

FOCUS TRUST ACCOUNT APPLICATION FORM FOR CORPORATE 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	
TYPE OF TRUST	
LEGAL JURISDICTION OF TRUST	
DATE OF ESTABLISHMENT OF TRUST (DD/MM/YYYY)	
OFFICIAL IDENTIFICATION NUMBER, IF APPLICABLE (e.g. tax/registration number)	
APPROXIMATE VALUE OF TRUST ASSETS	

3. DETAILS OF CORPORATE TRUSTEE

COMPANY NAME		
DATE OF INCORPORATION (DD/MM/YYYY)		
COUNTRY OF INCORPORATION		
COMPANY REGISTRATION NUMBER		
REGISTERED OFFICE ADDRESS		
POSTCODE		
BUSINESS / CORRESPONDENCE ADDRESS (if different)		
POSTCODE		
CONTACT NAME		
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)		
CAPACITY		
BUSINESS TELEPHONE NUMBER	+	
FAX NUMBER	+	
EMAIL ADDRESS		
WEBSITE		
DETAILS OF ANY EXISTING RELATIONSHIPS WITH NEDBANK PRIVATE WEALTH		

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4. ABOUT THE PERSONS CONNECTED TO THE TRUST

	PERSON 1		PERSON 2	
ROLE	<input type="checkbox"/> SETTLOR <input type="checkbox"/> DIRECTOR OF CORPORATE TRUSTEE <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> PROTECTOR <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> OTHER (please specify) <input type="text"/>		<input type="checkbox"/> SETTLOR <input type="checkbox"/> DIRECTOR OF CORPORATE TRUSTEE <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> PROTECTOR <input type="checkbox"/> 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 Proof of address is required. Please refer to section 13 "Documentation Required" for guidance.				
POSTCODE				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER for SMS text communication and Professional Online Banking Services	+		+	
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)				

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.

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



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

	PERSON 1	PERSON 2
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: To help fight against tax evasion, governments around the world have introduced an information-gathering and reporting requirement for financial institutions instructions. This is known as the Common Reporting Standards (CRS). Individuals resident in a CRS jurisdiction will have their details forwarded to the tax authorities.

US 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 US citizens and US 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"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <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"/> DIRECTOR OF CORPORATE TRUSTEE <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> PROTECTOR <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> OTHER (please specify)		<input type="checkbox"/> SETTLOR <input type="checkbox"/> DIRECTOR OF CORPORATE TRUSTEE <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> PROTECTOR <input type="checkbox"/> 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 Proof of address is required. Please refer to section 13 "Documentation Required" for guidance.				
POSTCODE				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER for SMS text communication and Professional Online Banking Services	+		+	
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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NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		



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	PERSON 3	PERSON 4
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.

US 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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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"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME

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5. 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	

6. 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 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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7. 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 use other services.

CURRENCY IN WHICH YOUR ACCOUNT WILL BE REPORTED AND VALUED (tick one box only)	<input type="checkbox"/> STERLING	<input type="checkbox"/> U.S. 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"/> U.S. 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 USE 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 use the Focus Investment Services.

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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

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 REQUESTS FOR INFORMATION

Security password for your telephone calls

We will accept your security password as specified as authorisation for enquiries via the telephone. We will ask you for selected characters from your security password.

Important note:

In order to safeguard client security, please only complete your chosen password when you are ready to send your completed application form to us in the post. The security password is a key factor in verifying client identity when contacting us and, as such, your account security may be at risk if it falls into the wrong hands.

YOUR CHOSEN SECURITY PASSWORD IS (password must be a minimum of four characters)	
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Telephone requests for information will only be accepted if we can adequately identify the caller as the accountholder.

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10. 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:

10.1 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

10.2 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

10.3 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

10.4 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. (a password must be a minimum of four characters).		

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11. DECLARATION

To be made by those duly authorised by the board of directors of the Corporate Trustee. 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.

