

FOCUS TRUST ACCOUNT APPLICATION FORM FOR PERSONAL TRUSTEES - FOR INTRODUCED CLIENTS ONLY



Please complete in full, in BLOCK CAPITALS and black ink and return to us by post (not email). If you need help to complete this form, please call us on +44 (0)1624 645800.

1. ACCOUNT LOCATION

ISLE OF MAN JERSEY LONDON

2. ABOUT YOU ("THE ACCOUNTHOLDER")

FULL NAME OF ACCOUNT	
NATURE AND PURPOSE OF THE TRUST/ CHARITY/CLUB/ASSOCIATION	

If a trust:

TYPE OF TRUST	
LEGAL JURISDICTION OF TRUST	

Tax residency – Tax regulations require us to collect certain information about each beneficial owner's tax arrangements. Please provide this information below.

FIRST COUNTRY OF RESIDENCY FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCY FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

THIRD COUNTRY OF RESIDENCY FOR TAX PURPOSES	
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)	

Please note, we may have a legal or regulatory requirement to share this information with relevant tax authorities.

DATE OF ESTABLISHMENT OF TRUST (DD/MM/YYYY)	
APPROXIMATE VALUE OF TRUST ASSETS	
OFFICIAL IDENTIFICATION NUMBER (e.g. tax/registration number, if applicable)	
CONTACT NAME	
PREVIOUS NAME(S) (i.e. maiden name, former married name(s) or if you have changed your name by deed poll)	<input type="checkbox"/> NOT APPLICABLE
DATE OF BIRTH (DD/MM/YYYY)	
PLACE OF BIRTH	
NATIONALITY	
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)	
GENDER	
ADDRESS	
POSTCODE	

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BUSINESS ADDRESS/REGISTERED OFFICE ADDRESS (if different)		
POSTCODE		
TELEPHONE NUMBER	+	
FAX NUMBER	+	
EMAIL ADDRESS		

3. ABOUT THE PERSONS CONNECTED TO THE TRUST

	PERSON 1	PERSON 2
ROLE	<input type="checkbox"/> SETTLOR <input type="checkbox"/> PROTECTOR <input type="checkbox"/> PRINCIPAL BENEFICIARY <input type="checkbox"/> OTHER (please specify) <input type="text"/>	<input type="checkbox"/> SETTLOR <input type="checkbox"/> PROTECTOR <input type="checkbox"/> PRINCIPAL BENEFICIARY <input type="checkbox"/> OTHER (please specify) <input type="text"/>
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)		
FORENAME(S)		
KNOWN AS		
SURNAME		
PREVIOUS NAME(S) (i.e. maiden name, former married name(s) or if you have changed your name by deed poll)	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE
GENDER		
OCCUPATION (if retired, previous occupation)		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PERMANENT RESIDENTIAL ADDRESS Please refer to section 12 "Documentation Required" for guidance.		
POSTCODE		
TELEPHONE NUMBER	+	+
MOBILE NUMBER to be used for SMS text communication	+	+
EMAIL ADDRESS		
PERIOD AT PRESENT ADDRESS	YEARS MONTHS	YEARS MONTHS
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)		
POSTCODE		
PLEASE SPECIFY YOUR PERCENTAGE SHAREHOLDING/OWNERSHIP (if applicable)		



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Tax residency (to be completed by settlor/beneficiaries only) – Tax regulations require us to collect certain information about each settlor's/beneficiary's tax arrangements. Please provide this information below.

	PERSON 1	PERSON 2
FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

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SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		
THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		
IF A NATIONAL INSURANCE NUMBER OR TIN IS NOT AVAILABLE, PLEASE PROVIDE YOUR RESIDENCY CERTIFICATE NUMBER		

Please note: we may have a legal or regulatory requirement to share this information with relevant tax authorities

U.S. citizenship

ARE YOU OR HAVE YOU EVER BEEN A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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We will require all U.S. citizens and U.S. tax residents to complete a Form W-9, which we can send to you or you can download from the IRS website (www.irs.gov) under the Forms and Instructions section.

Value of investments/accumulated wealth (to be completed by settlor only)

Please complete this section, which is required to meet our 'know your client' obligations.

