



1 INTRODUCTION

This Application Form is for a company, trust, pension, charity, partnership or foundation.
Please complete in block capitals and kindly note that all questions are mandatory.

2 SERVICE AND CURRENCY REQUIRED

Discretionary Managed

Advisory Dealing

Execution Only

Preferred reporting currency of account:

GBP

USD

EUR

3 REGISTRATION DETAILS

Entity type

Company

Trust

Pension

SIPP

Charity

Foundation

Partnership

If other please specify

Registered / Trading Name

Place and date of Incorporation / Formation / Creation

Nature of Entity, background information and history.
Please provide on a separate sheet if necessary.

Entity Registration Number

Introduced By (If Applicable)

4 CONTACT DETAILS

Full Name
in Block Capitals

Full Name
in Block Capitals

Telephone Number 1

+

Telephone Number 2

+

Email Address 1

Email Address 2

Registered Address

Correspondence
Address (if different from
registered address)

Post Code/ZIP

Post Code/ZIP

* FOR INTERNAL USE ONLY

Account Reference

Service / Designation

Custody Fee Table

Dealing Commission

Account Executive

Please complete the following for all Directors, Trustees and Authorised Signatories

A

INDIVIDUAL 1

Position within Entity	Director	Trustee	Authorised Signatory	Place of Birth	
	Mr	Mrs	Miss	Ms	Dr
				Other	
Title					Residential Address
Marital Status	Married	Single	Divorced		
	Widowed	Civil Partnership			
First Name(s)					Tax Residence
Surname					TAX Number
Previous surname(s)					National Insurance Number
	DD	MM	YYYY		
Date of Birth					
Country of Nationality					
Mobile Number					
Email Address					

B

INDIVIDUAL 2

Position within Entity	Director	Trustee	Authorised Signatory	Place of Birth	
	Mr	Mrs	Miss	Ms	Dr
				Other	
Title					Residential Address
Marital Status	Married	Single	Divorced		
	Widowed	Civil Partnership			
First Name(s)					Tax Residence
Surname					TAX Number
Previous surname(s)					National Insurance Number
	DD	MM	YYYY		
Date of Birth					
Country of Nationality					
Mobile Number					
Email Address					

Please print this page as many times as required.

C

INDIVIDUAL 3

Position within Entity	Director	Trustee	Authorised Signatory	Place of Birth
	Mr	Mrs	Miss	Ms
			Dr	Other
Title				Residential Address
Marital Status	Married	Single	Divorced	
	Widowed	Civil Partnership		
First Name(s)				Tax Residence
Surname				Tax Reference Number / Tax Identification Number (TIN)
Previous surname(s)				TAX Number
	DD	MM	YYYY	National Insurance Number
Date of Birth				NI Number
Country of Nationality				
Mobile Number				
Email Address				

6

ULTIMATE BENEFICIAL OWNERS AND RELATED PARTIES

Please complete the following for all Shareholders, Settlers and Beneficiaries

A

INDIVIDUAL 1

Position within Entity	Shareholder	Settlor	Beneficiary	Place of Birth
	Mr	Mrs	Miss	Ms
			Dr	Other
Title				Residential Address
Marital Status	Married	Single	Divorced	
	Widowed	Civil Partnership		
First Name(s)				Tax Residence
Surname				Tax Reference Number / Tax Identification Number (TIN)
Previous surname(s)				TAX Number
	DD	MM	YYYY	National Insurance Number
Date of Birth				NI Number
Country of Nationality				
Mobile Number				
Email Address				

B**INDIVIDUAL 2**

Position within Entity	Shareholder		Settlor		Beneficiary
	Mr	Mrs	Miss	Ms	Dr
					Other
Title					
Marital Status	Married		Single		Divorced
	Widowed		Civil Partnership		
First Name(s)					
Surname					
Previous surname(s)					
	DD	MM	YYYY		
Date of Birth					
Country of Nationality					
Mobile Number					
Email Address					

Place of Birth	
Residential Address	
Tax Residence	
TAX Number	
NI Number	
Tax Reference Number / Tax Identification Number (TIN)	
National Insurance Number	

C**INDIVIDUAL 3**

Position within Entity	Shareholder		Settlor		Beneficiary
	Mr	Mrs	Miss	Ms	Dr
					Other
Title					
Marital Status	Married		Single		Divorced
	Widowed		Civil Partnership		
First Name(s)					
Surname					
Previous surname(s)					
	DD	MM	YYYY		
Date of Birth					
Country of Nationality					
Mobile Number					
Email Address					

Place of Birth	
Residential Address	
Tax Residence	
TAX Number	
NI Number	
Tax Reference Number / Tax Identification Number (TIN)	
National Insurance Number	

Please print this page as many times as required.

