

Additional Investment form

Please complete this form in full using BLOCK CAPITALS throughout.

PRIVACY POLICY

Our full privacy policy can be viewed at www.ardan-international.com/privacy-policy or can be obtained by requesting a copy from our Data Protection Officer.

Section 1 Portfolio details

Portfolio account number

Are you notifying us of any changes to your personal/company/trustee details as part of this application? Yes No

If yes, please provide details in Section 6 – Your additional notes.

	Portfolio account holder 1	Portfolio account holder 2 (if applicable)
Name	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country and place of birth	<input type="text"/>	<input type="text"/>

Specified US Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

Section 1 Portfolio details continued

	Portfolio account holder 1	Portfolio account holder 2 (if applicable)
EMPLOYMENT DETAILS		
Name of employer	<input type="text"/>	<input type="text"/>
Address of employer	<input type="text"/>	<input type="text"/>
Nature of employer's business	<input type="text"/>	<input type="text"/>
Occupation*	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Length of service	<input type="text"/>	<input type="text"/>
Annual gross salary	<input type="text"/>	<input type="text"/>
*If you are retired or unemployed please provide details of your last employment before retirement or unemployment	<input type="text"/>	<input type="text"/>

If the portfolio account holder is a corporate trustee, please complete Section 3.

Section 2 Additional investment details

Do you want to increase your regular payments or or add an additional investment? Regular payment Single payment

REGULAR PAYMENT DETAILS

The payment currency for increased regular payments will be the same as your current payments.

Total regular payment	<input type="text"/>
Source of wealth	<input type="text"/>

SINGLE PAYMENT INJECTION

Additional single payment (currency and amount)	<input type="text"/>
Source of wealth	<input type="text"/>

Section 3 Supplementary section for corporate trustees

Corporate trustee name	<input type="text"/>
Global Intermediary Identification Number (FATCA GIIN)	<input type="text"/>

Section 4 Supplementary section for trusts and companies

TRUSTS

Full name

Settlor 1

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Country and place of birth

Settlor 2 (if applicable)

Trustee 1

Full name

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Trustee 2

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a Specified US Person? Yes No

Yes No

Country and place of birth

Trustee 3

Full name

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Trustee 4

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a Specified US Person? Yes No

Yes No

Country and place of birth

Section 5 Your source of wealth

In order to comply with our legal obligations in the Isle of Man we need to ask you the following questions:

- / What is your total accumulated wealth?
- / How was this wealth accumulated?
- / Over what period was this accumulated?
- / Please provide a summary of how and where this wealth is held? (i.e. UK property, UAE bank account, etc.)

Please provide the answers to these questions in the box below.

Section 6 Your additional notes

If you have no additional notes, please continue to Section 7 – Your declaration.

Section 7 Your declaration

My/our signature(s) below confirm(s) that:

I/We declare that the information supplied in this application is complete and correct to the best of my/our knowledge and belief at the time of this declaration.

I/We agree to provide Ardan International with any further information as may be required.

I/We agree to notify Ardan International of any material changes in the information provided in this application including but not limited to, changes in personal details, which may occur after the date of this application.

I/We agree/disagree to Ardan International using my/our personal information for marketing purposes. If you do not make any selection we will deem you to have given permission for your information to be used as described. You may change your mind at any time about receiving marketing messages by contacting us as described in the Ardan International Terms and Conditions.

I/We confirm that I/we have read and understood the Ardan International Terms and Conditions.

	Portfolio account holder/Trustee/ Authorised Signatory 1	Portfolio account holder/Trustee/ Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If your signature has changed to your passport, please complete a specimen signature form and attach the original to this application.

Financial adviser name	<input type="text"/>
Financial adviser company	<input type="text"/>