



1 INTRODUCTION

This Registration Form is for both individuals and joint applicants. If there are more than two applicants, please complete their details on a separate Registration Form. Please complete in block capitals and kindly note that all questions are mandatory.

2 SERVICE AND CURRENCY REQUIRED

<input type="checkbox"/> Discretionary Managed	<input type="checkbox"/> Execution Only	<input type="checkbox"/> Advisory Dealing	Preferred reporting currency of account:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR

3.1 PERSONAL DETAILS

A APPLICANT 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Widowed		<input type="checkbox"/> Civil Partnership			
Surname	<input type="text"/>					
Forename(s)	<input type="text"/>					
Previous Surname(s)	<input type="text"/>					
Place of Birth	<input type="text"/>					
	If more than one, please state					
Country of Nationality	<input type="text"/>					
	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YYYY			
Date of Birth	<input type="text"/>					
Residential Address	<input type="text"/>					
	<input type="text"/>					
Post Code/ZIP	<input type="text"/>					
Home Number	<input type="text"/>					
Mobile Number	<input type="text"/>					
Email Address	<input type="text"/>					

B APPLICANT 2 (IF APPLICABLE)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Marital Status	<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Widowed		<input type="checkbox"/> Civil Partnership			
Surname	<input type="text"/>					
Forename(s)	<input type="text"/>					
Previous Surname(s)	<input type="text"/>					
Place of Birth	<input type="text"/>					
	If more than one, please state					
Country of Nationality	<input type="text"/>					
	<input type="text"/> DD	<input type="text"/> MM	<input type="text"/> YYYY			
Date of Birth	<input type="text"/>					
Residential Address	<input type="text"/>					
	<input type="text"/>					
Post Code/ZIP	<input type="text"/>					
Home Number	<input type="text"/>					
Mobile Number	<input type="text"/>					
Email Address	<input type="text"/>					

* FOR INTERNAL USE ONLY

Account Reference	Service / Designation	Custody Fee Table	Dealing Commission	Account Executive
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2

PERSONAL DETAILS CONTINUED

<div>A</div> <div>APPLICANT 1</div> <div>If different from residential</div> <div>Correspondence Address</div> <div></div> <div></div> <div>Post Code/ZIP</div> <div></div>	<div>B</div> <div>APPLICANT 2 (IF APPLICABLE)</div> <div>If different from residential</div> <div>Correspondence Address</div> <div></div> <div></div> <div>Post Code/ZIP</div> <div></div>
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EMPLOYMENT DETAILS

<div>A</div> <div>APPLICANT 1</div> <div>Present Occupation</div> <div></div> <div>If Retired Previous Occupation</div> <div></div> <div>Employer Name</div> <div></div> <div>Employer Address</div> <div></div> <div></div> <div>Post Code/ZIP</div> <div></div>	<div>B</div> <div>APPLICANT 2 (IF APPLICABLE)</div> <div>Present Occupation</div> <div></div> <div>If Retired Previous Occupation</div> <div></div> <div>Employer Name</div> <div></div> <div>Employer Address</div> <div></div> <div></div> <div>Post Code/ZIP</div> <div></div>
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5

TAX DECLARATION

The Isle of Man Government participates in a number of inter-governmental agreements to share tax information, where required with tax authorities in other jurisdictions (the Common Reporting Standard and US FATCA). The requirement is to collect certain information about each customer's tax arrangements and report it to the Isle of Man Tax Office. This is part of the Isle of Man legislation and as an Investment Business, Ramsey Crookall is legally obliged to collect it. We are asking for your tax residency and tax reference number and will add this to our records, but will only disclose this information to Isle of Man Tax Office when required to under Isle of Man law. You must provide your TAX identifying number (TIN) relevant to the country where you are a TAX resident below. By signing this form, you agree to and accept that Ramsey Crookall will disclose your personal and account details to the Isle of Man Tax Office and that these details will then be passed on to the relevant tax authorities in your country of tax residence.