Please complete the following for all persons authorised to place instructions on behalf of the entity.
We will only accept instructions from these persons. Please notify us without delay if there are any changes to the list of authorised persons.

If you are attaching a corporate signatory list, please tick this box and go straight to Section 8

Unless otherwise stated below in the restrictions field, all persons on this list will be authorised to place instructions, add and remove money and make amendments to the account.

Full Name in Block Capitals

Signature

Position Held / Signing Authority

Full Name in Block Capitals

Signature

Position Held / Signing Authority

Full Name in Block Capitals

Signature

Position Held / Signing Authority

Full Name in Block Capitals

Signature

Position Held / Signing Authority

Full Name in Block Capitals

Signature

Position Held / Signing Authority

Please specify any restrictions or limits on any of the above named in relation to the operation of account.

Please be advised that it is your on going responsibility to notify us immediately if there are any changes to this list of authorised persons. We can not accept any responsibility for any losses or possible delays in implementing instructions or the timely execution of trades resulting in your failure to comply with these requirements.

Please print this page as many times as required.

8 SELF CERTIFICATION FOR TAX REPORTING PURPOSES

Please read these instructions before completing this section.

Regulations based on the OECD Common Reporting Standard ('CRS') require Ramsey Crookall to collect and report certain information about an account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. The country/countries in which you pay income tax are likely to be your country/countries of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link <http://www.oecd.org/tax/automatic-exchange/>

If your tax residence is located outside of the Isle of Man, we may be legally obliged to pass on the information in this form and other financial information with respect to your accounts to the Isle of Man Tax Office.

Ramsey Crookall are also required to report information on US persons under the Foreign Account Tax Compliance Act ('FATCA').

The information you provide us with will remain valid unless there is a change in circumstances relating to the account holder's tax status or other mandatory fields included on this form. You must notify us if there is a change in circumstances that makes this form incorrect or incomplete and provide an updated self-certification.

Please complete this form where you need to self-certify on behalf of an entity account holder.

If you are a 'US person' under US Internal Revenue Service ('IRS') regulations, you may also need to fill in an IRS W-9 form.

Where the Account Holder is a Passive NFE, or an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution

Please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as 'Controlling Person(s)') by completing a 'Controlling Person tax residency self-certification form' for each controlling person (please contact us if you require this form). This information should be provided by all Investment Entities located in a Non- Participating Jurisdiction and managed by another Financial Institution.

If you are completing the form on the Account Holder's behalf, then you should indicate the capacity in which you have signed in Part 3. For example you may be the custodian or nominee of an account on behalf of the account holder, or you may be completing the form under a signatory authority or power of attorney.

As a financial institution, we are not allowed to give tax advice. If you have any questions about completing this section, these instructions or defining your tax residency status, please speak to your tax advisor or domestic tax authority.

9 IDENTIFICATION OF ACCOUNT HOLDER

A	Legal Name of Entity	
B	Country of Incorporation or Organisation	
C	Registered Address – Line 1	
	Registered Address – Line 2	
	Country	
	Postal Code/Zip Code	
D	Mailing Address (If different to C above) – Line 1	
	Mailing Address – Line 2	
	Country	
	Postal Code/Zip Code	

Please provide the Account Holder's Status by ticking one of the following boxes

1. (a) Financial Institution – Investment Entity

- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
(Note: if ticking this box please also complete Part 2(2) below)
- ii. Other Investment Entity

(b) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked **(a)** or **(b)** above, please provide, if held, the Account Holder's Global Intermediary Identification Number ('GIIN') obtained for FATCA purposes.

— — —

(c) Active NFE – a corporation where the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation.

If you have ticked **(c)**, please provide the name of the established securities market on which the corporation is regularly traded:

If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in **(c)** is a Related Entity of:

- (d) Active NFE** – A Government Entity or Central Bank
- (e) Active NFE** – an International Organisation
- (f) Active NFE** – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)
- (g) Passive NFE** (Note: if ticking this box please also complete Part 2 (2) below)

2. If you have ticked **1(a)(i)** or **1(g)** above, then please:

(a) Indicate the name of any Controlling Person(s) of the Account Holder:

(b) Complete "Controlling Person tax residency self-certification form" for each Controlling Person

Please contact us if you have any queries about completing the above section.

Country of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent (“TIN”)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated.

If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.