INHERITANCE	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
CASH	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
INVESTMENTS	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
PROPERTY	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
OTHER	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED

OVER WHAT PERIOD WAS YOUR WEALTH ACCUMULATED?	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS
	<input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME

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	PERSON 3		PERSON 4	
ROLE	<input type="checkbox"/> SETTLOR <input type="checkbox"/> PROTECTOR <input type="checkbox"/> PRINCIPAL BENEFICIARY <input type="checkbox"/> OTHER (please specify)		<input type="checkbox"/> SETTLOR <input type="checkbox"/> PROTECTOR <input type="checkbox"/> PRINCIPAL BENEFICIARY <input type="checkbox"/> OTHER (please specify)	
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)				
FORENAME(S)				
KNOWN AS				
SURNAME				
PREVIOUS NAME(S) (i.e. maiden name, former married name(s) or if you have changed your name by deed poll)	<input type="checkbox"/> NOT APPLICABLE		<input type="checkbox"/> NOT APPLICABLE	
GENDER				
OCCUPATION (if retired, previous occupation)				
NATIONALITY				
DATE OF BIRTH (DD/MM/YYYY)				
PLACE OF BIRTH				
COUNTRY OF BIRTH				
PERMANENT RESIDENTIAL ADDRESS Please refer to section 12 "Documentation Required" for guidance.				
POSTCODE				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER to be used for SMS text communication for Visa transactions and banking via online and mobile app.	+		+	
EMAIL ADDRESS				
PERIOD AT PRESENT ADDRESS	YEARS MONTHS		YEARS MONTHS	
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)				
POSTCODE				
PLEASE SPECIFY YOUR PERCENTAGE SHAREHOLDING/OWNERSHIP (if applicable)				



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ARE YOU OR HAVE YOU EVER BEEN A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
CASH	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
INVESTMENTS	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
PROPERTY	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
OTHER	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED

OVER WHAT PERIOD WAS YOUR WEALTH ACCUMULATED?	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS
	<input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME

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4. REASON FOR OPENING THE ACCOUNT

PLEASE STATE REASON FOR REQUIRING AN ACCOUNT	
IF OPENING AN ACCOUNT OUTSIDE THE LEGAL JURISDICTION OF THE TRUST, PLEASE INDICATE WHY YOU REQUIRE AN OFFSHORE ACCOUNT	
PLEASE STATE WHAT THE ACCOUNT WILL BE USED FOR	

5. SOURCE OF FUNDS

Please note: We reserve the right to request additional information relating to the initial deposit as well as subsequent transactions.

INITIAL DEPOSIT	CURRENCY	AMOUNT
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Please provide full source of funds information regarding the initial monies that will be transferred to the new account, i.e. generated from what transaction or business, as well as the country it is coming from, bank name and account name.

SOURCE OF INITIAL FUNDS (e.g. savings from salary, inheritance, property sale, rental income etc)	
ACCOUNT NAME	
BANK NAME	
COUNTRY	
PLEASE DESCRIBE THE ORIGIN OF THE TRUST'S ASSETS	

Account Activity

OTHER THAN THE INITIAL DEPOSIT, HOW MUCH DO YOU EXPECT TO PAY INTO THE ACCOUNT PER YEAR?	
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Type and estimated anticipated number and value of transactions **over a 12 month period:**

Examples of type of account activity: • Additional settled funds • Rent • Investment proceeds • Investment income

	INTO THE ACCOUNT	OUT OF THE ACCOUNT
TYPE		
NUMBER OF TRANSACTIONS		
VALUE OF TRANSACTIONS (specify currency)		

WHICH COUNTRIES WOULD YOU NORMALLY BE TRANSFERRING FUNDS TO?	
LIKELY SOURCE OF ONGOING FUNDS INTO THE ACCOUNT	



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6. SERVICES REQUIRED

Please tick appropriate boxes to indicate the services that you require immediately. Focus consists of a wide range of individual services. You may at any time advise us that you wish to utilise other services.

