



# DIRECT INVESTMENT APPLICATION FORM

Please use black ink and write in CAPITALS. Defined terms shall have the meaning as set out in the Definitions section of the Brochure incorporating the Terms and Conditions. When you have completed and signed this application form, please return it to your Financial Adviser or to: Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.

If you have any questions regarding the application process, please speak to your Financial Adviser or call 0845 848 0307

## 1. YOUR DETAILS – 1ST APPLICANT

Title (Mr/Mrs/Miss/Ms):	
Surname:	
Full first names:	
Date of birth:	D D M M Y Y Y Y
Permanent home address:	
Post Code:	
Country:	
Phone Number:	

For joint applications the first address will be used for all correspondence.

## 2. BANK DETAILS

Please complete the details below for receipt of payments:

Bank/Building Society:	
Address:	
Post Code:	

## 3. ON BEHALF OF A CHILD

If you are investing on behalf of a child (not aged 18 or over), please fill in the child's details here.

Child's full name:	
Child's date of birth:	D D M M Y Y Y Y

## 2ND APPLICANT DETAILS (JOINT APPLICATIONS ONLY)

Title (Mr/Mrs/Miss/Ms):	
Surname:	
Full first names:	
Date of birth:	D D M M Y Y Y Y
Permanent home address:	
Post Code:	
Country:	
Phone Number:	

Account name:	
Account no:	
Sort code:	
Building Society Ref. or Roll No:	

## 4. NATIONAL INSURANCE NUMBER

Do you have a National Insurance (NI) number?: ☐ Yes ☐ No  
If 'Yes', please write it below.

You should be able to find your NI number on a payslip, form P45 or P60, letter from Her Majesty's Revenue & Customs, letter from the DWP or pension order book.

1ST APPLICANT	
2ND APPLICANT	

## 5. COUNTRY OF RESIDENCE FOR TAX PURPOSES

Country:

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## 6. INVESTMENT DETAILS

Minimum investment £3,000 after deduction of any Fees where relevant.

<b>A</b>	Total amount being sent (Total on cheque or amount being transferred)	£	
	i. I/we <b>do not</b> want you to pay fees to my/our adviser	<input type="checkbox"/>	
	ii. Please pay fees to my/our adviser (named in section 8)	<input type="checkbox"/>	
<b>B</b>	Please sign to confirm payment of fees:	Signed: <table border="1"><tr><td></td></tr></table>	
<b>C</b>	Amount to be invested in Product (Box A – Box B)	<b>Money Builder Deposit Plan 2 (Memory)</b> £	

Cheques should be made payable to **Gilliat Financial Solutions Client A/C 10**. If you are sending us a building society cheque, it should be payable to **Gilliat Financial Solutions Client A/C 10 (client name)**. If you send money by bank transfer, the details you require are: Gilliat Financial Solutions Client A/C 10, Barclays Bank, Sort code: 20-00-00, Account number: 0339 5510

## 8. HAVE YOU RECEIVED FINANCIAL ADVICE?

Gilliat recommends that all clients seek financial advice to help establish whether investing in this Plan fits with their circumstances and financial objectives. Have you received financial advice relating to this Plan?

- ☐ **Yes**, I/we have received advice from  (name of firm)
- ☐ **No**, I/we have not received financial advice

## If you have received advice, please proceed to Section 9.

If you have not taken financial advice please answer the following questions so that we can assess whether the Plan is appropriate for you.

1. Please indicate if you have ever held:

- ☐ Any investment where the investment returns are variable and are based on the performance of the securities, such as equities, commodities, indices, corporate bonds
- ☐ A structured deposit (a fixed term investment such as the one you are applying for)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 2. Do you understand that payment of the Annual Coupon will depend on the performance of the Underlying Assets of the Plan?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you understand that the Plan is designed to be held for the full term of the Plan and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you read and considered the Brochure and the Terms & Conditions?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you read and considered fully the risks associated with investing in the Plan as provided in the Brochure?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 9. DECLARATION &amp; AUTHORITY

**I/we declare that:** I declare I am 18 years of age or over and that I am not a resident of the United States of America or a U.S. person and that I am not acting for or will not act for or on the behalf of any US person or US resident to acquire securities in the Plan. Further I agree to inform you immediately should I become resident in the United States. I confirm adherence to the requirements contained in the Terms and Conditions.

**I/we authorise Gilliat:** To hold my cash subscription, investments, interest, dividends and other rights or proceeds in respect of these investments and any cash or other proceeds.

**I/we have read the relevant Brochure, incorporating the Terms & Conditions and agree the terms under which my/our investments will be managed. I/we declare that Gilliat Financial Solutions shall act as Bare Trustee for the cash investment which will be placed on deposit with SG Hambros Ltd. I/we declare that this application form has been completed to the best of my/our knowledge and belief. I/we understand that Gilliat Financial Solutions does not provide investment advice and confirm that I/we have received advice on this investment from a Financial Adviser as shown above or, if I/we have not received advice, that I/we am satisfied that I/we do not need to take financial advice.**

1st Applicant  
Signature:

2nd Applicant  
Signature:

Date:

Date:

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Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.

## 10. FOR FINANCIAL ADVISER'S USE ONLY

Adviser Firm:

Other special instructions re investment:

FCA Firm number:

Name of adviser:

If you are part of a network, please state which:

**Prevention of money laundering**

I confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'.

**Please tick the appropriate box:**

- ☐ I have enclosed signed copies of the documentary evidence with this certificate.
- ☐ I have seen the original documents and recorded details.

**Signed on behalf of the above:**

By signing this application form, you agree to be bound by Gilliat's Terms of Business, details of which can be found at [www.gilliat.co.uk](http://www.gilliat.co.uk).