If the Account Holder is tax resident in more than three countries please use a separate sheet

If a TIN is unavailable please provide the appropriate reason **A, B or C** where indicated below:

- Reason A**
- The country where the Account Holder is liable to pay tax does not issue TINs to its residents
- Reason B**
- The Account Holder is otherwise unable to obtain a TIN or equivalent number
(please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- Reason C**
- No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

COUNTRY OF TAX RESIDENCE		TIN	IF NO TIN IS AVAILABLE ENTER REASON A, B OR C		
1			A	B	C
2			A	B	C
3			A	B	C

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1	
2	
3	

Ramsey Crookall is required to understand the activity that has generated the funds to be used in your initial and ongoing transactions with us and through which means these funds will arrive.

1. Please explain the **specific** activity that has generated /will generate the funds being sent to us.

2. Please tell us the bank/broker who will send the funds and the name of the account the funds are coming from.

Ramsey Crookall is required to understand your financial history and how your wealth was generated. We may request documentary evidence to support this.

Please tell us in detail below, about your financial history and how your **entire** wealth has been generated.

Anticipated value of initial transaction

Anticipated value & frequency of
each transaction thereafter

15 CUSTODY OF ASSETS

All investments and purchases will be held by us as Custodian on your behalf. Execution Only/Advisory Dealing clients; please refer to relevant Clauses 15.1, 18.1 and 24 of our Terms of Business.

16 CLIENT PORTAL

The Client Portal gives you access to your account 24/7. Login details will be sent together with a user guide once the account has been opened to each party who has provided an email in this registration form. If you wish an additional or third party to have view only access to this account please provide their details below:

Full Name of Additional / Third Party in Block Capitals

Email Address of Third Party

17 BANK DETAILS

Your bank account details, for any cash payments that are to be made to you.

Please provide a copy of a bank statement showing account name, account number, sort code and IBAN/BIC Code if applicable.

Account Name

Bank Name

Account Number

Bank Address

Sort Code

SWIFT

IBAN

Account Currency

NB. Where the client entity does not have a bank account, payments can be made to the client money account of a licensed corporate service provider or to the beneficial owner.

18 INCOME PAYMENT DETAILS

Please provide instructions below in regards to income and how it is to be applied

A DIVIDEND INCOME:

Are dividends to be taken in cash or, where possible, in shares
(If nothing is marked, the default option **cash** will be used.)

CASH ☐ SHARES ☐

Is income to be held on the portfolio or paid to your bank account quarterly?
(If paid away, any fees due to us will be debited first before your income is paid by BACS to your bank account quarterly.)

Pay to Bank Account ☐ Hold on Portfolio ☐

B BOND INTEREST

Is interest to be held on the portfolio or paid to your bank account upon receipt?
(If paid away, your accumulated bond interest will be paid by BACS to your bank account upon receipt)

Pay to Bank Account ☐ Hold on Portfolio ☐

C NON GBP INCOME

Are foreign income monies to be converted to GBP?
(If no, all foreign currency income will be retained in currency).

YES ☐ NO ☐

Each applicant must provide a certified copy of their passport or driving licence, together with an original or suitably certified copy of a recent utility bill.

In addition to the above, Entities must also provide the following :

For a Company:

- Certified copy of the company's Certificate of Incorporation
- Certified copy of the company's Memorandum & Articles of Association
- An up to-date signatory list for the account detailing those individuals who have signing authority on the account

For a Trust/Settlement/Pension:

- Certified copy of the Trust / Pension deed
- An up to-date signatory list for the account detailing those individuals who have signing authority on the account

We can certify original documents if presented at our office. Certified documents must be certified by a professional person stating the document is a **'true copy of the original document which I have seen'**.

***The document must be signed and dated by the Certifier (Lawyer, Notary or Accountant etc.) who must state their profession and daytime contact details.**

PEP is a Politically Exposed Person with a high profile political role, or who has been entrusted with a prominent public function. Family or close associates of PEPs are also classed as PEPs.

I am/we are a Politically Exposed Person (PEP) ☐ **YES** ☐ **NO**

I am/we are related to a PEP in some way ☐ **YES** ☐ **NO**

If **Yes** to either, please provide further information

Your account will be subject to fees as agreed in our Fee Schedule and Terms of Business with you.

To facilitate the payment of your fees you have the option to:

- > Keep a cash balance on your account with Ramsey Crookall

OR

- > Set up a monthly Standing Order to credit our account below on the 5th of every month:

Bank: **RBSI Douglas**
 Sort Code: **16-58-80**
 Account: **10253796**
 IBAN: **GB90RBOS16588010253796**
 BIC: **RBOSIMDX**
 Account Name: **Ramsey Crookall & Co Limited**
 Reference: **Your Ramsey Crookall account reference**

If you require an estimation of your fees, these can be requested from clientservices@ramseycrookall.com

As per our Terms of Business, we reserve the right to sell assets held on your account to settle any outstanding fees.