<div>A</div> <div>APPLICANT 1</div> <div>All Countries of Tax Residence</div> <div></div> <div>Tax Reference Number / Tax Identification Number(TIN)</div> <div></div> <div>National Insurance Number (NI) if UK or Channel Islands</div> <div></div> <div>If you do not have a tax reference number please state reason below</div> <div></div>	<div>B</div> <div>APPLICANT 2 (IF APPLICABLE)</div> <div>All Countries of Tax Residence</div> <div></div> <div>Tax Reference Number / Tax Identification Number(TIN)</div> <div></div> <div>National Insurance Number (NI) if UK or Channel Islands</div> <div></div> <div>If you do not have a tax reference number please state reason below</div> <div></div>
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Ramsey Crookall is required to understand the activity that has generated the funds to be used in your initial and ongoing transactions with us and through which means these funds will arrive.

1. Please explain the **specific** activity that has generated /will generate the funds being sent to us.

2. Please tell us the bank/broker who will send the funds and the name of the account the funds are coming from.

Ramsey Crookall is required to understand your financial history and how your wealth was generated. We may request documentary evidence to support this.

Please tell us in detail below, about your financial history and how your **entire** wealth has been generated.

Anticipated value of initial transaction

Anticipated value & frequency of
each transaction thereafter

All investments and purchases will be held by us as Custodian on your behalf. Execution Only/Advisory Dealing clients; please refer to relevant Clauses 15.1, 18.1 and 23 of our Terms of Business.

10 CLIENT PORTAL

The Client Portal gives you access to your account 24/7. Login details will be sent together with a user guide once the account has been opened to each party who has provided an email in this registration form. If you wish an additional or third party to have view only access to this account please provide their details below:

Full Name of Additional / Third Party in Block Capitals

Email Address of Third Party

11 BANK DETAILS

Your bank account details, for any cash payments that are to be made to you.

Please provide a copy of a bank statement showing account name, account number, sort code and IBAN/BIC Code if applicable.

Account Name

Bank Name

Account Number

Bank Address

Sort Code

SWIFT

IBAN

Account Currency

12 INCOME PAYMENT DETAILS

Please provide instructions below in regards to income and how it is to be applied

A DIVIDEND INCOME:

Are dividends to be taken in cash or, where possible, in shares

☐ CASH

☐ SHARES

Is income to be held on the portfolio or paid to your bank account quarterly?

(If paid away, any fees due to us will be debited first before your income is paid by BACS to your bank account quarterly.)

☐ Pay to Bank Account

☐ Hold on Portfolio

B BOND INTEREST

Is interest to be held on the portfolio or paid to your bank account upon receipt?

(If paid away, your accumulated bond interest will be paid by BACS to your bank account upon receipt)

☐ Pay to Bank Account

☐ Hold on Portfolio

C NON GBP INCOME

Are foreign income monies to be converted to GBP?

☐ YES

☐ NO

(If no, all foreign currency income will be retained in currency).

13 SECURITY DETAILS

This is how we will identify you when dealing via telephone or email should we need to. Please indicate a secure password / memorable word and your mother's maiden name.

A

APPLICANT 1

Password or
Memorable Word

Mother's
Maiden Name

B

APPLICANT 2 (IF APPLICABLE)

Password or
Memorable Word

Mother's
Maiden Name

14 IDENTIFICATION AND VERIFICATION

Each applicant must provide a certified copy of their passport or driving licence, together with an original or suitably certified copy of a recent utility bill.

We can certify original documents if presented at our office. Certified documents must be certified by a professional person stating the document is a **'true copy of the original document which I have seen'**.

***The document must be signed and dated by the Certifier (Lawyer, Notary or Accountant etc.) who must state their profession and daytime contact details.**

PEP is a Politically Exposed Person with a high profile political role, or who has been entrusted with a prominent public function. Family or close associates of PEPs are also classed as PEPs.

