

# **Corporate 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 **06/02/25**.

Please complete this form in its entirety.

| Please complete this form in its entirety.                       |  |
|--|--|
| 1 Details  |  |
| Corporate Entity Details   |  |
| Corporate Entity Name:   |  |
| Corporate Entity Type:   |  |
| Limited Company Partnership                                      | Sole Proprietorship Trust  |
| Other - please specify:  |  |
| If your holding will be via a private company or a trust, please | state the rationale for the ownership structure:                               |
| Details:   |  |
| Registered Office Address:                                       | Trading Address (if different):  |
| Name or Number of Property:                                      | Name or Number of Property:  |
| Address:   | Address:   |
|  |  |
|  |  |
| City:  | City:  |
| Country: Postcode:   | Country: Postcode:   |
| Company Registration Number:                                     |  |
| Pension Fund PSR (if applicable):                                |  |
| Date of Incorporation:   |  |
| Country of Registration:   |  |
| LEI (if within EU):  |  |
| Corporate Investor Primary Contact                               |  |
| Mr/Mrs/Ms/Miss/Other:  | Name or Number of Property:  |
| Surname:   | Address:   |
| Full first name(s):  |  |
| Telephone:   | City:  |
| Email:   | Country: Postcode:   |
| Names of Directors/Partners/Trustees (If more than 3, please     | e complete on a separate sheet and attach)                                     |
| 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:   |

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| City:  |   |                    | City:                |                     |                    |           |                               |
|--|---|--------------------|----------------------|---------------------|--------------------|-----------|-------------------------------|
| Country:   | Postcode:   |                    | Country              | <b>'</b> :          |                    |           | Postcode:                     |
| Mr/Mrs/Ms/Miss/Other:                                    | Ms/Miss/Other:  |                    |                      | Full first name(s): |                    |           |                               |
| Surname:   |   |                    | Male                 |                     | Female             |           | Date of Birth: DD / MM / YYYY |
| Current Address:   |   |                    | If at cu<br>previous |                     |                    | ss tha    | n two years, please supply    |
| Name or Number of Property:                              |   |                    | Name o               | r Nun               | nber of Property   | <b>':</b> |                               |
| Address:   |   |                    | Address              | <b>:</b> :          |                    |           |                               |
| City:  |   |                    | City:                |                     |                    |           |                               |
| Country:   | Postcode:   |                    | Country              | <b>'</b> :          |                    |           | Postcode:                     |
| Mr/Mrs/Ms/Miss/Other:                                    |   |                    | Full first           | nam                 | e(s)·              |           |                               |
| Surname:   |   |                    | Male                 |                     | Female             | 1 [       | Date of Birth: DD / MM / YYYY |
| Current Address:   |   |                    |                      |                     | address for le     |           | nn two years, please supply   |
| Name or Number of Property:                              |   |                    | Name o               | r Nun               | nber of Property   | <b>':</b> |                               |
| Address:   |   |                    | Address              | <b>:</b> :          |                    |           |                               |
| City:  |   |                    | City:                |                     |                    |           |                               |
| Country:   | Postcode:   |                    | Country              | <b>'</b> :          |                    | [F        | Postcode:                     |
| Details of Contact Person(s) (If                         | more than 2, pleas  | e complete on a s  | eparate sh           | neet a              | ind attach)        |           |                               |
| Full Name:   |   |                    | Telepho              | ne N                | umber:             |           |                               |
| Email:   |   |                    | Authority:           |                     |                    |           |                               |
| Full Name:   |   |                    | Telephone Number:    |                     |                    |           |                               |
| Email:   |   |                    | Authority:           |                     |                    |           |                               |
| Authorised Signatories (If more                          | than 3. please con  | nplete on a separa | ate sheet a          | and at              | ttach)             |           |                               |
| Full Name:   |   | Signature:         |                      |                     | ,                  |           |                               |
| Full Name:   |   | Signature:         |                      |                     |                    |           |                               |
| Full Name:   |   | Signature:         |                      |                     |                    |           |                               |
| Confirmations  |   |                    |                      |                     |                    |           |                               |
| The corporate entity is not                              | a United States reg   | istered company.   |                      |                     |                    |           |                               |
| None of the Directors/Trus                               | tees/Partners/Shar  | eholders/Benefici  | ial Owners           | /PSCs               | s are US Persons   |           |                               |
| The corporate entity acts in Slater Investments Limited. |   | d not on behalf of | f a third pa         | arty ir             | n respect of all n | natter    | s including this account with |
| All funds held and invested                              | in the name of the  | corporate entity   | are its owi          | n.                  |                    |           |                               |
| The person signing this form                             | The person signing this form has the authorisation and capacity to sign this contract on behalf of the corporate entity |                    |                      |                     |                    |           |                               |