Do you wish to receive our twice daily market report via email?

☐ **YES**

☐ **NO**

Entity Tax Declaration

1. I acknowledge that the information contained in this form and information regarding the Account Holder(s) and any Reportable Account(s) may be provided to the tax authorities of the country in which this account is maintained and exchanged with tax authorities of another country or countries in which the Account Holder(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
2. I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.
3. I undertake to advise Ramsey Crookall within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this section or causes the information contained in this section to become incorrect, and to provide Ramsey Crookall with a suitably updated self-certification and Declaration within 60 days of such change in circumstances.
4. I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Please delete as appropriate and have the following resolution signed by the Directors / Trustees.

Company / Trust Name

Directors'/Trustees' Resolution in writing

We, the undersigned, being Directors/Trustees for the time being of the above-named Company/Trust hereby pass the following Resolution and agree that the said Resolution shall for all purposes be as valid and effective as if the same had been passed at a meeting of the Directors/Trustees of the Company/Trust duly convened and held.

Resolution:

That the application form received from Ramsey Crookall & Co to open an account with them is completed and signed by the directors/trustees and forwarded to Ramsey Crookall & Co Ltd.

Please check each item to confirm to your understanding and agree to the declaration below.

1. We understand that Ramsey Crookall reserve the right to decline this application without being required to provide any reason.
2. We certify the accuracy of the information provided in this registration form and the legitimacy of the statements made in this registration form and authorise you to conduct any enquires that you may consider necessary for confirmation of these for risk assessment purposes.
3. We have ensured that any alterations made to this Registration Form by me/us have been signed by me/us.
4. We will notify Ramsey Crookall of any changes, at any time, to the information that I/we have provided in this Registration Form.
5. We accept full liability and responsibility for any correspondence that is sent from Ramsey Crookall to me/us and understand that it is done so at my / our own risk.
6. We have read and understood the Terms of Business for the service we have chosen, the Privacy Policy, the Client Investment Questionnaire (if applicable) and Fee Schedule.
7. We agree to be bound by Ramsey Crookall's Terms of Business in addition to this Registration Form, Client Investment Questionnaire (if applicable) and Fee Schedule for the service I have selected. I/we agree to be bound by the conditions included in these agreements.
8. We agree that those signatories in Sections 7 have the authority to place an instruction on behalf of the entity.
9. I/we agree that where my account has been introduced to Ramsey Crookall & Co Limited by a third party, they will be granted online view-only access to the account via the Ramsey Crookall Client Portal.

A**INDIVIDUAL 1**

Full Name in Block Capitals

Position

Date (dd/mm/yyyy)

Signature

B**INDIVIDUAL 2 (IF APPLICABLE)**

Full Name in Block Capitals

Position

Date (dd/mm/yyyy)

Signature

Where a Company is involved, please provide the following:

1. Certificate of Incorporation (or equivalent where not available in your jurisdiction)
2. Memorandum & Articles of Association (not required for IOM/UK companies)
3. Latest Annual Return/Register of Directors and Members
4. Structure Chart (if complex structure is used)
5. Shareholders Nominee Agreement (only applicable if a trust sits above the company)
6. Source of Wealth/Source of Funds Information
7. Copy of Bank Statement (to match details where payment will be made to and received from)
8. Copies of Photographic ID (for each 'controlling person' on the account)
9. Copy of Proof of Address (for each 'controlling person' on the account)
10. (Where relevant) a copy of a W-8BEN/W9 Form

Where a Trust is involved, please provide the following:

1. Trust Deed
2. Any subsequent Deeds of Appointment and Retirement
3. Trust's Source of Wealth/Source of Funds
4. Structure Chart
5. Copies of Photographic ID (for each 'controlling person' on the account)
6. Copy of Proof of Address (for each 'controlling person' on the account)
7. (Where relevant) a copy of a W-8BEN/W9 Form

A 'Controlling Person' is defined as either a Director or Shareholder (Company), or Settlor, Trustee, or Beneficiary who has benefitted (Trust).

If you are opening an account for an entity which is neither a Company or a Trust, please contact us for a list of the documents which will be required to be provided.

The above list is not exhaustive, and additional documents may be required on a case-by-case basis.

Please note, that where documents are required and have not been provided, this will delay your account being opened.