CURRENCY IN WHICH YOUR ACCOUNT WILL BE REPORTED AND VALUED (tick one box only)	<input type="checkbox"/> STERLING	<input type="checkbox"/> US DOLLARS	<input type="checkbox"/> EURO
	<input type="checkbox"/> OTHER (please specify)		

Focus Account

Please note that Focus accounts will be opened in sterling, US dollar and euro. Please advise if you require additional currency accounts.

Additional interest bearing current account (if required)

OTHER CURRENCY REQUIRED	
DO YOU REQUIRE SEGREGATION OF INCOME RECEIVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Investment income and proceeds from the sale of investments will remain in the currency it is received.

Fixed Term Deposit Accounts

CURRENCY REQUIRED (tick all applicable)	<input type="checkbox"/> STERLING	<input type="checkbox"/> US DOLLARS	<input type="checkbox"/> EURO
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Other currencies may be available by arrangement.

PLEASE ADVISE US IF YOU WOULD LIKE TO RECEIVE FURTHER INFORMATION ON ANY OF THE FOLLOWING PRODUCTS WE PROVIDE	<input type="checkbox"/> BORROWING FACILITY	<input type="checkbox"/> INVESTMENT ADVICE
	<input type="checkbox"/> ISA	<input type="checkbox"/> TAX-EFFICIENT WRAPPERS
	<input type="checkbox"/> PENSION PLANNING	<input type="checkbox"/> DISCRETIONARY MANAGEMENT SERVICES

Focus Investment Services

DO YOU INTEND TO UTILISE THE FOCUS INVESTMENT SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU INTEND TO HOLD U.S. SECURITIES THROUGH YOUR FOCUS ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Where you intend holding execution only securities we will require you to complete the Shareholder Rights Directive II Decision Maker Nomination Form.

If you do intend to hold US securities, we will require completion of US tax forms in the W series prior to the investment being made. Dealing instructions will not be accepted for US incorporated securities without the correct US tax documentation being in place.

London Office Accountholders only

Please provide your Legal Entity Identifier (LEI).

LEGAL ENTITY IDENTIFIER	
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For instructions on how to obtain an LEI please visit our website www.nedbankprivatewealth.com.

Please note that an LEI is required if you wish to utilise the Focus Investment Services.

If you wish to apply for online banking access (view only), please select option below for each applicant.

Online Banking Access

VIEW-ONLY ONLINE BANKING	<input type="checkbox"/> PERSON 1	<input type="checkbox"/> PERSON 2
	<input type="checkbox"/> PERSON 3	<input type="checkbox"/> PERSON 4

Online banking can only be provided upon receipt of a valid email address. Please ensure that you have provided email address(es) in section 3. If you wish to transact on the account, please complete section 10.

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7. PROFESSIONAL ONLINE BANKING SERVICE

This service should be used to make payments, foreign exchanges and internal transfers, and to view your account(s) and create essential account reports. Please note that we will only accept payment requests via the Professional Online Banking Service, or in an original signed instruction sent via post (please refer to our Professional Online Banking Charges and Cut Off Times document for further details). To run your account efficiently, we strongly suggest that you apply for the Professional Online Banking Service. Please complete the sections below:

7.1 FACILITIES REQUIRED

Please confirm the facilities required by ticking the relevant box below.

ACCOUNT VIEWING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
INTERNAL TRANSFER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FOREIGN EXCHANGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PAYMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REPORTING SERVICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7.2 AUTHORISATION OPTIONS

Please indicate which authorisation option you require to match your operational mandates.

Three stage process which requires an inputter, verifier and an authoriser

Two stage process which requires an inputter/verifier and an authoriser

Single process which requires only one inputter

7.3 APPLICANTS FOR PROFESSIONAL ONLINE BANKING SERVICE (USERS)

Please confirm the full name and mark yes/no for access requirements applicable to each applicant.

Verifiers and Authorisers must coincide with your operational mandate. Please note individuals can be set up as having all levels of authority, but can only fulfil one function in the process.

FULL NAME	INPUTTER	VERIFIER	AUTHORISER	PAYMENT LIMIT ONLY

7.4 SECURITY MANAGER INFORMATION

A Security Manager is responsible for any changes to new and current users (including amendments, deletion or enquiries etc).

