

SHARE PLAN APPLICATION FORM



Mandatory fields marked with*

To open a Witan Wisdom Share Plan account please complete this application in BLOCK CAPITAL letters, sign and return it to Witan Wisdom, PO Box 10550, Chelmsford CM99 2BN. If you are a US Citizen, domiciled and/or tax resident in the USA we are unable to open an account for you in order to comply with US law. Please read this form in conjunction with the Witan Wisdom Key Features & Terms and Conditions. **Please note all correspondence will be sent to the first named account holder.**

1. Your personal details

Your title* Mr Mrs Miss Ms Other title

First name*

Surname*

Email address*

Mother's maiden name*
(required for security purposes)

Date of birth* DD - MM - YYYY

Your permanent home address* House number or name*

Address details*

Postcode* Daytime telephone number*

Place of birth* Nationality*

If you are an existing Witan Wisdom customer please enter your account number:

Country/Countries of tax residency (if you are a tax resident in Jersey, Guernsey, Isle of Man and/or Gibraltar, please include the name of the Crown Dependency and/or Overseas Territory)	Country	National Insurance or Tax Residency number
	<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 you are not resident in any country for tax purposes, please mark a cross in the box

2. Joint applicant details (if applicable)

Your title* Mr Mrs Miss Ms Other title

First name

Surname

Email address

Mother's maiden name
(required for security purposes)

Date of birth - -

Your permanent home address House number or name*

Address details

Postcode Daytime telephone number*

Place of birth* Nationality*

3. Beneficial Owner - If this investment is not for the named applicant(s) on this form please provide details of the beneficial owner

Your title* Mr Mrs Miss Ms Other title

First name

Surname

Date of birth - -

Address details*

Place of birth* Nationality*

4. IFA (Independent Financial Adviser) Use Only

IFA FCA code

5. Banking details - Please complete this so we can make payments direct to your bank account

Name(s) of account holder(s)*

Name of bank/building Society*

Branch sort code* Bank/building society account number*

6. Your preferences*

- I would like dividends to be: Reinvested **or** Paid out (to my nominated bank account in section 5)
- I would like to receive the Annual and Half Year Reports: By post **or** By email notification
- I would like to pay my Annual Management Fee:
By Direct Debit (please complete section 8) **or** for Witan Investment Services to sell shares to cover the fee

If you select to pay the annual management fee by direct debit, you avoid the possibility of shares being sold if the fee cannot be recovered from cash held at the time of dividend reinvestment.

7. Your instructions*

Stock name in full*	W I T A N I N V E S T M E N T T S T		
Value £	.	Lump Sum	Value £ .
			Regular Sum (minimum £50)
Stock name in full*	W I T A N P A C I F I C I N V T S T		
Value £	.	Lump Sum	Value £ .
			Regular Sum (Minimum £50)
Total Value £	.	Lump Sum (Minimum £1,000)	£ .
			Regular Sum (minimum £50) in each trust

Please include a cheque for this amount made payable to Witan Wisdom Client a/c.

Your bank account will be debited on the 15th day of the month or next working day thereafter.

For Regular Sum - Please advise frequency of payments required: Monthly or Quarterly

8. Direct Debit Details - Please complete this to set up regular payments and/or pay your annual management fee (must be same as section 5)

<p>Witan Investment Services Limited</p> <p style="text-align: center;">Instruction to your bank or building society to pay by Direct Debit</p> <p style="text-align: right;"></p> <p>Please fill in the form and send to: Witan Wisdom, PO Box 10550, Chelmsford CM99 2BA.</p> <p>Name and full postal address of your bank or building society</p> <p>To: The Manager Bank/building society</p> <p>Address</p> <p> </p> <p> </p> <p> </p> <p style="text-align: right;">Postcode</p>	<p>Service user number</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">6 9 8 4 4 1</p> <p>Reference</p> <p style="border: 1px solid black; height: 15px; width: 100%;"></p> <p>Instruction to your bank or building society. Please pay Witan Investment Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Witan Investment Services Limited and, if so, details will be passed electronically to my bank/building society.</p>
<p>Name(s) of account holder(s)</p> <p style="border: 1px solid black; height: 25px; width: 100%;"></p> <p>Branch sort code</p> <p style="border: 1px solid black; width: 80px;"></p> <p>Bank/building society account number</p> <p style="border: 1px solid black; width: 240px;"></p>	<p>Signature(s)</p> <p style="border: 1px solid black; height: 30px; width: 100%;"></p> <p>Date</p> <p style="border: 1px solid black; width: 100%;"></p>
<p>Banks and building societies may not accept Direct Debit Instructions for some types of account.</p>	
<p>DDI5</p>	

9. Declarations*

I/We declare that

I am/We are over 18 years of age and wish to open a Witan Wisdom Share Plan as indicated in this application form.

I/We agree to bound by the Witan Wisdom Key Features & Terms and Conditions which form part of this application form.

I/We have retained a copy of the Witan Wisdom Key Features & Terms and Conditions for my/our own records.

I/We permit Witan Investment Services Limited to submit the data provided by me/us in this application to Experian or any other third party used by Witan Investment Services Limited for the purposes of database searching to verify my/our identity and prevent fraud.

A record of the search will be retained.

Signature*		Date* (XX/XX/XXXX)	/	/
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Joint application (if any) Signature		Date* (XX/XX/XXXX)	/	/
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I/We agree Witan Investment Services Limited may also contact me/us about other services and products which may be of interest. (If you do not want to be contacted, you can write to us at any time).

I/We do not want to be contacted (please mark a cross in the box)

For internal use only