

Application Form Enhanced Growth Plan 5 For Limited Companies

Please complete this form in BLOCK CAPITALS and black ink and return it to: **TTS Team, Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN**. If you need any help to complete this form please call us on **0800 028 1200**.

For CAPB completion only

Marketing Code

For action by Professional Adviser only

Master Account Number

Cater Allen

Relationship Manager

**If any information section is not completed, it will be assumed that there is no information to input.
Application forms must be received by Cater Allen by close of business on Friday 20th May 2011.**

1 Limited Company Details

Applicant to complete

Name of Limited Company

Nature of business/activity (please confirm the main activities of the company)

Expected annual turnover
of business

£

Registered number

Country of establishment/incorporation ☒ UK

Registered address of the Limited Company

Postcode

Principal trading address (if different to registered address)

Postcode

Source of funds

VAT number (if applicable)

1 Limited Company Details (cont.)

Applicant to complete

Address for correspondence (if different to registered address)*

Postcode

*Your Financial Adviser's address is not acceptable as your address for correspondence.

Contact name for correspondence

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

If 'Other' please state

Full forename(s)

Surname

Telephone

Fax

E-mail

The information provided will be used in accordance with the Data Protection statement in Section 9.

Details of First Director	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="checkbox"/> Years <input type="checkbox"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="checkbox"/> Years <input type="checkbox"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>
Will you be acting as an authorised signatory on this Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specimen signature only if you are acting as an authorised signatory on the Plan	<input type="text"/>

Details of Second Director	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="checkbox"/> Years <input type="checkbox"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="checkbox"/> Years <input type="checkbox"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>
Will you be acting as an authorised signatory on this Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specimen signature only if you are acting as an authorised signatory on the Plan	<input type="text"/>

The information provided will be used in accordance with the Data Protection statement in Section 9.

If there are more than four Directors please photocopy this page and complete for each additional Director, then attach all relevant pages to this application form.

Details of Third Director		Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	
If 'Other' please state	<input type="text"/>	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Any other name you have been, or are, known by	<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"/>	
Nationality	<input type="text"/>	
Second nationality (if you have dual nationality)	<input type="text"/>	
Permanent residential address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months	
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months	
Country of residence	<input type="text"/>	
Telephone	<input type="text"/>	
Will you be acting as an authorised signatory on this Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specimen signature only if you are acting as an authorised signatory on the Plan	<input type="text"/>	

Details of Fourth Director		Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	
If 'Other' please state	<input type="text"/>	
Full forename(s)	<input type="text"/>	
Surname	<input type="text"/>	
Any other name you have been, or are, known by	<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"/>	
Nationality	<input type="text"/>	
Second nationality (if you have dual nationality)	<input type="text"/>	
Permanent residential address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months	
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>	
	<input type="text"/>	
	Postcode <input type="text"/>	
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months	
Country of residence	<input type="text"/>	
Telephone	<input type="text"/>	
Will you be acting as an authorised signatory on this Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Specimen signature only if you are acting as an authorised signatory on the Plan	<input type="text"/>	

3 Details of Shareholders with an Interest of 25% or more

Applicant to complete

Please provide details of all shareholders with 25% or more of the total share capital in the Limited Company named in Section 1. If the shareholder has provided full details in Section 2, please only complete forename and surname below.

The information provided will be used in accordance with the Data Protection statement in Section 9.

Details of First Shareholder	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>

Details of Second Shareholder	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>

3 Details of Shareholders with an Interest of 25% or more (cont.)

Applicant to complete

Please provide details of all shareholders with 25% or more of the total share capital in the Limited Company named in Section 1. If the shareholder has provided full details in Section 2, please only complete forename and surname below.

The information provided will be used in accordance with the Data Protection statement in Section 9.