This information is required for security purposes to help identify users at your company/organisation.

	SECURITY MANAGER	ALTERNATIVE SECURITY MANAGER
FORENAME		
SURNAME		
EMAIL ADDRESS		
TELEPHONE NUMBER	+	+
FOR ADDED SECURITY AND TO HELP US TO IDENTIFY YOU, PLEASE PROVIDE A PASSWORD. PLEASE WRITE IN PRINT AND BLOCK CAPITALS, AND KEEP TO ONE WORD.		



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8. AUTHORISATION

Third Party Authorisation

If you would like to arrange authority for a third party to operate the account, please tick to receive a mandate.

If you do disclose your information to a third party, please consider the risks in doing so and the obligations as detailed within the Terms and Conditions.

Intermediary Authorisation

DO YOU WISH US TO SEND COPY STATEMENTS OF YOUR ACCOUNT TO YOUR INTERMEDIARY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH TO HAVE YOUR ACCOUNT DETAILS MADE AVAILABLE TO YOUR INTERMEDIARY VIA THE INTERNET? If Yes, an online banking application form may be sent to your intermediary	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH US TO DIVULGE INFORMATION TO YOUR INTERMEDIARY? If Yes, please complete an 'Authority to release account information to an intermediary' form.	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU WISH US TO ACCEPT INVESTMENT INSTRUCTIONS FROM A THIRD PARTY? If Yes, please complete and sign a mandate 'Focus mandate appointing a third party adviser to give investment instructions only'.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please note that we are authorised to send information via email where your intermediary has an email mandate in place.

If you have answered Yes to any of the above, please give details of your intermediary.

NAME		
ADDRESS		
POSTCODE		
TELEPHONE NUMBER	+	
EMAIL ADDRESS		

9. YOUR INSTRUCTIONS AND REQUESTS FOR INFORMATION

Security password for your telephone calls

Please complete the Security Password Mandate which will be supplied separately once your application has been received, and send it to us in the post at your earliest convenience. We will accept your security password as specified as authorisation for enquiries, investment transaction instructions, payment instructions to nominated bank accounts and foreign exchange instructions via the telephone. We will ask you for selected characters from your security password.

Telephone instructions and requests for information will only be accepted if we can adequately identify the caller as the Accountholder.

Authorised Signatories

	AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
NAME		
SIGNATURE		
DATE (DD/MM/YYYY)		

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10. DECLARATION

To be made by those duly authorised by the trust, charity, club or unincorporated association. You wish to open an account with us in accordance with the published Terms and Conditions which you acknowledge having received and to which you agree to be bound. You authorise us to make enquiries and take up references as we consider appropriate in connection with this application form and this authorisation is to remain effective until we receive written notification to the contrary.

You understand that we do not accept any liability whatsoever in respect of any losses which you may suffer as a result of any fraud or negligent misuse of the banking services including telephone banking unless such loss occurs as a result of fraud or gross negligence on the part of us or our employees or agents.

You confirm that you have examined the information on this form and to the best of your knowledge believe it to be true, correct and complete. You agree that you will notify us within 30 days if any information on this form becomes incorrect.

You confirm that you will maintain the account balance above the minimum required.

'Order Execution' acknowledgement

You acknowledge that where we are placing deals under an execution-only arrangement, you are not receiving the same level of protection under the legislation as you would where we have provided investment advice or made recommendations. We are not obliged to consider the suitability of the product based on our knowledge of you and taking into consideration your risk appetite. We will process the investment assuming you have made an informed decision on the basis of your own research, having independently reviewed the product literature or illustrations. We will not perform any reviews on the continuing suitability, performance, or risk of the investment once the transaction has been processed.

Data Protection

The information requested on this form will be used by us to assist us in providing the service you are applying for, to confirm, update and enhance our records, and to assess your credit rating and establish your identity.

You acknowledge that you have read and accept our Privacy Notice, which can be found at www.nedbankprivatewealth.com. This document details how we collect, process, store and dispose of the personal information you have provided to us. It also outlines your individual rights to your information and how you can access it.