| -   | · ·   | s/Trustees/Partners/Shareholder   | rs/Beneficial Owners cu  | rrently hold or have   | within the last yea   | r held the po                               | osition                  |  |
|---|---|---|--|--|---|---|--------------------------|--|
|   | ou are unsure a   | <pre>xposed Person (PEP)* s to whether you qualify as a PE SID) on our website (www.slater</pre>  | -  | anation in full, which   | n can be found in c   | our Supplem                                 | entary                   |  |
| 2   | Beneficial Owne   | ership (complete this section if the regi   | stered holder is NOT the bene  | eficial owner)   |   |   |                          |  |
| Plea  |   | •   |  |  |   |   |                          |  |
| Please list all shareholders/PSCs/beneficial owners with a holding of 25% or more  Beneficial |   |   |  |  |   |   |                          |  |
|   | Holder/Name   | Address   | Date of Birth  | Signature  | Holding   | Date  |                          |  |
|   |   |   |  |  |   |   |                          |  |
|   |   |   |  |  |   |   |                          |  |
|   |   | <u> </u>  |  |  |   |   |                          |  |
|   |   |   |  |  |   |   |                          |  |
|   |   | <br>  |  |  |   |   |                          |  |
|   |   |   |  |  |   |   |                          |  |
|   | <u> </u>  | <u> </u><br>  |  |  |   |   |                          |  |
|   |   |   |  |  |   |   | ļ                        |  |
| inve<br>mal<br>ben<br>adn   | estor(s) named o<br>se the relevant o<br>eficial ownershi   | ct investments are required to<br>n the application form ultimate<br>disclosure on the application ar<br>p of this investment. There a<br>butors and estates of decease   | ly owns or controls the<br>nd where necessary pro<br>re additional requiren  | e investment being i<br>ovide the full name<br>nents for corporate   | made. You are the of any additional bodies, partners                | refore requi<br>parties who<br>hips, trusts | red to<br>have<br>, fund |  |
| 3   | Tax Residency Ir  | nformation  |  |  |   |   |                          |  |
| circ<br>acco<br>If you<br>exp<br>This   | umstances (inclu<br>bunt(s) with HMR<br>bu have any que<br>lanatory notes for<br>form is intended<br>asic Information<br>1.1 Please state | quire us to collect certain info ding if we do not receive a valid RC who may in turn share the informations about your organisation or key definitions. Should any information only when a request information or requirements are required to the request of the request information or requirements. | self-certification from ormation with other release classifications in the formation provided challers such request is not on is resident for ta | you) we may be oblice evant tax authorities form below, please inge in the future, please prohibited by UK Law x purposes: | iged to share infor<br><br>contact your tax a<br>lease ensure you a | mation abou<br>adviser. Plea                | it your<br>se see        |  |
|   | <b>1.2</b> Please provid  | de us with your organisation's Ta   | x Identification Numbe   | r:   |   |   |                          |  |
| 2a (  | Organisation's Cla  | assification under FATCA - You N  | MUST complete this sec   | tion   |   |   |                          |  |
| Plea  | ise tick only one l   | box with reference to the tax res   | idency stated in box 1.1   | L  |   |   |                          |  |
|   | <b>2.1</b> UK Financial   | Institution or a Partner Jurisdicti   | on Financial Institution   |  |   |   |                          |  |
|   | 2.2 Participating   | Foreign Financial Institution (in   | a non-IGA jurisdiction)  |  |   |   |                          |  |
|   | 2.3 Non-Particip  | ating Foreign Financial Institutio  | n (in a non-IGA jurisdict  | ion)   |   |   |                          |  |
|   | 2.4 Financial Institution resident in the US or in a US Territory   |   |  |  |   |   |                          |  |
|   | 2.5 Exempt Bene   |   |  |  |   |   |                          |  |
|   |   | npliant Foreign Financial Institut  | •  | •  |   |   |                          |  |
| If yo   | our organisation i  | s not a Financial Institution, plea   | se specify the entity's F  | ATCA status below:   |   |   |                          |  |
|   |   | inancial Foreign Entity   |  |  |   |   |                          |  |
|   | 2.8 Passive Non-Financial Foreign Entity  |   |  |  |   |   |                          |  |
|   | (if you tick this b   | oox, you must complete Section 4  | I for each of your Contro  | olling Persons)  |   |   |                          |  |

