

Client Representative Form

This form should be used:

- 1) If the client has appointed an attorney under an Ordinary or Lasting Power of Attorney
- 2) If the courts have appointed a deputy under a Court of Protection order.

Please note, this form must be accompanied by a formal Power of Attorney or Court of Protection document, such as a court order.

A Power of Attorney document must be an original or a copy which has been certified on every page by either the donor of the power, a solicitor or a person authorised to carry out notarial activities.

The Client Representative may be an individual or a corporate body. Please complete either Section 2.1 or 2.2 as appropriate.

Please complete in BLOCK CAPITALS and mark ✘ in the box where applicable.

The completed form should be sent to Client Services Team, Trimbridge House, Trim Street, Bath, BA1 1HB.

If you have any queries, please contact your Financial Adviser, or call our Client Services Team on 0345 076 6140.

Section 1 Client Details

Please add the details of the client who is being represented.

Existing client reference (if applicable)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>

Permanent Residential Address	<input type="text"/>
Postcode	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2 Client Representative

Section 2.1 Individual Client Representative Details

Existing client reference (if applicable)	<input type="text"/>
Title	<input type="text"/>
Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Residential Address	<input type="text"/>
Postcode	<input type="text"/>

National Insurance 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"/> <input type="text"/>
If you do not have a National Insurance number, please mark ✘ here	<input type="checkbox"/>

Nationality	<input type="text"/>
-------------	----------------------

If you have dual nationality or are not a UK National, please complete the following (you may need to contact the Financial Adviser to help you answer these questions).

Non-UK nationality	<input type="text"/>
--------------------	----------------------

If European Economic Area (EEA), please enter National ID Type:

<input type="text"/>

National Identifier	<input type="text"/>
---------------------	----------------------

If you do not have your National Identifier, please mark ✘ here	<input type="checkbox"/>
---	--------------------------

Failure to provide us with a National Insurance number or other National Identifier will usually mean you will be unable to trade in Exchange Traded Instruments on our platform. Please ask your Financial Adviser to contact us if you are unable to obtain the required identifier.

Section 2.2 Corporate Client Representative Details

Name of corporate entity

Registered Address

Postcode

Legal Entity Identifier (LEI)

Failure to provide us with a LEI will mean you will be unable to trade in Exchange Traded Instruments on our platform.

Data Protection

As described in our Terms and Conditions, the personal data that you provide to Investment Funds Direct Limited under this Application will be used by us in compliance with our obligations under the Data Protection Act 1998 and (with effect from 25 May 2018) the General Data Protection Regulation (EU Regulation 2016/679), along with applicable legislation amending, supplementing or replacing the General Data Protection Regulation (together, "Applicable Data Protection Law").

Our Privacy Policy explains how personal data will be collected, used and stored by us and will set out further information required to be provided under Applicable Data Protection Law to the individual to whom the personal data relates. Please see our Privacy Policy (which we will update from time to time) for more information. This is available from your Financial Adviser or on the Platform. If you provide us with information about other investors, you confirm that you will pass on a copy of our Privacy Policy to them so that they are aware of how their personal data will be collected, used and stored by us.

Section 3 Client Representative Signature

By signing the below I/we confirm I/we have read and understood the above privacy/data protection notice.

Signature

Name

Date

 / /

For and on behalf of (Company name)

Name

Date

 / /


Section 4 Confirmation of Verification of Identity Certificate

Introduction by an FCA Regulated Firm

Please complete this certificate to confirm your Client Representative's identity. This is required by us to meet anti money laundering requirements.

Important Information

- A separate certificate must be completed for each Client Representative.
- This certificate cannot be used to verify the identity of any Client Representative that falls into one of the following categories:
 - those who are exempt from verification as being an existing Client Representative of the introducing firm prior to the introduction of the requirement for such verification;
 - those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
 - those whose identity has been verified using the source of funds as evidence.
- This certificate must carry an original signature.
- We reserve the right to request a copy of the evidence you use to verify the identity of your Client Representative.

If you are using this form to verify the identity of a private individual, complete Parts A and C only.

If you are using this form to verify the identity of a non private individual, complete Parts B and C only.

Part A Private Individual

Name of Client Representative	<input type="text"/>	Client Representative's previous address*	<input type="text"/>
Client Representative's current address	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*Only complete if the Client Representative has changed address in the last three months.

Part B Non Private Individual

Full name of Client Representative	<input type="text"/>	Registered number (if any, or if appropriate)	<input type="text"/>
Type of entity (corporate, trust etc)	<input type="text"/>	Relevant company registry* or regulated market listing authority	<input type="text"/>
Location of business (full operating address)	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Registered office in country of incorporation	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		

*Relevant company registry includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.

		Dates of birth if known
Names of directors (or equivalent)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Names of principal beneficial owners (over 25%)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Part C Confirmation

I/We confirm that the information completed in Part A or Part B was obtained by me/us in relation to the Client Representative.

Please mark **X** in one box only:

- The evidence I/we have obtained meets the standard requirements which are defined within the guidance for the UK Financial Sector issued by Joint Money Laundering Steering Group (JMLSG); or
- The evidence I/we have obtained exceeds the standard requirements and I/we have attached the further evidence I/we used to verify the identity of my/our Client Representative to this form.

Firm Name

FCA Firm Reference Number

Registered Individual (RI)

FCA Individual Reference Number

Authorised Signature (must be signed by the RI)

Date

 / /