If you wish to receive our newsletters and other marketing communications or promotions, please tick this box.

If you wish to cease these communications in the future, you can do so by contacting us.

The terms of this Account Application form shall be governed by and construed in accordance with the laws of the Isle of Man, Jersey or UK (as applicable).

	AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
NAME		
CAPACITY		
SIGNATURE		
DATE (DD/MM/YYYY)		

	AUTHORISED SIGNATORY 3	AUTHORISED SIGNATORY 4
NAME		
CAPACITY		
SIGNATURE		
DATE (DD/MM/YYYY)		



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11. TRUST MANDATE

If you are applying on behalf of a charity, club or unincorporated association, please complete attached mandate.

You the undersigned (full names in block capitals)

[Redacted area]

Being the present trustees of the (name of trust)

[Redacted area]

Hereby resolved: (please complete as appropriate)

1. THAT an account ("the Account") be opened with us and that we be, and hereby are, authorised and requested to pay or honour all cheques, drafts, or other orders or receipts for money purporting to be drawn or signed on behalf of the trust, and to debit the same to such account, whether such account be in credit or otherwise, provided that such cheques, drafts, orders or receipts are signed by **all/any** [Redacted] **of you/other**;

Please specify

[Redacted area]

2. THAT we are hereby authorised to honour and comply with all instructions to deliver or dispose of any securities or documents or property held by us on behalf of the trust;
3. THAT the trustees are hereby authorised on behalf of the trust:
 - 3.1 to borrow money and to obtain credit for the trust from us on any terms and to make and deliver notes, drafts, acceptances, instruments of guarantee, agreements and any other obligations of the trust therefore in a form satisfactory to us;
 - 3.2 to grant security interests in and/or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, instruments, bills receivable, accounts, mortgages, merchandise, bills-of-lading, warehouse receipts and other documents, insurance policies, certificates, and any other property now or hereafter held by or belonging to the trust, with full authority to endorse, assign or guarantee any of the same in the name of the trust;
 - 3.3 to discount any bills receivable or any paper held by the trust with full authority to endorse the same in the name of the trust;
 - 3.4 to withdraw from us and give receipt for, or to authorise us to deliver to the bearer or to one or more designated persons, all or any documents and securities or other property held by it, whether held as collateral security or for safekeeping or for any other purpose;
 - 3.5 to authorise and request us to purchase or sell for account of the trust stocks, bonds and other securities;
 - 3.6 to execute and deliver all security and other agreements, financing statements and other papers required by us in connection with any of the foregoing matters;
 - 3.7 to provide client due diligence documentation as required by the bank.
4. THAT upon any trustee ceasing to be a trustee of the trust, by death or otherwise, we may, in the absence of written notice to the contrary from us or any of us or the legal personal representatives of any of us, treat the surviving or continuing trustee(s) for the time being as having full power to administer the trust and to deal with its assets as freely as if there had been no change in the identity of the trustees;
5. THAT the above authority shall remain in force until we receive written notice of its revocation and shall apply notwithstanding any change in the trustees by death, bankruptcy, retirement or otherwise of the admission of any new trustee and trustees;
6. THAT you jointly and severally agree, for yourselves and each of you and your respective successors and personal representatives:
 - (i) to be bound by the Terms and Conditions;
 - (ii) that you are each jointly and severally liable for all cheques drawn on the trust's account, any sum to which we have the right to be reimbursed under the Terms and Conditions and any charges we make under the Terms and Conditions; and
 - (iii) to ratify all transactions on the trust's account and to indemnify us and our respective directors and officers, against all proceedings liability, claims, costs, damage or loss (including consequential loss) arising through the operation of the trust's account in accordance with this Mandate; and
7. THAT you undertake that on any change in the construction of the trust you will immediately give us written notice thereof and that you will procure that any new trustee signs an assent to this request, authority and agreement;
8. THAT you acknowledge that we have elected to classify all clients as 'retail clients' and you will be treated as such in respect of all business we conduct for you. This classification means that you will receive the highest level of regulatory protection available for complaints and compensation and receive information from us in a straightforward way and determines the regulatory requirements that will apply to us when providing investment and ancillary services to you. You have the right to request a different classification, as a 'professional client' or 'eligible counterparty client' as defined by the EC Markets in Financial Instruments Directive, subject to meeting the required criteria, but this will result in you having a decreased level of regulatory protection. Any such request should be made in writing to us.