I am/we are a Politically Exposed Person (PEP) ☐ YES ☐ NO

I am/we are related to a PEP in some way ☐ YES ☐ NO

If Yes to either, please provide further information

15 PAYMENT OF FEES **ONLY** – EXECUTION ONLY / ADVISORY DEALING ACCOUNTS

Your account will be subject to fees as agreed in our Fee Schedule and Terms of Business with you.

To facilitate the payment of your fees you have the option to:

> Keep a cash balance on your account with Ramsey Crookall

OR

> Set up a monthly Standing Order to credit our account below on the 5th of every month:

Bank: **RBSI Douglas**
Sort Code: **16-58-80**
Account: **10253796**
IBAN: **GB90RBOS16588010253796**
BIC: **RBOSIMDX**
Account Name: **Ramsey Crookall & Co Limited**
Reference: **Your Ramsey Crookall account reference**

If you require an estimation of your fees, these can be requested from clientservices@ramseycrookall.com
As per our Terms of Business, we reserve the right to sell assets held on your account to settle any outstanding fees.

16 DAILY MARKET REPORT

Do you wish to receive our twice daily market report via email?

☐ YES ☐ NO

17 EMAIL MARKETING CONSENT

Select **YES** to receive correspondence via email for newsletters and related investment information.

☐ YES

If after you have given consent and you would no longer wish to receive further email communication, simply click on the unsubscribe link at the bottom of the last email that you received. Please note that if you wish to rejoin this email list please contact us.

18 DECLARATION & SIGNATURE

Please check each item to confirm to your understanding and agree to the declaration below.

- ☐ 1. I/we understand that Ramsey Crookall reserve the right to decline this application without being required to provide any reason.
- ☐ 2. I/we certify the accuracy of the information provided in this form and the legitimacy of the statements made in this Registration Form and authorise you to conduct any enquiries that you may consider necessary for confirmation of these for risk assessment purposes.
- ☐ 3. I/we have ensured that any alterations made to this Registration Form by me/us have been signed by me/us.
- ☐ 4. I/we will notify Ramsey Crookall of any changes, at any time, to the information that I/we have provided in this Registration Form.
- ☐ 5. I/we accept full liability and responsibility for any correspondence that is sent from Ramsey Crookall to me/us and understand that it is done so at my / our own risk
- ☐ 6. I/we have read and understood the Terms of Business, Privacy Policy, Investment Questionnaire (if applicable) and Fee Schedule.
- ☐ 7. I/we agree to be bound by Ramsey Crookall's Terms of Business in addition to this Registration Form, Investment Questionnaire (if applicable) and Fee Schedule. I/we agree to be bound by the conditions included in these agreements.
- ☐ 8. I/we agree that where my account has been introduced to Ramsey Crookall & Co Limited by a third party, they will be granted online view-only access to the account via the Ramsey Crookall Client Portal.

A

APPLICANT 1

Full Name in Block Capitals

Date (dd/mm/yyyy)

Signature

B

APPLICANT 2 (IF APPLICABLE)

Full Name in Block Capitals

Date (dd/mm/yyyy)

Signature

19 CHECKLIST

Please check each item to confirm to your understanding and agree to the declaration and signature.

- ☐ 1. Certified Copies of Photographic ID (for each person on the account)
- ☐ 2. Certified Copy of Proof of Address (for each person on the account)
- ☐ 3. Copy of Bank Statement (to match details where payment will be made to and received from)
- ☐ 4. Tax Identifying Number (TIN) provided
- ☐ 5. Source of Wealth/Source of Funds Information
- ☐ 6. (Where applicable) US W-8BEN/W9 Form

If relevant documents have already been provided, please indicate which documents, and on which account(s) they may be found: _____

The above list is not exhaustive, and additional documents may be required on a case-by-case basis.

Please note, that where documents are required and have not been provided, this will delay your account being opened.