

Please complete this form in black ink and in BLOCK CAPITALS. In addition please ensure you have read and understood the Fyshe Horton Finney Ltd Terms and Conditions before completing this form.

Client Ref. No: _____

Section A - Account Type (please tick one service only) To be read in conjunction with our current Terms and Conditions.

- Execution Only:
 Advisory:
 Managed Advisory:
 Discretionary:

You are the investment manager and you make your own investment decisions, using Fyshe Horton Finney Ltd to execute your orders.

You are the investment manager, using Fyshe Horton Finney Ltd to advise you on particular stocks as you require.

Fyshe Horton Finney Ltd is the investment manager of the portfolio, providing advice to you on suitable stocks to meet your investment needs.

Fyshe Horton Finney Ltd is the investment manager of the portfolio, using its sole discretion to create a portfolio suitable for your investment requirements as stipulated by you from time to time.

Section B - Account Details

Name in which account is to be held: _____

Name of Trust: _____

Contact Tel. No: (Day) + (0) _____

Contact Tel. No: (Eve) + (0) _____

Mobile: + (0) _____ Fax: + (0) _____

Email Address: _____

Correspondence address: _____

Postcode: _____

Section C - Trustee Details

Although you may name up to four Trustees as account holders, please nominate only one person to be authorised to deal on behalf of the Trust.

First Named Trustee (Authorised to Deal on behalf of the Trust)

Title: (Mr, Mrs, Miss, Other) _____

If other, please indicate Male/ Female: _____

Forename(s) in full: _____

Surname: _____

Previous Names: (if any) _____

Nationality: _____

Date of birth: (dd/mm/yyyy) _____

National Insurance Number: _____

Full Permanent Residential Address: _____

(‘Care Of’ or ‘PO Box’ number not acceptable)

Postcode: _____

Time at current address: Years Months

Previous address: _____

(if less than 3 years in current address)

Postcode: _____

Contact Tel. No: (within UK working hours) + (0) _____

Contact Tel. No: (outside UK working hours) + (0) _____

Mobile: + (0) _____ Fax: + (0) _____

Email Address: _____

At what level would you consider your overall investment expertise?

- Professional Investor* Experienced Investor
 Inexperienced Investor

*Professional Investors should note that they may lose certain protections and investor compensation rights.

Second Named Trustee

Title: (Mr, Mrs, Miss, Other) _____

If other, please indicate Male/ Female: _____

Forename(s) in full: _____

Surname: _____

Previous Names: (if any) _____

Nationality: _____

Date of birth: (dd/mm/yyyy) _____

National Insurance Number: _____

Full Permanent Residential Address: _____

(‘Care Of’ or ‘PO Box’ number not acceptable)

Postcode: _____

Time at current address: Years Months

Previous address: _____

(if less than 3 years in current address)

Postcode: _____

Contact Tel. No: (within UK working hours) + (0) _____

Contact Tel. No: (outside UK working hours) + (0) _____

Mobile: + (0) _____ Fax: + (0) _____

Email Address: _____

At what level would you consider your overall investment expertise?

- Professional Investor* Experienced Investor
 Inexperienced Investor

*Professional Investors should note that they may lose certain protections and investor compensation rights.

Third Named Trustee

Title: (Mr, Mrs, Miss, Other) _____

If other, please indicate Male/ Female: _____

Forename(s) in full: _____

Surname: _____

Previous Names: (if any) _____

Nationality: _____

Date of birth: (dd/mm/yyyy) _____

National Insurance Number: _____

Full Permanent Residential Address: _____
(Care Of or PO Box number not acceptable)

Postcode: _____

Time at current address: Years Months

Previous address: _____
(if less than 3 years in current address)

Postcode: _____

Contact Tel. No: (within UK working hours) + (0) _____

Contact Tel. No: (outside UK working hours) + (0) _____

Mobile: + (0) Fax: + (0) _____

Email Address: _____

At what level would you consider your overall investment expertise?