Details of Third Shareholder	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>

Details of Fourth Shareholder	Applicant to complete
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
If 'Other' please state	<input type="text"/>
Full forename(s)	<input type="text"/>
Surname	<input type="text"/>
Any other name you have been, or are, known by	<input type="text"/>
Date of birth	<input type="text"/>
Nationality	<input type="text"/>
Second nationality (if you have dual nationality)	<input type="text"/>
Permanent residential address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode
How long have you lived at this address?	<input type="text"/> Years <input type="text"/> Months
Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)	<input type="text"/>
	<input type="text"/>
	Postcode
How long did you live at this address?	<input type="text"/> Years <input type="text"/> Months
Country of residence	<input type="text"/>
Telephone	<input type="text"/>

4 Authorised Signatories' Details

Applicant to complete

Please provide details of all authorised signatories NOT listed in Section 2, who will have the authority to provide instructions to Cater Allen on behalf of the Limited Company named in Section 1. The details of any authorised signatories listed below must be accompanied by an Extract of the Board Minutes authorising those signatories to sign for and on behalf of the company, and specimen signatures of the authorised signatories on the company's letter headed notepaper.

The information provided will be used in accordance with the Data Protection statement in Section 9.

If there are more than two additional authorised signatories, please photocopy this page and complete for each additional signatory, then attach all relevant pages to this application form.

Details of First Additional Signatory

Applicant to complete

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

If 'Other' please state

Full forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Second nationality (if you have dual nationality)

Permanent residential address

<input type="text"/>
<input type="text"/>
Postcode

How long have you lived at this address? Years Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

<input type="text"/>
<input type="text"/>
Postcode

How long did you live at this address? Years Months

Country of residence

Telephone

Details of Second Additional Signatory

Applicant to complete

Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

If 'Other' please state

Full forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Second nationality (if you have dual nationality)

Permanent residential address

<input type="text"/>
<input type="text"/>
Postcode

How long have you lived at this address? Years Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

<input type="text"/>
<input type="text"/>
Postcode

How long did you live at this address? Years Months

Country of residence

Telephone

5 Total Deposit Amount

Applicant to complete

Please invest a lump sum of £ (whole pounds only)

The minimum total deposit amount is £5,340. The maximum total deposit is £1 million.

Cheques should be made payable to 'Cater Allen Limited'.

6 The Financial Services Compensation Scheme (FSCS).

Applicant to complete

The Financial Services Compensation Scheme (FSCS) is the UK's statutory fund of last resort for customers of financial services companies. This means that FSCS can pay compensation to consumers and small businesses if a financial services company is unable, or likely to be unable, to pay claims against it. The FSCS is an independent body, set up under the Financial Services & Markets Act 2000 (FSMA).

All banks have to maintain records to help determine the eligibility of their customers under this scheme. To help us determine the eligibility status of your company under these regulations we need some additional information about your business. We may also need to contact you from time to time to make sure that this information is up to date.

Sole traders and non LLP partnerships please tick this box ☐

All other organisations should complete section A OR B according to your organisation type (please do not complete both sections).

Section A.

All companies and other corporate bodies including limited liability partnerships (excluding unincorporated associations and mutuals):

Is your company deemed a **small company*** under sections 382 & 383 of Companies Act 2006?

Yes ☐ No ☐

*Under the Companies Act, a company is deemed to be small if it meets **two or more** of the following three criteria:

1 Annual turnover

Companies: £6.5 million or less

Parent Companies: £6.5m net or less, or £7.8m gross or less

2 Balance sheet

Companies: £3.26 million or less

Parent Companies: £3.26m net or less, or £3.91m gross or less

3 Employees – 50 employees or less

There are additional qualification requirements; please refer to the Companies Act to see the full requirements, or alternatively speak to your accountant.

Section B.

All unincorporated associations and mutuals:

Please indicate whether your organisation has net assets of £1.4 million or less

Yes ☐ No ☐

A parent company's eligibility is established by aggregating its thresholds with those of its subsidiaries.

Charities and clubs should complete the above based on the way their organisation is legally constituted.

7 Appropriateness

Applicant to complete

Only complete this Section if you did **not** receive a personal recommendation from a Financial Adviser to invest in this product.

