

Application form for Direct investment and/or Stocks & Shares ISA investment						
This	This application form is for investment into the following Walker Crips plans:					
	Annual Growth Plan Issue 56 (Kick-out)					
	7					
	Annual Kick-out Plan (UK) Issue 3					
	Step Down Kick-out Plan (UK) Issue 4					
	Semi-Annual Step Down Kick-out Plan Issue 6					
The closing date for applications is Friday 9 February 2018.						
If you wish to invest into more than one plan, please use a separate application form for each plan. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.						
Funding the investment						
Pled	ıse indicαte how you will fu	and this investment				
	I have attached a cheque	e made payable to 'Walker Crips Stockbrokers Limited'				
	I am making a bank trans	sfer to the following bank details				
	Account Name	Walker Crips Stockbrokers Limited				
	Bank Sort code	HSBC Bank PLC 40-05-30				
	Account Number	40025232				
	Reference	Please quote your surname and/or Walker Crips account number (if known)				
	I am using proceeds from	n a matured plan held with Walker Crips				
App	lication sections					
Please ensure all of the following sections are fully completed						
1	Personal details					
2	Bank details					
3	Investment selection					
4	Investment details					
5	Financial advice and advise	r charging				
6	Applicant declaration					
7	Financial adviser declaratio	n				

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

1. Personal details						
If you are already a client of Walker Crips or have previously invested in a Walker Crips Structured Investments Plan please provide your account number:						
First applicant						
Title (Mr/Mrs/Miss/Other)	Surname					
Full forenames						
Permanent residential address						
	Post code					
Date of birth	Telephone					
Nationality	Email address					
Country of birth	Place of birth					
Yes No Are you resident in the UK for tax purposes?						
If yes, please provide your National Insurance Number						
If no, please note that this Plan is open to individuals who are resident advice on any alternative options available to you.	in the UK for tax purposes only. Please speak to your financial adviser for					
Additional country(ies) of tax residency and Tax Identification Number						
Country Country	TIN TIN					
Yes No						
Are you α US Person?						
If yes, please note that this Plan is not offered to US Persons. Please speak to your financial adviser for advice on any alternative options available to you.						
Joint applicant (for direct investments ONLY)						
Title (Mr/Mrs/Miss/Other)	Surname					
Full forenames						
Nationality	Date of birth					
Country of birth	Place of birth					
Yes No Are you resident in the UK for tax purposes?						
If yes, please provide your National Insurance Number						
If no, please note that this Plan is open to individuals who are resident in the UK for tax purposes only. Please speak to your financial adviser for advice on any alternative options available to you.						
Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)						
Country	TIN					
Country	TIN					
Yes No						
Are you α US Person?						
If yes, please note that this Plan is not offered to US Persons. Please speak to your financial adviser for advice on any alternative options available						

2. Bank details						
Please provide details of your bank/building society account into which you would like any payments to be made, either during the investment term or following maturity:						
Society name	account name					
3. Investment selection						
Please select the Plan you wish to invest into. If you wish to invest into more than one plan, please use a separate application form for each plan.						
Annual Growth Plan Issue 56 (Kick-out)	Step Down Kick-out Plan (UK) Issue 4					
Annual Kick-out Plan (UK) Issue 3	Semi-Annual Step Down Kick-out Plan Is	ssue 6				
4. Investment details						
New Investment						
Direct Investment						
i. Total amount being sent (e.g. amount on cheque)	f					
ii. Adviser charge deducted (if any)	f					
iii. I/We apply to subscribe the following net investment amount	f	(min. £10,000)				
2017/18 Stocks & Shares ISA Investment		1				
i. Total amount being sent (e.g. amount on cheque)	£					
ii. Adviser charge deducted (if any)	f					
iii. I apply to subscribe the following amount to a Stocks & Shares ISA Investment for the tax year 2017/18	f	(min. £10,000 max. £20,000)				
Source of funds for new investment						
Please confirm the source of the funds to be invested in the Plan (e.g. employment, savings, pension inheritance, gift, divorce settlement, property sale, loan, share sale)						
Investment using Maturity Proceeds						
Matured Plan name						
Is the matured Plan a Direct or Stocks & Shares ISA						
i. Total amount of my/our maturity proceeds Full amount (Please tick)						
Partial amount	f					
ii. Adviser charge deducted (if any)	f					
iii. I/We apply to subscribe the following net investment amount	f	(min. £10,000)				
If you wish to fund your 2017/18 Stocks & Shares ISA subscription with proceeds from a matured (non ISA) plan, please tick this box and complete your subscription by indicating the amount in the section above: 'New Investment - 2017/18 Stocks & Shares ISA Investment'.						

5. Financial advice and adviser charging					
Firm name Adv	riser 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 pa note that the maximum charge we are able to facilitate is 4% of you	y the amount detailed in section 4 to my/our financial adviser. Please ur total investment.				
6. 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.	the same tax year. I have not subscribed, and will not subscribe, to another Stocks and Shares ISA in the same 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 The				
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.	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 WCSB if I cease to be so resident or to perform such duties or be married to, or in a civil				
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; 	partnership with, a person who performs such duties; • I understand that this ISA is subject to the terms and conditions				
 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 	within the brochure and agree thereto. I authorise WCSB as Plan Manager to:				
person to acquire investment within the Plan;	 make on my behalf any claims to relief from tax in respect of ISA Investments; 				
 I/We will inform Walker Crips immediately if I/we become a resident of the United States or a US Person; 	• to hold, or on my written request, transfer or pay to me, as the				
 I/We agree to inform Walker Crips immediately should there be any change in my/our residence for tax purposes; 	case may be, my cash subscriptions, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.				
 the application form and this declaration have been completed to the best of my/our knowledge and belief and the information 	Adviser charges				
provided is true and complete.	By signing this application, I/we confirm that:				
 I/We authorise Walker Crips Stockbrokers Limited (WCSB): 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; 	 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 5 and pay the deducted amount to my/our financial adviser. 				
• 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 5 and/or Section 7 of this application form.	 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, WCSB will not return any adviser charges to me/us. I/We will need to contact my/our financial 				
If I have subscribed to an ISA I confirm that:	adviser regarding any refund				
 I am 18 years of age or over. All subscriptions made, and to be made, belong to me; I have not subscribed, and will not subscribe, more that the overall 	• I/we understand that WCSB is simply facilitating adviser charges and any queries regarding these payments will need to be discussed				
subscription limit in total to any combinations of permitted ISAs in	with my financial adviser.				
First applicant	Joint applicant				
Signature	Signature				

Date

Date

Applications must be submitted via a financial adviser

7. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)					
Decision-maker details					
Please confirm the individual who made the decision to invest in this Plan:					
First applicant	Joint applicant				
Other (e.g. Power of Attorney)					
If you ticked other please provide the following details :					
Full Name (Forename(s) and Surname)					
Date of Birth	Nationality				
Tax Identification Number (e.g. National Insurance Number)					
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 be	pehalf of an investor falling outside the Target Market				
Declaration					
In submitting this application on behalf of the investor, I declare that:					
 I acknowledge and understand the target market for whom the Plan the Plan is compatible with the needs, characteristics and objectives 					
 the Plan is compatible with the needs, characteristics and objectives to I have provided the investor with the KID and Plan brochure; 	of the investor,				
 I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9; 					
 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 Regulation 17 of The Money Laundering Regulations 2007 and that the IDVC and relevant supporting documents will be provided on request.					
Company name	Adviser signature				
Adviser name					
Address or adviser company stamp					
	Contact number				
Postcode	FCA number				

