

# **General Application Form**

Please complete in **BLOCK CAPITALS** and return to: **JTC Fund & Corporate Services**, **HX1**, **16th Floor**, **Harbour Exchange Square**, **London**, **E14 9GE**This Application Form is accurate as from **12/01/23**.

Personal Details (please complete in full)						
Personal/Primary Holder: (please see Section 2 to add additional	l holders)					
Mr/Mrs/Ms/Miss/Other:	Name or Number of Property:					
Surname:	Address:					
Full first name(s):						
Telephone:	City:					
Email:	Country: Postcode:					
Male	If at current address for less than two years, please supply					
National Insurance Number: / / / /	previous address:					
If you <b>do not</b> have a NI Number, please tick here	Name or Number of Property:					
I confirm that I am a UK resident	Address:					
I confirm that I am not a US citizen						
Nationality/ies:	City:					
Please detail any residency or citizenship you hold in any other country than the UK:	Country: Postcode:					
I confirm that I am <b>NOT</b> a Politically Exposed Person*						
*If you are unsure as to whether you qualify as a Politically Exposed Person please read our explanation in full, which can be found						
in our Supplementary Investor Document (SID)						
Third Party Details (please complete if relevant)						
Please complete this section if the person funding all or part of the of Verification of Identity (CVI) will also be required.	nis investment is not the applicant listed in above. A Confirmation					
Mr/Mrs/Ms/Miss/Other:	Name or Number of Property:					
Surname:	Address:					
Full first name(s):						
Male Female	City:					
Date of Birth: DD / MM / YYYY	Country: Postcode:					
Joint Holders						
Please include the full name and address of each holder. All correspondence will be sent to the primary holder.						
Second Named Holder						
Mr/Mrs/Ms/Miss/Other:	Full first name(s):					
Surname:	Male Female Date of Birth: DD / MM / YYYY					
Current address:	If at current address for less than two years, please supply previous address:					
Name or Number of Property:	Name or Number of Property:					

Address:			Address:	
City:		]	City:	
Country:	Postcode:		Country:	Postcode:
	rostcode.		Country.	Posicode.
Third Named Holder		7	- u.o	
Mr/Mrs/Ms/Miss/Other:			Full first name(s):	— F
Surname:			Male Female	Date of Birth: DD / MM / YYYY
Current address:			If at current address for less that previous address:	an two years, please supply
Name or Number of Property:			Name or Number of Property:	
Address:			Address:	
City:			City:	
Country:	Postcode:		Country:	Postcode:
3 Tax Residency				
			or's tax residency. Depending on HMRC who may in turn share	
Each investor must indicate all countries in which they are a resident for tax purposes and the associated Tax Identification Number(s) in the box below. If you are a resident in the USA, in order to comply with US law, we are unable to accept you investment. If you submit an application to us it will be rejected and returned to you.				
Named Holder (from section 1	.)			
Tax Identification Number:				
Place of Birth (Town and Count	try):			
Country(ies) of Tax Residency:				
Second Named Holder (from s	ection 2)			
Tax Identification Number:				
Place of Birth (Town and Count	try):			
Country(ies) of Tax Residency:				
Third Named Holder (from sec	ction 2)			
Tax Identification Number:				
Place of Birth (Town and Count	try):			
Country(ies) of Tax Residency:				

Please also forward a copy of the section of your passport showing the above details for **each** investor.

4	Beneficial Ownership (complete this section if the registered holder is NOT the beneficial owner)						
	Beneficial Holder/Name	Date of Birth	Address	Tax Identification Number	Signature	Date	
Δnr	licants for direc	t investments ar	e required to disclose circum	stances where an in	dividual or organis	ation other than	the
inve mal ben	estor(s) named on ke the relevant d eficial ownershi	n the application lisclosure on the p of this investn	form ultimately owns or contr application and where necess nent. There are additional re	ols the investment be ary provide the full n equirements for corp	eing made. You are that ame of any addition or ate bodies, partn	therefore require nal parties who h erships, trusts, f	d to nave fund
	ninistrators/distri uirements.	butors and estai	es of deceased persons. Plea	ise contact us if you	would like to disc	uss documentati	onai
5	Professional Adv	viser's Details (if a	pplicable)				
Adv	iser Name:			Agent Name and Ado	dress or Stamp:		
FCA	FCA Number:						
Age	nt Code (if know	n):					
Plea	ase tick here if ad	vice has been give	en				
Plea	ase tick here if ca	ncellation rights a	pply				
6	Client Identifica	tion					

In order to comply with Anti-Money Laundering Regulations, we are required to verify the identity and address of the applicant(s). Please could you send us one document from each of the below categories for all registered holders from Section 1 and 2. Slater Investments uses a system of electronic identification; the search is performed using the services of Experian, a Credit Reference Agency.