# 2b Complete this ONLY if your organisation is a US Tax Resident (box 1.1) Tick this box if your organisation is any of the following and therefore not a Specified US Person: • A regularly traded corporation on a recognised stock exchange • Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

- A government entity
- Any bank as defined in section 581 of the U.S. Internal Revenue Code
- A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code
- OR any other exclusion listed in Explanatory Note 16

## 3 Organisation's classification under the Common Reporting Standard (CRS) - You MUST complete this section

Please tick only one box with reference to the tax residency stated in box 1.1

| <b>3.1</b> Financial Institution (this includes Non-Reporting Financial Institutions such as a pension scheme, government entity, international organisation and other entities listed in Explanatory Note 18). |  |
|---|--|
| <b>3.2</b> A professionally managed Investment Entity outside of a CRS Participating Jurisdiction (If you tick this box, you must also complete Section 4 for each of your Controlling Persons)                 |  |
| <b>3.3</b> Active Non-Financial Entity which is regularly traded on an established securities market or affiliated thereto, a Governmental Entity or an International Organisation                              |  |
| 3.4 Active Non-Financial Entity (other than those listed in 3.3 above)  |  |
| <b>3.5</b> Passive Non-Financial Entity (If you tick this box, you must also complete Section 4 for each of your Controlling Persons)   |  |

# 4 Self-Certification for Controlling Persons Tax Residency - Complete this ONLY if you have ticked box 2.8 in Section 2A, box 3.2 or box 3.5 in Section 3

Tax regulations<sup>(1)</sup> require us to collect information about each Controlling Person's tax residency<sup>(2)</sup>. In certain circumstances we may be obliged to share information about your Controlling Persons 4 with HMRC who may in turn share the information with any or all participating tax jurisdictions<sup>(3)</sup>.

Please indicate all countries in which your Controlling Persons are resident for tax purposes and their associated Tax Identification Numbers in the table below. If they are also a US citizen the United States must be included in this table along with their US Tax Identification Number(s). If you have any questions about tax residency, please contact your tax adviser.

If you are completing this section on behalf of your Controlling Persons it is your responsibility to ensure they are aware that their information may be shared as described above.

