



Fox-Davies

FOX-DAVIES CAPITAL LIMITED INSTITUTIONAL CUSTOMER INFORMATION FORM

Please read this Application Form carefully. This Application Form, together with our Terms of Business and Schedule of Charges, will constitute a legal agreement between you and Fox-Davies Capital Limited. Please complete this Application Form and provide the documents listed in Appendix A. If you are unsure about how to complete any section of this form, please contact us.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

ENTITY DETAILS

Full Entity Name

Legal Entity Identifier (LEI) Number (required in order to trade)

Company Registration Number

Country of Incorporation

Date of Incorporation

Tax Information Number

Registered Address

Address 1

Address 2

Address 3

Post Code

Country

Tel No.

Email

Website

Mailing Address (if different)

Address 1

Address 2

Address 3

Post Code

Country

ENTITY INFORMATION

Company type and nature of business
(please tick all that apply)

Plc	Broker/ Dealer	Pension Fund
Ltd	Asset Manager	Hedge Fund
LLP	Institutional Investor	Private Investor
Partnership	Insurance Company	Other (provide details below)
Trust	Bank	

Is the company listed on a regulated stock exchange? Yes No

If yes, name of exchange

Is the company regulated Yes No

If yes, name of regulator

If yes, regulation number

Do you meet any of the following requirements?
(please tick all that apply)

Balance sheet total of at least EUR 20,000,000

Net turnover of at least EUR 40,000,000 Own

funds of at least EUR 2,000,000

Note: If two or more requirement are met, you will be classified as a Per Se Professional Client unless advised otherwise.

Please provide details of any beneficial owners/shareholders who hold >10% of the company's shares.

Name	Shareholding %

Note: If more than 5 ultimate beneficial owners above 10% each, please copy this page.

Relevant Experience

Indicate your level of investment knowledge and experience by selecting the appropriate box below.

Market professional

Very experienced (more than 5 years as an active advisory or execution only client)

Fairly experienced (more than 1 year but less than 5 years as an active advisory/execution only client or more than 5 years as a discretionary client)

Some experience (less than 1 year as an active advisory or execution only client or less than 5 years as a discretionary client)

No experience

Relevant Investments

Please indicate the type of investments you are familiar with and the nature, volume and frequency of your transactions.

Transaction value	Trading frequency	Investment type
below £10,000	Never	Equities
£10,000 --- £30,000	Infrequently (less than annually)	Warrants
above £30,000	Occasionally (annually)	Bonds
	Quite frequently (more frequent than annually but less than monthly)	CFDs
	Frequently (monthly)	Other

Financial Information

Please give the estimated value of:

Property

Outstanding Mortgage

Investments

Equities

Bonds

Investment and Unit Trusts

Other

Outstanding Loans
other than mortgages show above

Capital sum currently available for investment

Financial Details

Annual income

Main sources of regular income

Surplus net annual income available for investment

Please provide bank details of the account to be used for settlement of your account. We can only accept payments in the name of the account holder.

BANK DETAILS FOR PAYMENT REQUESTS*

Name of Bank

Bank Address

Account Name**

U.K Account

Account Number

Sort Code

OR

Non-U.K. Account

Account Number

IBAN

SWIFT

ACH Routing
Number (US only)

* These instructions are for you, the client, in the event that you wish Fox-Davies Capital Limited to remit funds to you.

** Must be in the name of the applicant(s).

ACCOUNT DETAILS

Please select desired products and markets for the account:

<u>Products</u>	Equities	Warrants	Bonds	CFDs
<u>Market Coverage</u>	U.K.	Europe	US/Canada	Other (describe)

Main account currency

AUTHORISED DEALERS

The following persons are employees of the company and are hereby authorised by the company to execute trades on our behalf:

Name	Position	Email	Telephone Number

BOARD RESOLUTION

We certify that at a meeting of the directors of (insert company name)

whose registered office is at (insert registered office address)

held on (insert date of meeting) , the following resolutions were passed:

1. That Fox-Davies Capital Limited is hereby requested and authorised to open for the company such account(s) as may now or from time to time be considered appropriate for purposes of transacting and subscribing to the services and products of Fox-Davies Capital Limited according to the relevant terms and conditions;
2. That the director(s) that sign the application form are hereby authorised to do so for and on behalf of the company, do all acts, execute all documents and perform and enter into all agreements necessary or convenient for the purposes of opening and/or operating the account; and
3. That the person(s) named as Authorised Dealers in this application form and any additional person(s) so indicated are hereby authorised to give instruction in relation to the account(s).