Professional Investor*

Experienced Investor

Inexperienced Investor

*Professional Investors should note that they may lose certain protections and investor compensation rights.

Client Ref. No: _____

Fourth Named Trustee

Title: (Mr, Mrs, Miss, Other) _____

If other, please indicate Male/ Female: _____

Forename(s) in full: _____

Surname: _____

Previous Names: (if any) _____

Nationality: _____

Date of birth: (dd/mm/yyyy) _____

National Insurance Number: _____

Full Permanent Residential Address: _____
(Care Of or PO Box number not acceptable)

Postcode: _____

Time at current address: Years Months

Previous address: _____
(if less than 3 years in current address)

Postcode: _____

Contact Tel. No: (within UK working hours) + (0) _____

Contact Tel. No: (outside UK working hours) + (0) _____

Mobile: + (0) Fax: + (0) _____

Email Address: _____

At what level would you consider your overall investment expertise?

Professional Investor*

Experienced Investor

Inexperienced Investor

*Professional Investors should note that they may lose certain protections and investor compensation rights.

For each Named Trustee please supply the following to enable us to perform the statutory identity checks and establish whether the applicant(s) meet our account opening criteria.

- A clear copy of each Trustee's valid passport showing the Trustee's photograph and signature. This copy to be signed by the Trustee and verified by a non-family member of a professional body, and;
- Any copy of any official document showing proof of residency (such as a utility bill from the last 4 months). This copy to be signed by the Trustee.

Please give details of the settlors, or confirm that the Trust was set up from a will

First Named Settlor: _____

Address: _____

Postcode: _____

Second Named Settlor: _____

Address: _____

Postcode: _____

OR The trust was set up from a will **Please supply a copy of the trust deed or will.**

Section D – Third Party Agreements

In addition to receiving instructions from you, you may authorise an Agent to give us dealing instructions on your behalf.

We authorise:

Name: _____

Address: _____

Postcode: _____

Contact No.: _____

to give dealing instructions on our behalf on this account.

Signatures:

First Trustee _____

Second Trustee _____

Third Trustee _____

Fourth Trustee _____

Agent _____

Section E – Stock Registration

Please indicate how you would like your stock to be held:

In our nominee company, FHF (Nominees) Ltd

In your own name(s)*

*Please note that such holdings may incur additional charges and certificates are posted at your own risk

Section F – Contract Notes

Please indicate to whom you would like contract notes sent:

First Named Trustee only

Trustees only

Agent only

Trustees and Agent (max of 4 addresses)*

*Where the number of addresses exceeds four, contracts will be sent to the first three Trustees and Agent.

Section G – Consolidated Tax Vouchers and Capital Gains Tax Reports

Please indicate to whom you would like your CTV and CGT reports sent:

First Named Trustee

Agent

Section H – Capital and Dividend Options Please note we are unable to open an account without your bank details.

Please indicate how you would like any capital and income on this account to be dealt with. A deposit account can be opened to assist withdrawal or deposit of capital and/or dividend income, and facilitate retention of funds for reinvestment as required.

Capital Payments:

Retain on deposit account

Any uninvested cash paid to bank/building society indicated below

Bank Details: *(Capital)*

Name of Bank or Building Society: _____

Branch sort code: _____

Address: _____

Bank/Building Society Account No: _____

Building Society Roll No: *(UK Only)* _____

Postcode: _____

Dividend Income Payments:

Retain on deposit account

Income paid to bank/building society indicated below

Please note that the sum of all dividends and totalling £50 or more is paid on a monthly basis.

Bank Details: *(Income)*

Name of Bank or Building Society: _____

Branch sort code: _____

Address: _____

Bank/Building Society Account No: _____

Building Society Roll No: *(UK Only)* _____

Postcode: _____

Where income to be paid to a beneficiary/Life Tenant:

Full name of beneficiary/Life Tenant: _____

Date of birth: _____

Address: _____

Additional details: _____

Postcode: _____

Section K - Signatures

Before signing, the Trustees authorised to deal must have read and understood the current Fyshe Horton Finney Ltd Terms and Conditions of Business, Risk Warnings and Best Execution policy, and all the clauses below. If you have any questions please contact Fyshe Horton Finney Ltd on 0845 121 7601 before signing.