'Order Execution' acknowledgement: You acknowledge that you have received a copy of our 'Order Execution Policy' and agree to be bound by it. 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 provide the specified services and to confirm 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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12. TRUST MANDATE

You hereby certify that at a Meeting of the Directors of [redacted] ("the Company") held at [redacted] the day of [redacted]

It was resolved:

1. That the company confirms it has been appointed as trustee of [redacted]
2. That an account (the trust's account) be opened with us in the names of the trustees in respect of which you accept full responsibility and liability on the published Terms and Conditions thereof which you understand and accept;
3. That the company as trustees have full power to administer the trust, acquire and dispose of assets and to borrow or raise capital on behalf of the trust and to pledge or deposit assets as security for such borrowings;
4. That we are hereby authorised:
 - (a) to honour and comply with all cheques drawn on behalf of the trust and to debit such cheques to the trust's account;
 - (b) to honour and comply with all instructions for withdrawals from the trust's account believed to be genuine;
 - (c) to honour and comply with all instructions for foreign exchange for the trust's account believed to be genuine; and
 - (d) to collect for credit to the trust's account all instruments endorsed on behalf of the trust.

Provided any such cheques, instructions or endorsements are signed by [redacted] ** of the signatories appearing in section 11.

** Number of signatories required

Provided further that we be furnished with a list giving full names and including a specimen signature of each of the authorised signatories (certified by the chairman and the secretary) and documentary proof of name and home address of each of the authorised signatories, and that we shall be entitled to act upon such a list until we receive notice in writing of any change thereto or any further such list, in each certified as aforesaid, and that we may assume that these resolutions have not been amended or revoked until we receive notice in writing thereof.

5. In acting upon any instructions given pursuant to and in accordance with this mandate, we shall be deemed to have acted in accordance with the trust deed and you hereby agree to indemnify and keep indemnified us from and against any and all claims, demands, actions, proceedings, costs and damages which may be brought or made against or charged or incurred by us by reason of us having acted upon instructions given pursuant to and in accordance with this mandate;
6. You confirm that all monies, securities, documents or property from time to time held in the said account or to the order of the said account will at all times be held by you in your capacity as trustees of and subject to the trust;
7. You undertake forthwith to give notice to us of any change of trustees of the trust and to lodge with us a certified copy of every deed of retirement and appointment;
8. Your liability hereunder shall be limited to any assets from time to time held by you as trustees of the trust; and
9. You hereby irrevocably authorise us and agree that we may consolidate all accounts with us in your name as trustees of the trust and apply by way of set off any credit balances from time to time standing in your name for the account of the trust or any proceeds arising from the realisation of any securities held by us or our nominee to your order for the account of the trust against and towards the discharge of any liability that you as trustees of the trust may owe to us on any account designated for the account of the trust whatsoever whether actual or contingent and whether as principal, surety or otherwise.

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.

You agree that your signatures 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.

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You hereby certify that the signatory(ies) whose specimen signature(s) appear in section 11 are duly authorised to sign on behalf of the company in accordance with the terms of this corporate account application:

	CHAIRMAN/DIRECTOR	SECRETARY/DIRECTOR
SIGNATURE		
DATE (DD/MM/YYYY)		

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

13. 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, 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

- Evidence of the proper appointment of the trustees, details of settlor(s), protector(s), principal beneficiary(ies) and trust fund e.g. a certified copy of the extracts from the deed of trust or a letter from an advocate verifying the same.

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.

* 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.

If the corporate trustee is not part of a licensed financial institution, the beneficial owners of the company must also supply the above documents.



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14. 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:

- Authorised signatory list
- Certificate of incorporation (corporate trustee)
- Memorandum & articles of association (corporate trustee)
- Directors and shareholders register (corporate trustee)
- Certified extract of the trust deed and any relevant deeds of appointment and retirement
- ID and address documents for directors/signatories, as appropriate
- 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.