



1 INFORMATION

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.

Entity type Company Trust Pension SIPP Charity Other

If **Other** is selected please specify

2 REGISTRATION DETAILS

Registered / Trading Name

Place and date of Incorporation / Formation / Creation

Entity Registration Number

Introduced By (If Applicable)

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

3 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 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	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					

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						

5

ULTIMATE BENEFICIAL OWNERS AND RELATED PARTIES

Please complete the following for all Shareholders, Settlers and Beneficiaries

A

INDIVIDUAL 1

Position within Entity	Shareholders		Settlers		Beneficiaries	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	Shareholders		Settlers		Beneficiaries		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							

C

INDIVIDUAL 3

Position within Entity	Shareholders		Settlers		Beneficiaries		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 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

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

Ramsey Crookall is a participating Financial Institution under the U.S. FATCA reporting regime and is a financial institution under the OECD's Common Reporting Standard. Enclosed with this form is an Entity Self-Certification form which you are required to complete on behalf of the entity.

If you require a 'Controlling Person' form please let us know and we will forward it to you.

Select **YES** to receive correspondence via email for newsletters and related investment information.

YES

If after you have given consent and you would no longer wish to receive further email communication, simply click on the unsubscribe link at the bottom of the last email that you received. Please note that if you wish to rejoin this email list please contact us.

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.

A

What is your level of investment knowledge and experience?

☐ No investment experience.

☐ Some level of investment experience, and I have an understanding of the risks involved.

☐ Experienced investor with extensive investment experience and knowledge.

B

What is your investment time frame?

☐ Short term 0-3 years.

☐ Medium term 3-8 years.

☐ Long term 8+ years.

C

What percentage of your:

a) monthly income will you invest? % (for monthly investors)

b) overall wealth (excl. primary residence) will you invest? % (for lump sum investors)

D

Which of the following statements most reflects your view on investing?

☐ I/we only want to achieve cash-like returns and do not wish to take any risk with my investment capital.

☐ I am/we are aiming to achieve modest returns whilst accepting some market fluctuations in value.

☐ I am/we are seeking to achieve moderate growth and diversification whilst accepting normal market fluctuations in value.

☐ I am/we are prepared to accept greater market fluctuations in order to achieve higher long term growth.

E

Will there be a requirement for withdrawals from the account over the next 5 years?

☐ No

☐ Yes, but less than 10%

☐ Yes, between 10% and 25%

☐ Yes, over 25%

F

If, after 12 months, your portfolio had fallen in value by more than 20%, how would you react?

☐ Sell everything, as protecting capital is the priority.

☐ Switch portfolio content to lower risk investments in order to cut losses.

☐ Wait and see if the portfolio recovers.

☐ Consider investing more money to take advantage of reduced market prices.

G

On a scale of 1-10, with 1 being Low Risk and 10 being High Risk, how would you score your own attitude to risk?

1 2 3 4 5 6 7 8 9 10

11 INVESTMENT QUESTIONNAIRE

H

Please indicate below which of the model investment options would be your preferred choice.

Cautious

A low-medium risk strategy with a typical equity exposure likely to range between 30 and 50%. For investors aiming to achieve a reasonable return and who are prepared to accept some risk in doing so. They accept that there will be frequent, yet modest, fluctuations in value.

Balanced

A medium risk strategy with a typical equity exposure ranging between 50 and 70% for investors who are balanced in their attitude towards risk. They don't seek risky investments but don't avoid them either and are prepared to accept greater risk and price fluctuations in the value of their investments, in trying to achieve greater returns.

Adventurous

A medium to high risk strategy with a typical equity exposure ranging between 70 and 90% for those comfortable taking short-term investment risk with what could be periods of poorer performance with significant price fluctuations, in seeking to achieve higher long-term returns.

Shearwater ESG

A medium to high risk strategy integrating Environmental, Social and Governance (ESG) factors with a typical equity exposure ranging between 70% and 90%. This strategy is for those looking to invest responsibly and who are comfortable taking short term investment risk whilst seeking to achieve higher long-term returns.

12 HOW DID YOU HEAR ABOUT US?

Please let us know how you found out about us and our services by ticking the corresponding box.

☐ Search Engine

☐ Events

☐ Social Media

☐ Professional Recommendation

☐ Print Media

☐ Existing client

☐ Radio

☐ Word of Mouth

13 BANK DETAILS

The bank account details that you provide will be used for your standing order and any payments 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

Account Number

Sort Code

SWIFT

IBAN

Bank Name

Bank Address

14 CLIENT DUE DILIGENCE

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

15 FEES AND CHARGES

One-off Initial Commission: £100
Dealing Commission: Purchases - Free
Partial or full redemptions - 0.50% per trade.

Please note that you will not be provided paper contracts of trades placed on your account, and instead your contracts will be available online in your Client Portal

Management Fee: 0.5% p.a. (+ VAT if applicable) charged monthly in arrears.
Review of Portfolio (on request): £100

16 INVESTMENT INSTRUCTION & STANDING ORDER DETAILS

Please indicate below the amounts that you would like to invest.

Initial Investment Amount £
(If applicable)

Regular Monthly Investment Amount £
(Minimum £100)

Please set up a standing order to our account on the 10th of each month as follows:

Bank Name: Royal Bank of Scotland International, Douglas.
Sort Code: 16-58-80
Account Number: 58454610
Account Name: Ramsey Crookall Client Account
IBAN: GB49RBOS16588058454610
SWIFT: RBOSIMDX
Reference: On confirmation of your account being opened, you will receive your account reference.

17 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

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 agreement to the declaration below.

- ☐ 1. 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 enquiries that you may consider necessary to obtain confirmation for risk assessment purposes.
- ☐ 2. We have ensured that any alterations made to this Registration Form by us have been signed by us.
- ☐ 3. We will notify Ramsey Crookall of any changes, at any time, to the information that we have provided in this Registration Form.
- ☐ 4. We agree to be bound by Ramsey Crookall's Terms of Business and Risk Disclosure Statement in addition to the Client Investment Questionnaire and this Registration form. We agree to be bound by the conditions included in these agreements.
- ☐ 5. We acknowledge that the information contained in this form may be provided to the Isle of Man Government and exchanged with tax authorities of another country or countries in which the account holder or parties to the account may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- ☐ 6. We have read and understood the Investment Fact Sheet and Key Investor Information Document (where available).
- ☐ 7. We acknowledge that all income on this account will be reinvested.
- ☐ 8. The Directors/Trustees are not subject to any health or other impairment or restriction that would make them less able to understand the services being provided or to understand or withstand the impact of, the risks involved.
- ☐ 9. We accept that the Shearwater Model Account is intended to be a cost-effective entry-level service in relation to stock market investment and, accordingly, does not afford the full functionality of a traditional brokerage account.
- ☐ 10. Risk has been explained to us and we understand and are willing to accept Equity Risk.
- ☐ 11. We acknowledge that we will be signed up for the Client Portal and will receive a username (s) and log-on instructions to access the account online which must be kept secure at all times.
- ☐ 12. We understand that Ramsey Crookall reserve the right to decline this application without being required to provide any reason.
- ☐ 13. I/we acknowledge that we will not receive paper contracts of trades placed, and that I/we can access any dealing contracts on the client web access
- ☐ 14. 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