If more than 2, please complete on a separate sheet and attach.

| Full Name of<br>Controlling Person | Permanent Residence Address<br>(inc City and County) | Date of Birth | Dacidonas | Tax<br>Identification<br>Number <sup>(5)</sup> |
|------------------------------------|--|---------------|-----------|--|
|                                    |  |               |           |  |
|                                    |  |               |           |  |
|                                    |  |               |           |  |

### Notes:

- (1) The term "tax regulations" refers to the International Tax Compliance Regulations 2015 which implements the Foreign Account Tax Compliant Act (FATCA) and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS)
- (2) In general, you are tax resident where you are liable to taxes, based on where you live and work permanently although different jurisdictions have different rules in relation to tax residency.
- (3) Those countries that have agreed to exchange information under FATCA and CRS.
- (4) Please confirm what type of Controlling Person applicable under CRS that applies to you/the investor:
  - A) Controlling Person of a legal person control by ownership
  - B) Controlling Person of a legal person control by other means
  - C) Controlling Person of a legal person senior managing official

- D) Controlling Person of a trust settlor
- E) Controlling Person of a trust trustee
- F) Controlling Person of a trust protector
- G) Controlling Person of a trust beneficiary
- H) Controlling Person of a trust other
- I) Controlling Person of a legal arrangement (non-trust) settlor-equivalent
- J) Controlling Person of a legal arrangement (non-trust) trustee-equivalent
- K) Controlling Person of a legal arrangement (non-trust) protector-equivalent
- L) Controlling Person of a legal arrangement (non-trust) beneficiary-equivalent
- M) Controlling Person of a legal arrangement (non-trust) other-equivalent
- (5) The Tax Identification Number is issued by your local tax authority. For example, in the UK this is usually your National Insurance Number.

For further Explanatory Notes and Definitions common to FATCA and CRS, please turn to the end of the Application Form.

| Professional Adviser's Details (if applicable) |                                  |
|--|----------------------------------|
| Adviser Name:                                  | Agent Name and Address or Stamp: |
| FCA Number:                                    |                                  |
| Agent Code (if known):                         |                                  |
| Please tick here if advice has been given      |                                  |
| Please tick here if cancellation rights apply  |                                  |

# Client Identification

In order to comply with Anti-Money Laundering Regulations, we are required to verify the identity of both the corporate entity and the applicant(s). Please can you provide us will **all** of the following:

- Offering Memorandum and Articles of Association (or Constitutional Documentation if not a company)
- Certificate of Incorporation
- · Last two years' financial statements (three months of company bank statements for non-EEA companies)
- Copy of Register of Directors/Trustees/Partners
- Copy of Register of Shareholders/Trustees/Partners
- PSC details
- Proof of Registered Address
- Proof of Trading Address (if different)
- Individual verification of Directors/Trustees/Partners
- Individual verification of shareholders/beneficial owners with a holding of 25% or more in the company entity
- Certificate of Incumbency (for applications outside the UK and EEA)

For individuals, please could you send us one document from **each** of the below categories. Slater Investments uses a system of electronic identification; the search is performed using the services of Experian, a Credit Reference Agency.

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

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.