- We wish to apply for a Fyshe Horton Finney Ltd Account;
 - We confirm that we have read and understood the relevant Terms and Conditions, and agree to be bound by their terms;
 - We confirm that we have understood the risk warnings provided in relation to trading in warrants, derivatives and foreign markets;
 - Such amounts that we invest from time to time have been decided upon by us taking our total financial circumstances into consideration and such amounts are considered reasonable by us under such circumstances;
 - We accept that Fyshe Horton Finney Ltd is only able to provide advice (excluding Execution only) based on information supplied by us on this application form and/or at the time of the request for advice;
 - We agree to you undertaking appropriate identification checks in relation to the named Trustees and settlor (where applicable) to enable the account to be opened with Fyshe Horton Finney Ltd;
 - We agree to you carrying out searches with credit reference agencies to enable you to make credit decisions about us;
 - We understand that Fyshe Horton Finney Ltd are not obliged to accept our application and do not have to give reasons for not proceeding with our application;
 - We confirm that we are over 18 years of age and that the information we have given is true and correct;
 - We undertake to notify you promptly of any changes to the details supplied;
 - We have read the appended Best Execution policy and agree to its terms;
 - We agree to be classified as a retail client under MiFID regulations;
 - We consent to Fyshe Horton Finney Ltd executing an order outside of a Regulated Market or Multilateral Trading Facility ("MTF") in an instrument admitted to trading on a Regulated Market or MTF;
 - We consent to Fyshe Horton Finney Ltd not making public any of our limit orders for shares that have been admitted to trade on a Regulated Market, but have not been immediately executed under prevailing market conditions (unless instructed otherwise by us in writing).
 - **We have enclosed the Trust Deeds or a copy of the will.**
- We enclose a cheque for £ _____ to open a deposit account made payable to Fyshe Horton Finney Ltd.

Signature: *(First named Trustee Authorised to Deal on behalf of the Trust)* _____

Date: *(dd/mm/yyyy)* _____

Signature: *(Second named Trustee)* _____

Date: *(dd/mm/yyyy)* _____

Signature: *(Third named Trustee)* _____

Date: *(dd/mm/yyyy)* _____

Signature: *(Fourth named Trustee)* _____

Date: *(dd/mm/yyyy)* _____

This application together with the Fyshe Horton Finney Ltd Terms and Conditions and Schedule of Fees and Charges form the basis of the contract between the applicant(s) and Fyshe Horton Finney Ltd.

Please submit the original signed form to:
Fyshe Horton Finney Ltd, 28 Park Square West, Leeds LS1 2PQ or to your Account Executive

If you have any questions please contact us on 0845 121 7601 and we will be pleased to assist you.

We recommend you keep a photocopy of all parts of this application form for your records.

Check List:

- You have completed all parts of the form and that the information is consistent and the writing legible and unambiguous. Incomplete or illegible application forms will be returned and will not be processed.
- You have enclosed and signed the documentation for identity checking as detailed in Section B.
- If paying by cheque, you have enclosed a sterling cheque drawn on a UK Clearing Bank made payable to Fyshe Horton Finney Ltd.
- If paying by electronic means, you have arranged for an electronic payment through Fyshe Horton Finney Ltd's Finance Department.
- All parties have read and all parties understand Fyshe Horton Finney Ltd's current Terms and Conditions and current Schedule of Fees and Charges.
- The form has been signed and dated.
- Please return this signed application form with your investment to: Fyshe Horton Finney Ltd, 28 Park Square West, Leeds LS1 2PQ.

Please tick this box if you do not wish to receive marketing material