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You agree that your signature to this account application shall be your acknowledgement that you have received a copy of our Terms and Conditions and that the Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein.

You hereby certify that the signatory(ies) whose specimen signature(s) appear in section 9 are duly authorised to sign on behalf of the trust in accordance with the terms of this account application:

	TRUSTEE	TRUSTEE
SIGNATURE		
DATE (DD/MM/YYYY)		

	TRUSTEE	TRUSTEE
SIGNATURE		
DATE (DD/MM/YYYY)		

Any changes to the above will be notified to you immediately.

12. DOCUMENTATION REQUIRED

IMPORTANT – Documents required for all accounts

We are required to confirm the identity and address of all clients opening bank accounts.

We therefore need the following documents which will be treated as confidential. All originals will be returned to you.

For at least two of the account signatories, and where different, two directors, settlor(s), protector(s) or principal beneficiary(ies), we require a copy of their passport, or a copy of their driving licence* or a copy of any other government issued ID document bearing their photograph and signature certified by a suitable person i.e. an official of a British embassy, qualified solicitor, member of the judiciary, qualified accountant, a director, officer or manager of a regulated financial services business. The certifier must be licensed/practising/member of a professional body/authorised to certify documents;**

AND

An original utility bill (not a mobile telephone bill or internet bill), statement from a recognised bank, statement from a recognised bank credit card provider or TV licence, rates bill, council tax bill or income tax bill, not more than six months old showing name and permanent residential address (a certified copy is acceptable if completed as stated below).

To certify a document:

The certifier must state on the copy documents the following:

"I certify that this is a true copy of the original document".

When certifying photographic ID also include the wording "and is a true likeness".

The documents must be signed, dated and bear the stamp of the office of the certifying person as well as have printed clearly in capitals the name, position, profession and contact details of the certifier.

If you do not possess a passport, driving licence or government issued ID card, please contact us.

In addition to the above, we also require:

Personal trustees

- Evidence of the proper appointment of the trustees e.g. a certified copy of the extracts from the deed of trust or a letter from an advocate verifying the same.

Charities

- A copy of the constitutional or other documents of organisation or establishment.

* Only UK, Jersey, Guernsey or Isle of Man driving licences can be accepted.

** The certifier must have seen the original document and met the individual face-to-face.



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Club or unincorporated associations

- A mandate in our standard form, signed by officers of the club or unincorporated association
- A copy of the rules/constitution of the club or association.

We cannot process your application without sight of these documents which will be returned without delay. If any of these requirements cause difficulty, please contact us.

12. YOUR CHECKLIST

- All relevant sections of the application form completed
- A fully completed Self Certification of Entity Tax Status form
- W-9 forms to be completed for any US citizen/US tax resident or if appropriate by a US tax resident trust
- Relevant W forms for an entity that wishes to trade in US securities
- 'Authority to release account information to an intermediary' form (if applicable)
- 'Focus mandate appointing a third party adviser to give instructions only' form (if applicable)
- Shareholder Rights Directive II Decision Maker Nomination Form if applicable

Certified copies of the following documents will be required

- Certified extract of the trust deed and any relevant deeds of appointment and retirement
- ID and address documents for all beneficiaries/settlor/protector

Please note that additional information and/or further mandates may be required.

When you have completed this form simply post it to:

Nedbank Private Wealth
St Mary's Court 20 Hill Street
Douglas Isle of Man
British Isles IM1 1EU

or

Nedbank Private Wealth
31 The Esplanade
St Helier Jersey
Channel Islands JE1 1FB

or

Nedbank Private Wealth
Seventh Floor
12 Arthur Street
London EC4R 9AB

Please do not email your application form to us as the personal information contained within this form may be compromised by way of fraudulent interception.

Please note: we will require the original completed and signed copy of this application form and items in the checklist above to finalise account opening formalities.