Category A - Identity Document					
Current Signed Passport or Certified Copy					
Driving Licence* or Certified Copy					
Birth Certificate					

Category B - Address Document				
Utility Bill				
Bank/Building Society/Financial Services Statement				
Government Issued Document				
Driving Licence* or Certified Copy				

NB (1) - The address on all documents must match your listed address and contain your given name on this form

NB (2) - Utility Bills and all Bank/Building Society/Financial Services documents must be less than 3 months old.

<sup>\*</sup> A driving licence cannot be used for both categories

For more information regarding Client Identification, please refer to our Anti-Money Laundering booklet that can be found in the Key Documents page on our website.

Whilst we can accept original documentation, we do not advise customers to send in original copies unless it is sent through registered post. We will then return in the same manner. We are unable to accept liability for any loss or damage upon return. Alternatively a copy of the documents can be sent as long as it is signed by a certifier. The certifier must write the date, full name, address and contact telephone number.

#### **Document Certification:**

The following people can certify documents:

- A director, officer or manager of a regulated financial services business which is operating in an equivalent jurisdiction, or of a branch or subsidiary of a group headquartered in an equivalent jurisdiction, which applies group standards to subsidiaries and branches worldwide and tests the application of, and compliance with, such standards.
- A lawyer or notary public (who is a member of a recognised professional body).
- An actuary or accountant (who is a member of a recognised professional body).
- A tax advisor (who is a member of a recognised professional body).
- A member of the judiciary, a senior civil servant or a serving police or customs officer.
- An officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity.
- An individual that is qualified to undertake certification services under the authority of the Certification and International Trade Committee.

The certifier must certify that he/she has seen the original documentation and must use the following wording when certifying any documents as true copies, ensuring the relevant statement is copied in its entirety:

- Proof of identity (photographic identity documents):
- "Having seen the individual and the identification document at the same time, I certify that this is a true copy and the photograph bears a true likeness of [enter name]."
- •All other documents:

"Having seen the original and photocopy document at the same time, I certify that this is a true copy."

In addition, the following details should be included in every instance so that the certifier may be contacted in the event of a query:

- Date
- First name(s) and surname
- Signature
- Company name
- Position

to:

Name of Account Holder:

- Registration number (if a member of a recognised professional body)
- Contact details: address, telephone number or an email address at which they can be contacted.

7 Funding Your Investmen	t (tick all that apply)	
Bank Transfer	Amount: £	
All bank transfers must be pa	id directly to the Bank of Scotland ac	count below, referenced with the name of the client.
Account Number: 10	0196669	IBAN: GB79BOFS12010310196669
Sort Code: 12-01-03		BIC: BOFSGB21254
Cheque(s)	Amount: £	
For a Building Society cheque	-	The cheque must be made payable to Slater Investments Limited appear on the front of the cheque, or on the back of the cheque is signature.
Monthly Direct Debit	Amount: £	
In order to pay via Direct Deb	it, please ensure you have complete	d 'Regular Savings' in <b>Section 9</b> and <b>Section 12</b> .
Nominated Bank Accoun	nt .	

Complete this section to set up a new nominated bank account. We'll use the details below to pay any future income/withdrawals

Account Number:

Sort Code:

## Investment Selection

You may invest in one or more fund(s). The minimum subscription for each fund is detailed in the relevant Prospectus.