POLITICALLY EXPOSED PERSONS

Is any Director or Ultimate Beneficial Owner a Politically Exposed Person (someone who has been entrusted with a prominent public function)?

YES

NO

If yes, please provide further details

Is any Director or Ultimate Beneficial Owner a Relative (including a spouse, partner, children and their spouses or partners and parents) or Close Associate (including any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations) of a Politically Exposed person?

YES

NO

If yes, please provide further details

To be completed by Trust Clients Only

For Trust Accounts

Name of Trust	<hr/>
Trustees	<hr/> <hr/> <hr/> <hr/> <hr/>
Beneficiaries	<hr/> <hr/> <hr/> <hr/>
Protector	<hr/>
Nature & Purpose	<hr/>
Settlor	<hr/>
Source of funds	<hr/>
Persons authorised to place orders	<hr/> <hr/>

Specific Instructions

Please provide any investment restrictions or specific requirements:

IDENTITY VERIFICATION

We are required by law to confirm the identities and addresses of directors and ultimate beneficial owners. By submitting this application, you authorise us to make searches at credit reference agencies who will supply us with information, including information from the Electoral Register, for the purpose of verifying the identities of directors and ultimate beneficial owners.

Please provide the documents outlined in Appendix A – Verification Documents.

We reserve the right to make any additional enquiries considered necessary to confirm each applicant's identity.

I/we confirm

CUSTODIAN AUTHORISATION

I authorise Jarvis Investment Management Ltd (Jarvis) as custodian for Fox-Davies Capital Ltd :

- To hold my cash subscription, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- To make on my behalf any claims to relief from tax in respect of investments

I confirm that the information given is correct to the best of my knowledge and authorise Jarvis to make any credit reference and enquiries in connection with this application. I have read, understood, and agree to be bound by the Terms and Conditions of the service and have read, understood, and agree to the Risk Warning Notice.

I/we confirm

DATA PROTECTION

A copy of the firm's Data Protection Policy is enclosed with the Terms of Business and can also be found on our website, www.fox-davies.com. In order to develop and enhance our service to you we would like to be able to inform you of new products and services, including those of other organisations not connected with Fox-Davies Capital Limited, where we consider that they may be of interest or benefit to you. We will never pass your details on to third parties for them to contact you directly. If you consent to this, please indicate your agreement by ticking the "Yes" box below. You may of course withdraw your consent at any time by giving notice in writing to the firm.

I/we agree that you may contact me/us about your other products and services:

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper (for example, by email).

If you do not consent to us providing information to you electronically, we will be unable to offer you an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

- I hereby consent to receive information from Fox-Davies Capital Limited via email, PDF document or by any other durable medium that is not paper
- I hereby consent to receive information not personally addressed to me via the websites that you provide me notice of

I/ we accept

CLIENT CLASSIFICATION

Fox-Davies Capital Limited (FDC) has classified you as a Professional Client for all regulated business. Please advise us in the event that you wish to be otherwise re-classified.

I/we agree to my/our classification as a Professional Client:

TRANSACTION REPORTING

We confirm that, for any trades we have executed, we will make a transaction report to FCA in accordance with their Rules, or to the relevant authority and that we will include an appropriate client identifier relating to you. Any reports we make to the FCA will be made via an Approved Reporting Mechanism.