The questions below are designed to ensure you have fully considered all the important aspects regarding your proposed investment before deciding to go ahead.

Experience

Have you previously invested in a structured product? Yes ☐ No ☐

Please answer yes or no to the following questions. If you answer no to any of these questions you should not sign this form or invest in this product without seeking advice.

Product

Do you understand that this product is not risk free, but very low risk and that the guarantee that applies is only available on maturity and is dependent on Santander UK plc being solvent and able to meet its obligations? Yes ☐ No ☐

Term

Can you leave your money untouched for the full length of the Plan's term? Yes ☐ No ☐

Early encashment

Do you understand that should you need to encash your Plan before maturity, there is a risk that you will not get all your money back? Yes ☐ No ☐

Savings for emergencies

Have you set aside enough savings to cover future plans and emergencies to be reasonably confident you will be able to maintain the business's objectives should you suffer loss of capital in this Plan? Yes ☐ No ☐

Risk and reward

Do you understand how the final return is calculated? Yes ☐ No ☐

Charges

Do you understand any charges associated with your Plan? Yes ☐ No ☐

Tax

Do you understand the tax implications of your Plan? Yes ☐ No ☐

Product information

Have you read the content of the following documents and have no further queries: Yes ☐ No ☐

• Key Features Document

• Terms and Conditions

• Term Sheet

No advice

You accept that by signing the declaration in this form, you did not receive any advice from Cater Allen. Yes ☐ No ☐

8 Financial Adviser Details (if applicable)

IFA to complete

The details below must be completed to ensure your commission is paid.

Name of regulated firm

Address of regulated firm

FSA number

8 Financial Adviser Details (if applicable) (cont.)

IFA to complete

Full name of Financial Adviser

Telephone

E-mail

Service provider/networks

Are you an Appointed Representative? Yes ☐ No ☐

If so please specify Network

FSA number of Network, if known

Are you directly regulated? Yes ☐ No ☐

If so please specify Service Provider if you use one

IFA commission of 3% of the gross deposit amount will be paid at the start of the plan, if less than the maximum IFA commission is to be paid, the difference will be used to enhance the allocation of the deposit. If less commission is to be paid to your firm, please indicate the % to be paid.

%

Details of where commission is to be paid

Name of bank

Address of bank

Postcode

Account name

Sort Code

Account No

9 Data Protection

Applicant to read

Providing you with information

I confirm that I am entitled to disclose information about any parties named on the application form. If this application is made in joint names "I" in the statement below should be read as "we" where appropriate.

Using my personal information

Whether or not I become a customer, you may use all the information I and/or my Professional Adviser give to you Cater Allen Private Bank, or you hold on me, including transactional data, to provide and run the account or service I have applied for. This includes information about the conduct (including details of transactions) of any account or policy that I have with you, a group company or an associated company. You may also use my information to help you develop and improve your products and services. You will keep information about me after my account is closed.

Sharing my personal information

You may share my information for the purposes described in this statement with the group of companies to which you belong (the Santander group) and your associated companies, and with service providers or agents. These companies may be based in other countries. I understand that you will make sure that my information is only used in line with your instructions and your own strict policies on confidentiality. If you transfer my information to another country, you will also make sure that you give it the same levels of protection as needed under the UK Data Protection Act.

You may also give essential information about my Plan to my Professional Adviser and others if necessary to run my Plan and for regulatory purposes. If money is sent electronically (e.g. by CHAPS or telegraphic transfer) from my Plan I understand that personal information about me contained in the transaction may be provided to overseas authorities and the beneficiary

bank, in order to comply with applicable legal obligations and prevent crime. I accept that you may be required to supply the beneficiary bank, with my full name, address and Plan number and that this information may reach the beneficiary intact.

My marketing preferences

You may invite me to take part in market research surveys.

If I don't want to be included in market research, I can tick this box: ☐

If I have been introduced to you via a Professional Adviser I understand that you will not use my information for marketing purposes (although I may still receive details of products and services from other Santander group companies if I have agreed with them to receive such information).

