment details

7 Applicant declaration8 Financial adviser declaration

Financial advice and adviser charging

Source of wealth

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 London EC4V 4BJ

	y details ly a client of Walker Crips or have previously invested in stments Plan please provide your account number:	n a Walker Crips
Name of		
company Nature of business		
Registered		
once		
	Postcode	Telephone
Registered number		
LEI:		
Primary Contact Name and		
Correspondence address		
	Postcode	Email address
		mpany shareholders (i.e. those holding 25% or more of the
company's sha		
First	Director Controlling shareholder (i.e. h	nolding 25% or more of the company's shares)
Title (Mr/Mrs/Mi	iss/Other)	Surname
Full forenames		
Permanent resid	lential address	
		Postcode
Telephone		Date of birth
Nationality		Tax Identification Number eg National Insurance number
Country of perm	nanent residence	
Are you a US Pe	erson? Yes No	
Second	Director Controlling shareholder (i.e. h	olding 25% or more of the company's shares)
Title (Mr/Mrs/Mi	iss/Other)	Surname
Full forenames		
Permanent resid	lential address	
		Postcode
Telephone		Date of birth
Nationality		Tax Identification Number eg National Insurance number
Country of perm	nanent residence	
Are you a US Pe	erson? Yes No	

Page 2 of 7 \mid Application for Company investment

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. hold	ding 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 Where there is any change to the Authorised Signatories, please notify W Structured Investments, Old Change House, 128 Queen Victoria Street, Lo Please note that we will be entitled to rely on the last list provided to us u	alker Crips in writing giving the date of change at: Walker Crips andon EC4V 4BJ.		

3. Bank details			
Please provide the details of your bank/building society account that you would like any payments to be made into, either during the investment term or following maturity.			
Please indicate how you would prefer your income to be distributed:			
Retain the income in my/our Walker Crips Account Pay	the income into the bank account as deta	iled below	
Bank/Building Account name			
Society name Sort code Account number			
Reference			
4. Investment details			
New Investment			
i. Total amount being sent (e.g. amount on cheque)	f		
ii. Adviser charge deducted (if any)	f		
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

ii. Adviser charge deducted (if any)	£
iii. We apply to subscribe the following net investment amount	£

(Please tick)	
£	
£	
£	(min. £10,000)

5. Source of wealth	
Value of company assets	Source of company assets
Securities (including WCIM)	Profits generated by business activityDirectors/shareholder loans
Properties	Bank loans and/or other loans
Bank Balances	Other (please specify):
Total Paid up Share Capital	
	UK Regulated Company
Primary source of funds	
Select the option that best describes where the funds you	will transfer to Walker Crips originate from
UK bank UK investment firm	Transfer from an unregulated firm (UK or overseas)
Overseas bank Overseas investment firm	
Other	
6. Financial advice and adviser charging	
All applications must be submitted via a financial intermediary execution only broker). If you do not have a financial intermedi	(e.g. an FCA regulated financial intermediary, investment manager or iary please contact us before submitting an application.
I/we have not received financial advice and am making this in	vestment on an execution only basis
I/we have received advice from a financial adviser	
Firm name	Adviser 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 note that the maximum charge we are able to facilitate is 4%	to pay the amount detailed in section 4 to my/our financial adviser. Please of 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 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.

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.

I/We declare that:

- I/We have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed;
- 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;
- 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;
- I/We will inform Walker Crips immediately if I/we become a 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;
- the application form and this declaration have been completed to the best of my/our knowledge and belief and the information provided is true and complete.

I/We authorise Walker Crips Investment Management Limited (WCIM):

- to purchase, hold and administer the Plan on my/our behalf and in accordance with the Terms and Conditions of the Plan as set out in the Plan brochure;
- to accept instructions from and release any information in relation to my/our investment in the Plan to my/our financial adviser, as detailed in Section 6 and/or Section 8 of this application form.

Adviser charges

By signing this application, I/we confirm that:

- 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.
- my/our adviser has fully explained their charges to me/us and I/ 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
- I/we understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Signed Authorised Signatory	Signed Authorised Signatory	
Print name	Print name	
Date	Date	
Signed Authorised Signatory	Signed Authorised Signatory	
Print name	Print name	
Date	Date	

Applications must be submitted via a financial adviser

ALKERCRIPS

8. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)

Target Market

Under Product Governance rules we are required to provide particular distribution 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 been designed?

Yes No

• If no, please outline your rationale for submitting an application on behalf of an investor falling outside the Target Market

It is important to recognise and support vulnerable clients. If you know your client is vulnerable, please tick this box 🗌 so that we can update our records.

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 of the investor;
- I have provided the investor with the Key Information Document and 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;
- This application form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s);
- 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 Terms of Business agreement being in place;
- I have retained a completed Identity Verification Certificate (IDVC) and documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of The Money Laundering Regulations and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request.

Company name	Adviser signature
Adviser name	
Address or adviser company stamp	
	Contact number
	FCA number
Postcode	Email

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ | 020 3100 8880 | wcsi@wcgplc.co.uk | walkercrips.co.uk/wcsi Walker Crips Structured Investments is a trading name of Walker Crips Investment Management Limited which is authorised and regulated by the Financial Conduct Authority and is a member of the London Stock Exchange. Registered in England number 4774117.