DECLARATION

1. I/we undertake to notify Fox-Davies Capital Limited promptly of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide an updated declaration within 30 days of such a change in circumstances.
2. I/we am/are aware that in certain circumstances Fox-Davies Capital Limited may be obliged to share this information with UK tax authorities who may pass it on to other tax authorities.
3. I/we declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
4. I/we have read and understood the nature and the risk of the product(s) that I intended to trade in this account.
5. I/we act in my/our name(s) as specified on this application form and not on behalf of another party in respect of all matters related to this account. Accordingly, all funds to be deposited and transacted on the account are my own funds.
6. I/we have received or obtained from Fox-Davies Capital Limited's website (www.fox-davies.com), read and understood the following:
 - a. Terms of Business
 - b. Order Execution Policy
 - c. Data Protection Policy
 - d. Schedule of Charges
 - e. Risk Warning Notice
7. I/we accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me by way of posting on Fox-Davies Capital Limited Website (www.fox-davies.com)
8. I/we confirm that FDC may execute my/our order(s) outside an EU regulated market or multilateral trading facility.
9. I/we confirm that where I/we place a limit order in respect of listed shares, that you are not able to immediately execute under prevailing market conditions you will not, unless instructed to the contrary, publish the order or any part of it.
10. I/we warrant that we have full power and authority to open and operate the account in accordance with the above resolutions, the company's articles and memorandum of association and any other constitutional documents and without breach of any law, restriction or obligation binding on the company.

Signature

Name

Date

APPENDIX A

Verification Documents

Additional information to be provided according to the type of account

Requirement	Corporate	Partnership	Pension	Trust
Client Notice	✓	✓	✓	✓
Articles of Association.	✓			
Certificate of Incorporation or Registration	✓	✓		
Latest audited financial statements.	✓			
Proof of identity			✓	
Directors/Partners/Managers/Trustees	✓	✓	✓	✓
Identity of Beneficial owner (>10%)	✓	✓	✓	✓
Identity of any Controller or Protector	✓	✓	✓	✓
Partnership agreement		✓		
Trust Deed or equivalent			✓	✓
Pension Fund Administration agreement			✓	
HMRC certificate			✓	
Authorised signatory list	✓	✓	✓	✓

Proof of identity

- Corporate/partnership – for 2 directors/partners, certified* copy of passport or national identity card and proof of address (e.g. utility bill, bank statement etc). Documents must be certified for non UK applicants.
- Trusts – required for the trustees (see individual/joint). Documents must be certified for non UK persons.

Beneficial Owners

- Identity of any beneficial owner with share holding of 10% or more – for individuals we require the same proof of identity as noted above. Should it be an unregulated/unlisted corporate entity, we require share register/certificates extract until we reach the ultimate beneficial owners. Documents must be certified for non UK persons.

Controllers and Protectors (any other person of influence not otherwise named)

- Identity of any controller or protector – proof of identity required (see individual/joint). Documents must be certified for non UK persons.

Further information may be requested depending upon the information initially provided, type and jurisdiction of the client.

*See Appendix B for certification details.

APPENDIX B

Identity Verification

If you are a known Client/Person to Fox-Davies Capital Limited, documentation may be e-certified by video call with Fox-Davies Capital Limited or other method acceptable to Fox-Davies Capital Limited.

Otherwise, see the below table for acceptable certifiers for identification documentation:

Director, Officer or Manager of a regulated financial services business	Local Councillor
Approved Financial Professional	Lawyer
Member of Parliament (MP)	Civil servant (permanent)
Magistrate	Chartered Accountant
	Post Office - PostMaste (UK)

The required wording for certification on each photographic identification must be:

“Certified to be a true likeness and copy of the original seen by me”

The required wording for certification for non-photographic identification must be:

“Certified to be a true copy of the original seen by me”

Accompanying the above wording should clearly state the following details of the certifier:

Name	Address
Date of certification	Contact details
Position held	Official stamp of their office (if possible)
Signature	

All certifications must be dated within 3 months of the application and we cannot accept a certified copy of a copy.

NB: SELF CERTIFICATION IS NOT PERMITTED IN ANY CIRCUMSTANCES