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

| Funding Your Investment (tick all that apply)   |                |                            |                                       |  |  |  |
|---|----------------|----------------------------|---------------------------------------|--|--|--|
| Bank Transfer Amount: £   |                |                            |                                       |  |  |  |
| All bank transfers must be paid directly to the Bank of Scotland  | account below  | , referenced with the na   | ame of the client.                    |  |  |  |
| Bank Name: Bank of Scotland   | Accoun         | t Name: Slater Investme    | ents Client A/C Dealing               |  |  |  |
| Account Number: 10196669  | IBAN: G        | B79BOFS120103101966        | 569                                   |  |  |  |
| Sort Code: 12-01-03   | BIC: BO        | FSGB21254                  |                                       |  |  |  |
| Channel (a)   | <br>1          |                            |                                       |  |  |  |
| Cheque(s)  Amount: £  |                | ha mada mayabla ta C       | later Investments Limited For a       |  |  |  |
| Cheques must drawn on the corporate entity's account. The Building Society cheque or banker's draft. The corporate entity's | ·='            |                            |                                       |  |  |  |
| cheque accompanied by the Building Society's or Bank's official   |                |                            | the effective, or off the back of the |  |  |  |
| 7 Company Bank Details  |                |                            |                                       |  |  |  |
|   | VA/-III the    | dataila la dannta manan    | . f t                                 |  |  |  |
| Complete this section to set up a new nominated bank account.   | we ii use the  | details below to pay any   | y future income/withdrawais to:       |  |  |  |
| Bank Name:  | Account        | Number:                    | Sort Code:                            |  |  |  |
| Bank Address:   |                |                            |                                       |  |  |  |
| Country:  | IBAN:          |                            | BIC:                                  |  |  |  |
| Account Name:   |                |                            |                                       |  |  |  |
| 8 Investment Selection  |                |                            |                                       |  |  |  |
| You may invest in one or more fund(s). The minimum subscripti   | on for each fu | nd is detailed in the rele | evant Prospectus.                     |  |  |  |
| Fund Name   | Lun            | np Sum (£)                 | Regular Savings (£)                   |  |  |  |
| 1)  |                |                            |                                       |  |  |  |
| 2)  |                |                            |                                       |  |  |  |
| 3)  |                |                            |                                       |  |  |  |
|   | Total: £       |                            | £                                     |  |  |  |
| If you require <b>income to be paid out</b> to you, please tick here:   | Income         | e will be paid to the appl | icant's bank account detailed in      |  |  |  |
| Section 7. For Accumulation units/shares, income will be automatically reinvested.  |                |                            |                                       |  |  |  |
| 9 Source of Funds   |                |                            |                                       |  |  |  |
| Please provide as much information as possible:   |                |                            |                                       |  |  |  |
| ·   |                |                            |                                       |  |  |  |
|   |                |                            |                                       |  |  |  |
|   |                |                            |                                       |  |  |  |
|   |                |                            |                                       |  |  |  |
| 10 Declaration  |                |                            |                                       |  |  |  |

- I/We acknowledge that we have read and understood Slater Investments Limited's Terms & Conditions and accept that they form the basis of the agreement between the entity listed in Section 1 and Slater Investments Limited. To the best of my/our knowledge and belief, all statements made in this application form are true and correct and I/we shall inform Slater Investments Limited immediately of any change in the corporate entity listed in Section 1's circumstances affecting any information in this form.
- I/We have read and understood the relevant Key Investor Information Document (KIID) and Supplementary Information Document (SID). I/We understand that these documents form part of the terms and conditions of an investment in the Slater Funds.
- I/We confirm that I/we have full authority to open an account with Slater Investments Limited on behalf of the entity listed in Section 1.
- I/We am/are duly authorised to sign this Application Form on behalf of the entity listed in Section 1.
- I/We confirm that I/we 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 Investor Privacy Policy, which is available from the Policies section of our website at <a href="https://www.slaterinvestments.com">www.slaterinvestments.com</a> (or otherwise available upon request).

Our Investor 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 Investor Privacy Policy.

| Signed For and on Behalf of: | Signature: |  | Date: DD / MM / YYYY |
|------------------------------|------------|--|----------------------|
|                              |            |  |                      |

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 and 2
- Completed all tax residency information in full Section 3
- Provided client identification documents Section 5
- Stated your fund choice(s) and how much you wish to invest Section 8
- Confirmed the source(s) of the funds you wish to invest with us Section 9
- Signed and dated the declaration Section 10

Up to date Key Investor Information Documents, Prospectuses and Report and Accounts for any Slater Fund can be requested by the Investor from Slater Investments Limited at any time or obtained from the relevant Slater Fund page on 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 **Jeremy Simmons** on **+44 (0) 207 220 9368**.

Your completed Application form should be returned to your Professional Adviser or directly to: JTC Fund & Corporate Services, HX1, 16th Floor, Harbour Exchange Square, London, E14 9GE.