Fund Name		Lump Sum (£)	Regular Savings (£)
1)			
2)			
3)			
	Total:	£	£
If you require <b>income to be paid out</b> to you, please tick here: Section 8. For Accumulation units/shares, income will be autom		e applicant's bank account detailed in	

## 10 Declaration

- I declare that I am 18 years of age or over.
- I confirm that I am not a US Person (either resident or citizen) and acknowledge that US Persons cannot hold shares/units in the Slater Fund(s). I agree to notify Slater Investments Limited immediately in the event that I/we become a resident in the USA.
- I hereby authorise Slater Investments Limited to hold my cash subscription, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- I acknowledge that I have read and understood the Slater Investments Limited's Terms & Conditions and accept that they form the basis of my agreement with Slater Investments Limited. To the best of my knowledge and belief, all statements made in this application form are true and correct and I shall inform Slater Investments Limited immediately of any change in my circumstances affecting any of the information in this form.
- I have read and understood the relevant Key Investor Information Document (KIID) and Supplementary Information Document (SID). I understand that these documents form part of the terms and conditions of my investment in the relevant Slater Fund(s).
- I confirm that I have read the declaration carefully.

Slater Investments Limited takes your data privacy very seriously. Under data protection legislation, we are classified as a data controller. This means that we are subject to certain obligations relating to how we process personal data. These obligations include, without limitation, providing individuals with certain information regarding how we process their data.

We will use the personal data you have provided in this Application Form, including your name, age, contact details, bank account details, transactions and the invested amount in accordance with all applicable data protection laws and our Privacy Policy, which is available at www.slaterinvestments.com (or otherwise available upon request).

Our Privacy Policy sets out, amongst other things, the purpose or purposes for which your personal data is collected and intended to be processed, and also contains any other information prescribed by data protection legislation.

Slater Investments Limited, as a data controller, will handle all your personal details in accordance with General Data Protection Regulations. From time to time we would like to send you information on other products, services and events which we offer and which we may think are of interest to you. If you would like to receive such information please tick this box:

You may, at any time, object to the use of your personal details and withdraw your consent for the purposes of direct marketing at any time and free of charge by writing to us by letter and/or email at the address provided in the Privacy Policy.

Full Name:		Signatura	Date: DD / MM / YYYY
ruii Naiile.		Signature:	

Please note that this form will be returned if it is not signed and dated.

#### 11 Completed Form Checklist

To ensure that there will be as few issues as possible, if any, in processing your form, please make sure you have:

- Provided full registration details Section 1 to 5
- Provided client identification documents Section 6
- Stated your fund choice(s) and how much you wish to invest Section 9
- Signed and dated the Declaration Section 10
- Completed and signed the mandate for regular savers and/or income payments Section 12 (if applicable)
- Enclosed a cheque made payable to: Slater Investments Limited (if applicable)

Up to date Key Investor Information Documents, Prospectuses and Reports & Accounts for any Slater Fund can be requested by the

investor at any time or obtained from the Slater Investments Limited website (www.slaterinvestments.com).

If you have any queries or need further assistance with the completion of this application form, please contact your Professional Adviser or contact **Lisa Letham** on **+44 (0) 207 2209365** 

Your completed Application form, together with your cheque (if applicable), should be returned to your Professional Adviser or directly to: JTC Fund & Corporate Services, HX1, 16th Floor, Harbour Exchange Square, London, E14 9GE

investinent by birect	DEDIL					
Instruction to your Bank o	r Building Society to pay Direct Debit	DIRECT				
Name and full postal addre	ess of your Bank or Building Society:					
To the Manager	Bank or Building Society	Service User: Slater Investments Limited, Nicholas House 3 Laurence Pountney Hill, London, EC4R 0EU				
Address:		Service User No.         1         6         8         5         5         2				
		Reference Number (to be completed by SIL):				
Postcode:		Instructions to your Bank or Building Society:				
Name(s) of Account Holder	r(s)	Please pay Slater Investments Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this				
Account Number:		instruction may remain with Slater Investments Limited and, if so, details will be passed electronically to my Bank or Building				
Sort Code:		Society.				
Please note that some Ban	ks and Building Societies may not accept	Direct Debit instructions from some types of accounts.				
Any bank details given in the	nis section will override any existing banl	details we may hold for you.				
Full Name:	Signature:	Date: DD / MM / YYYY				
×		×				

#### 13 Direct Debit Guarantee

Investment By Direct Debit

This guarantee should be detached and retained by the payer.



- This guarantee is offered by all Bank and Building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, Slater Investments Limited will notify you 10 working days in advance of your account being debited, or as otherwise agreed. If you request Slater Investments Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in payment of your Direct Debit by Slater Investments Limited or your Bank/Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Slater Investments Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.