WALKERCRIPS STRUCTURED INVESTMENTS

Application form for Company investment

This application form is for investment into the following **Societe Generale** plans:

- SG UK Kick-out Plan 27 (UK Four)
- SG UK Step Down Kick-out Plan 27 (UK Four)
- SG UK & US Step Down Kick-out Plan 27 (UK Four)
- SG UK & Europe Step Down Kick-out Plan 25 (UK Four)
- SG UK Defensive Growth Plan 14 (UK Four)
- SG UK Kick-out Plan 8 (UK Gilts)
- SG UK Kick-out Plan 3 (Societe Generale)
- SG UK Step Down Kick-out Plan 3 (Societe Generale)

The closing date for applications is Friday 30 September 2016.

If you wish to invest into more than one plan, please use a separate application form for each plan. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

Please note that applications from companies can only be accepted for direct investment.

Applications for company investments will only be accepted via a regulated UK or EU Intermediary.

Funding the investment

Please indicate how you will fund this investment

I have attached a cheque made payable to 'Walker Crips Stockbrokers Limited'.

I am making a bank transfer to the following bank details:

Account NameWalker Crips Stockbrokers LimitedBankHSBC Bank plcSort code40-05-30Account Number40025232ReferencePlease quote your surname and/or Walker Crips account number (if known)

I am using proceeds from a matured plan held with Walker Crips.

Application sections

Please ensure all of the following sections are fully completed

- 1 Company details
- 2 Bank details
- 3 Investment selection
- 4 Investment details
- 5 Financial advice and adviser charging
- 6 Declaration and authorisation
- 7 Financial adviser declaration

Contact

For any application queries please contact:

Email Telephone Fax wcsi@wcgplc.co.uk 020 3100 8880 020 3100 8822

Address for all correspondence:

Walker Crips Structured Investments Finsbury Tower 103–105 Bunhill Row London EC1Y 8LZ

1. Compan		
If you are alread Structured Inves	ly a client of Walker Crips or have previously invested i tments Plan please provide your account number:	n a waiker Crips
Name of		
company Registered office		
office		
		Postcode
	Telephone	Email address
Primary Contact		
Name and Correspondence address		
Desistand		Postcode
Registered number		
Signing authority	Any one Any two Other (please sp	becify)
First Authorised	Signatory	
Title (Mr/Mrs/Mi	ss/Other)	Surname
Full forenames		
Permanent resid	ential address	
		Postcode
Telephone		Date of birth
Nationality		National Insurance Number
Country of perm	anent residence	 (You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)
Second Authori	sed Signatory	
Title (Mr/Mrs/Mi	iss/Other)	Surname
Full forenames		
Permanent resid	lential address	
		Postcode
Telephone		Date of birth
Nationality		National Insurance Number
Country of perm	nanent residence	 (You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)



Third Authorised Signatory

Title (Mr/Mrs/Miss/Other)	Surname		
Full forenames			
Permanent residential address			
	Postcode		
Telephone	Date of birth		
Nationality	National Insurance Number		
Country of permanent residence	(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)		
Fourth Authorised Signatory			
Title (Mr/Mrs/Miss/Other)	Surname		
Full forenames			
Permanent residential address			
	Postcode		
Telephone	Date of birth		
Nationality	National Insurance Number		
Country of permanent residence	(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)		
2. Bank details			
Please provide the details of your bank/building society acco during the investment term or following maturity:	unt that you would like any payments to be made into, either		

Bank/Building Society name	Account name	
Sort code	Account number	
Reference		

3. Investment selection

Please select the Plan you wish to invest into. If you wish to invest into more than one plan, please use a separate application form for each plan.

SG UK Kick-out Plan 27 (UK Four)	
SG UK Step Down Kick-out Plan 27 (UK Four)	
SG UK & US Step Down Kick-out Plan 27 (UK Four)	
SG UK & Europe Step Down Kick-out Plan 25 (UK Four)	
SG UK Defensive Growth Plan 14 (UK Four)	
SG UK Kick-out Plan 8 (UK Gilts)	
SG UK Kick-out Plan 3 (Societe Generale)	
SG UK Step Down Kick-out Plan 3 (Societe Generale)	

4. Investment details		
New Investment		
i. Total amount being sent (e.g. amount on cheque)	f	
ii. Adviser charge deducted (if any)	f	
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)

Investment using Maturity Proceeds			
Matured Plan name]	
i. Total amount of our maturity proceeds Full amount	(Please tick)		
Partial amount	f		
ii. Adviser charge deducted (if any)	f		
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)	

5. Financial advice and adviser charging		
Firm name	Adviser name	
Have you paid the adviser charges?		
\Box Yes, I/we have paid the adviser charges separately.		
No, I/we have not paid the adviser charges and would like you to pay the amount detailed in section 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.		

6. Declaration and authorisation

We, the Trustees/Authorised Signatories of this Company, request Walker Crips Stockbrokers Limited (WCSB) to arrange for the purchase of the Plan(s) on our behalf, in accordance with the Plan brochure.

We declare that:

I/We have read the Terms and Conditions of the Plan and accept the Terms and Conditions under which my/our investment will be managed. I/We have full power to invest in the Plan and have taken all necessary

action to authorise the making of this application. The person(s) signing this application has full power and authority to do so on our behalf.

I/We are not prohibited under legal, regulatory provisions or the terms of a Company from investing in this Plan. In particular, I/we are not, and am/are not acting on behalf of a resident of the United States or a US Person(s) and we will not assist any such person to acquire investment within the Plan. I/We will inform you immediately if I/we become a resident of the United States or a US Person.

The application form and this declaration have been completed to the best of my/our knowledge and belief and the information provided is true and complete.

I/We authorise Walker Crips Stockbrokers Limited (WCSB):

To purchase the Plan in accordance with this application and understand and agree that any investment in the Plan will be allocated in accordance with my/our instructions.

By signing, I/we confirm that I/we have read, understood and agreed to be bound by this declaration, the information supporting this application form, the brochure relating to the Plan and the Terms and Conditions used and disclosed.

Money laundering regulations

Under the regulations, there is a legal requirement to prove the identity of investors. Please submit documentary evidence of the existence of the Company.

The exercise of any options under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories set out in the Scheme's governing document or, where a number is not stipulated, by at least one authorised signature.

Please provide the names and sample signatures of all those who will be Authorised Signatories. If you require more than four, please continue on a separate sheet of paper. Where there is any change to the Authorised Signatories, please notify WCSB in writing giving the date of change at: Walker Crips Structured Investments, Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8LZ. (WCSB will be entitled to rely on the previous list until they are informed to the contrary).

Adviser charges

By signing this application I/we can confirm that I/we am/are in agreement with the adviser charge being deducted as indicated in section 4 and paid to my/our financial adviser.

My/Our adviser has fully explained their charges to me/us and I/we understand that, should I/we exercise my/our cancellation rights after the adviser charge has been paid, WCSB will not return any adviser charges to me/us. I/We will need to contact my/our financial adviser regarding any refund.

I/We understand that WCSB is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Conditions	used and disclosed.		
Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	
Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	

7. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that this Application Form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s). I understand that any adviser charge being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that I have retained documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of Regulation 17 of The Money Laundering Regulations 2007 and that an Identity Verification Certificate (IDVC) and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

Company name	Adviser signature	
Adviser name		
Address or adviser company stamp		
	Contact number	
Postcode	FCA number	