If I am a customer dealing directly with Cater Allen Private Bank you may identify and let me know by post, telephone or electronic media (including email and SMS) of products or services which you think may interest me. (If I am aged over 18, when deciding whether to provide me with details of a credit product you may search the files of credit reference agencies, who will not make a record of this search available to other lenders who search my file).

If I don't want information on other products and services I can tick the following boxes:

Please do not contact me:

by telephone ☐ by electronic media ☐ by post ☐

Unless I have said otherwise, by continuing with this application I agree to you contacting me using any of the methods shown above. I understand that I may receive details of products and services from other Santander group companies, if I have agreed with them to receive such information.

Verifying my identity and fraud checks

Before you can open this account, you will check my details with fraud prevention agencies, and may make searches at credit reference agencies who will supply you with information, including information from the electoral register, for the purposes of verifying my identity. Scoring methods may be used to verify my identity. A record of this process will be kept that may be used to help other companies to verify my identity. If I give you false or inaccurate information and fraud is identified, at application or at any stage, details will be sent to fraud prevention agencies. Law enforcement agencies may access and use this information.

You and other organisations may search and use the records held by credit reference and fraud prevention agencies to prevent and investigate crime, fraud and money laundering and for example:

- to check details on applications for credit and credit related or other facilities.
- to verify my identity if I or my financial associate applies for other facilities.
- to undertake statistical analysis and system testing.
- to manage credit and credit related accounts or facilities.
- to recover debt.
- to check details on proposals and claims for all types of insurance.
- to check details of job applicants and employees.

You may also search and use your internal records for these purposes.

You and other organisations may search and use from other countries the information recorded at fraud prevention agencies. I understand further information on the credit reference agencies and fraud prevention agencies you use is available by telephoning your Agents on 0800 092 3300.

Access to my information

I understand I have the right to see certain records you hold about me if I pay a fee* and I can get an information sheet (Subject Access Info Sheet) explaining my rights by calling 0800 092 3300.

*Please see Banking Tariff for details.

Professional Advisers who are FSA regulated may supply a Confirmation of Verification of Identity Certificate (CVIC) for the Limited Company provided that it is fully completed and is of sufficient quality.

If a Confirmation of Verification of Identity Certificate (CVIC) is not provided, the following persons must provide to us proof of their identity as detailed below – All Directors; Shareholders with an interest of 25% or more; Authorised Signatories.

One identification item from List 1 and a different identification item from List 2. Documents from the same source cannot be used twice. Black and white photocopies of the identification should be provided for each applicant. Please do not provide original documents due to the dangers of postal interception and fraud – this is for your own protection.

List 1
Identification Type

- Current signed Passport
- Current UK or EEA Photocard Driving Licence (including Provisional)
- EEA or Swiss National Identity Card
- Firearms Certificate or Shotgun Licence
- Northern Ireland Voters Card
- ID card issued by Home Office/UK Border Agency

List 2
Identification Type

- Current signed Passport
- Current UK old style Driving Licence (not Provisional)
- Current UK or EEA Photocard Driving Licence (including Provisional)
- EEA or Swiss National Identity Card
- Firearms Certificate or Shotgun Licence
- Northern Ireland Voters Card
- Notification of entitlement to state or local authority pension/ tax credit/grant*
- HMRC Coding/Assessment/Statement /Tax Credit/Correspondence*
- Bank Statement (not internet printed)**
- Mortgage Statement from a recognised lender*
- Credit Card Statement (not internet printed)***
- Utility Bill or Statement (not mobile phone, satellite/cable TV or internet printed bills)***
- Local Authority Council Tax Bill/Demand Letter*
- Local Council Rent Card or Tenancy Agreement*
- Correspondence from DWP confirming Benefits or Pension*

*Must be the most recently issued document and less than 12 months old.
**The bank statement must be the most recently issued and less than 3 months old. We are unable to accept a Cater Allen bank statement for identity purposes.
***Must be the most recently issued and less than 3 months old (except water bills – less than 12 months old).

