

PERSONALISED PORTFOLIO APPLICATION

Client information form

Personal / Company Accounts

This section should be completed for private client and company accounts only.

Please complete in BLOCK CAPITALS. The information will enable us to provide the investment service required. Additional information will be required under the Money Laundering Regulations.

■ Personal Details

Full name

Full title of account (if a company)

Permanent residential address

Postcode

Telephone no. (Home)

Telephone no. (Business)

E-mail address

Date of birth

Town of birth

Country of birth

Nationality

National Insurance / Pension no. / Tax Identification no (TIN)

Please tick if you are resident in the UK for Tax purposes Country of tax residence (if not UK)

■ If this is a joint account please complete the following details of the second holder

Full name of the second account holder

Permanent residential address

Postcode

Telephone no. (Home)

Facsimile no.

Date of birth

Town of birth

Country of birth

Nationality

National Insurance / Pension no. / Tax Identification no (TIN)

Please tick if you are resident in the UK for Tax purposes County of tax residence (if not UK)

■ Bank Details

Name of bank

Full postal address

Postcode

Account name

Account no.

IBAN no.

Swift code

Income is accumulated on a separate interest bearing account from which payments can be made to your bank. Please tick the appropriate box to indicate your income requirement.

Monthly payments of income received

Income to be transferred to the capital account every six months

Equal monthly payments based on forecast income

Quarterly payments of total income received

Income to be retained on the income account

We recommend that your financial year-end summary is sent direct to your accountant or solicitor, who deals with your tax affairs, and if you agree please enter their details below.

Name

Address

Postcode

■ Financial Background

To help us ensure that your portfolio allocation will be suitable please complete the details below. We will, of course discuss this information with you on a regular basis, but if your financial circumstances change it is important that you inform us immediately. This information will be treated in confidence and will only be divulged to other parties in accordance with our Terms and Conditions.

Marital status Single Married Divorced Widowed Number of dependents

Employment Status Employed Self-employed Retired Not Working

Name and address

of employer

Occupation

Anticipated retirement date

Level of annual income \$0-\$25,000 \$25,000 - \$50,000 \$50,000-\$100,000 over \$100,000

Pension £ _____

Other Income £ _____

Assets held

Main Residence £ _____

Investments £ _____

Bank/building society deposits £ _____

Other £ _____

Financial commitments

Outstanding mortgage £ _____

Other loans £ _____

Other £ _____

■ Funds for Investment

Amount to be invested US\$ _____

Source: Existing/Investments Employment/Savings Family/Inheritance Sale of business

Other (please specify) _____

DPMS 011106

■ Investment Object and Attitude to Risk

Please indicate your investment object by ticking ONE of the boxes.

- | | | | |
|--------------------------|---|--------------------------|---------|
| <input type="checkbox"/> | Capital growth of primary importance | <input type="checkbox"/> | Low |
| <input type="checkbox"/> | Balance of income and capital growth* | <input type="checkbox"/> | Medium* |
| <input type="checkbox"/> | Income of primary importance | <input type="checkbox"/> | High |
| <input type="checkbox"/> | Specialised objectives resulting from particular circumstances which should be discussed and agreed with your investment manager. | | |

Please indicate your attitude to risk by ticking ONE of the boxes.

*We will assume these choices apply if this information is not provided. Please note that these objectives and risk profiles apply to the portfolio as a whole

■ Investment Restrictions

If you wish to exclude certain investments and / or asset classes, please specify them below. If you do not complete this section, we will assume that no investment restrictions or limits apply. The imposition of specific restrictions means that we may be unable to implement all our recommendations.

Please tick category and specify your restrictions

- | | | |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | Specific Shares | _____ |
| <input type="checkbox"/> | Geographic areas | _____ |
| <input type="checkbox"/> | Industry Specific | _____ |
| <input type="checkbox"/> | Alternative Assets | _____ |
| <input type="checkbox"/> | Other | _____ |

Please discuss any Socially Responsible Investment policy with your investment manager. Please be aware that this policy can exclude large sections of the stock market and will often exclude all retail banks. An additional fee may be charged.

■ Agent Details

This section should be completed if you wish to delegate authority to a third party.

I/We have appointed _____

Address _____

Postcode _____

To receive information, such as on-line access (recommended). By ticking this box all correspondence will be sent to your agent.

To undertake transactions. By ticking this box I hereby authorize you to act on any instruction consent or information given by the above with respect to my/our portfolio.

This section is only applicable to the clients of intermediaries.

Please pay our Financial Adviser named below the sum of * £ / % from this initial sum available for investments. This initial sum will include any transfers made in to this portfolio for a period of up to six months from the date of the agreement. After this period any subsequent payments will be made on receipt of a further signed request.

(*Please delete where applicable)

■ Introducing agent's details

Name of introducing company

Agent's address (or Stamp)

Consultant's name

Telephone no.

E-mail address

Unless instructed to the contrary we will send copies of all documentation (e.g. contract notes, valuation etc.) to the above introducing agent.

■ Client(s) Signature

I/We confirm the payment of the above amount.

Signature _____

Date _____

Signature _____

Date _____

■ Financial Adviser's Signature

I confirm and request the payment of the above amount.

Signature _____

Date _____