Checklist	Investor to check	
Signed and completed application form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed cheque	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed Confirmation of Verification of Identity Certificate (Corporate and Other Non Personal Entity) from an FSA Regulated Firm, or copies of two identification documents as per the 'Customer Identification Requirements' in Section 10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11 Declaration

Applicant to complete

(i) I/We have read the Data Protection statement in Section 9, the Product Guide (including the Key Features and the Terms and Conditions) and the relevant Term Sheet for this Plan. I/we agree to the Terms and Conditions for this Plan and accept the terms under which the deposits will be managed.

(ii) I/We declare that, where applicable:

- I am/We are 18 years of age or over.
- I am/We are resident and ordinarily resident in the United Kingdom for tax purposes.
- I/We will inform Cater Allen Limited if I/we cease to be so resident and ordinarily resident.
- I am/We are not, and am/are not acting on behalf of, a resident of the United States.

(iii) By signing this application form, I/we warrant and represent that I/we have the power to make this deposit.

(iv) I/We declare that this application form has been completed to the best of my/our knowledge and belief; and I/we undertake to tell Cater Allen Limited in writing (at the address on the front page of the application form) of any changes in the information contained in this application.

(v) I/We declare that all/any * of the authorised signatories are authorised to give all types of instructions relating to the deposit.

* Delete as appropriate and enter number.

(vi) I/We declare that no advice was sought or given by Cater Allen in relation to the purchase of this investment.

A Limited Company submitting a list of their authorised signatories must do so together with specimen signatures, on its company letter headed notepaper. This needs to be accompanied by an Extract of the Board Minutes authorising those signatories to sign for and on behalf of the Limited Company.

Full name of First Director / Authorised Signatory

Signature of First Director / Authorised Signatory

11 Declaration (cont.)

Applicant to complete

Full name of Second Director / Authorised Signatory

Signature of Second Director / Authorised Signatory

Full name of Third Director / Authorised Signatory

Signature of Third Director / Authorised Signatory

Full name of Fourth Director / Authorised Signatory

Signature of Fourth Director / Authorised Signatory

Full name of Fifth Director / Authorised Signatory

Signature of Fifth Director / Authorised Signatory

Full name of Sixth Director / Authorised Signatory

Signature of Sixth Director / Authorised Signatory

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 028 1200. For the hard of hearing and/or speech impaired please use the Tynetalk service via 18001 0800 028 1200.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised and regulated by the Financial Services Authority, except in respect of its consumer credit products for which Cater Allen Limited is licensed and regulated by the Office of Fair Trading. FSA registration number 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Santander UK plc. Calls may be recorded or monitored. www.caterallen.co.uk. Telephone 0800 028 1200.

www.caterallen.co.uk/structuredproducts

Cater Allen – part of Santander Private Banking

Confirmation of Verification of Identity

Introduction by an FSA-Regulated Firm

IFA and applicant to complete

1 Details of Customer (see explanatory notes below)

Full name of customer

Type of entity (corporate, trust, etc.)

Location of business (full operating address)

Postcode

Registered office in country of incorporation

Postcode

Registered number (if appropriate)

Relevant company registry or regulated market listing authority

Names of Directors (or equivalent)

Names of principal beneficial owners (over 25%)

Date of birth (if known)

2 Confirmation

I/We confirm that

- (a) the information in Section 1 was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer:

☐ exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signature

Name

Position

Date

3 Details of Introducing Firm (or sole trader)

Full name of regulated firm (or sole trader)

FSA reference number

Explanatory Notes

1. "Relevant company registry" includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - those who are exempt from verification as being an existing client 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.
3. This confirmation must carry an original signature, or an electronic equivalent.

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 028 1200. For the hard of hearing and/or speech impaired please use the Tynetalk service via 18001 0800 028 1200.

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