



Application Forms

Bespoke Portfolio
Service



You can ask us for help at any time

Here at GHC, we value our clients and their peace of mind. If you experience challenges or have concerns during your relationship with us or have anything you wish to discuss, you are able to speak to us at any time during our office hours, in a safe and confidential environment. Where appropriate, we will make a note on our records so that we can be aware of what you disclose, and so that you don't have to mention it again. Equally, if you are thinking of becoming a client we can cater for your needs from the get go.

Let us know if...

- You require any adjustments or additional support
- There is a better way in which we can communicate with you
- There is a change in your personal circumstances
- There is something we should be aware of
- You have been subject to events which affect your finances and/or your investments
- You have a temporary need that we should be aware of



Bespoke Portfolio Service Fees and Charge

GHCCM ANNUAL MANAGEMENT FEE

On all investments	1.00%
Minimum annual fee	£375

GHCCM DEALING COMMISSIONS

On the consideration	0.75%
Subject to a minimum commission	£30
Bargain Charge	£5

OTHER GHC CHARGES

Contract Notes (if elected to be received)	£10 each
Online Valuations (if elected to be received)	Free of charge
GHC ISA Management	Free of charge

COST DISCLOSURE

You should review these fees alongside the cost disclosure document which you will have been provided with. This document illustrates the effect of charges on a portfolio.

All fees and charges are subject to VAT where applicable at the standard rate.

By convention, management charges are calculated based on the value of the portfolio as a whole, using the mid-market price of the underlying stocks, unless single pricing or other exceptions apply and are levied quarterly in arrears on 6th April, July, October and January.

Percentage based charges - where a charge is calculated on a percentage basis, the actual amount payable will vary depending on the portfolio value.

Cash examples - in cash terms, a 1% charge would equate to £1,000 per £100,000 of value.

MONEY HELD ON YOUR BEHALF

We can deal with money we are holding on your behalf only in accordance with the rules of the FCA. These require us, among other things, to hold your money in an account at a deposit taking institution approved by the FCA, segregated from the Company's own money.

We do not pay interest on client money cash accounts.



Application Forms

SECTION 1 - CLIENT DETAILS

Name of account
Number of existing account (if applicable)

Full names and addresses of all applicants

<div>Applicant 1</div> <div><div>Name:</div><div>Email:</div><div>Address:</div><div></div><div></div><div>County:</div><div>Post code:</div><div>Tel No.</div><div>Date of birth:</div><div>Nationality*:</div><div>Occupation*:</div><div>National Insurance Number:</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div>Applicant 2</div> <div><div>Name:</div><div>Email:</div><div>Address:</div><div></div><div></div><div>County:</div><div>Post code:</div><div>Tel No.</div><div>Date of birth:</div><div>Nationality*:</div><div>Occupation*:</div><div>National Insurance Number:</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>
<div>Applicant 3</div> <div><div>Name:</div><div>Email:</div><div>Address:</div><div></div><div></div><div>County:</div><div>Post code:</div><div>Tel No.</div><div>Date of birth:</div><div>Nationality*:</div><div>Occupation*:</div><div>National Insurance Number:</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div>Applicant 4</div> <div><div>Name:</div><div>Email:</div><div>Address:</div><div></div><div></div><div>County:</div><div>Post code:</div><div>Tel No.</div><div>Date of birth:</div><div>Nationality*:</div><div>Occupation*:</div><div>National Insurance Number:</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>

* Note that these fields are compulsory for individuals to comply with international money laundering and tax regulations.



SECTION 2 - CAPACITY OF CLIENT

Please tick one of the following boxes:

Individual Joint Names Trust† Bare Trust Pension (Non SIPP)† Pension (SIPP)
 Company Partnership Attorney Charity (please state registered charity number) _____

† Legal Entity Identifier (LEI) required (please state)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Trustees

In the case of a Trust, if more than one Trustee is named in Section 1 of this form, GHC Capital Markets Ltd shall be entitled to act on the instructions of one such Trustee alone without the prior consent of the other named Trustees. Also GHC Capital Markets Ltd may provide any information or advice concerning the investments to the Trustee(s) indicated below, whereby any such information or advice shall be deemed to have been given to all the Trustees.

Name of the Trustee referred to above:

In the case of a Trust Account it is confirmed that the Trustees have the power and authority to enter into arrangements as set out in the accompanying GHC Capital Markets Ltd Terms & Conditions, and that there are no investment or other restrictions applicable to the Trust. It is also confirmed that all trustees are disclosed and are signatories to this form.

Unique Taxpayer Reference (UTR)

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Does the Applicant currently hold a Directorship (Executive or non-Executive) in a listed Company:

☐ Yes ☐ No

If Yes please provide details:

In the event that the Applicant is a Corporate entity do any of the beneficial owners/ Director (Executive or non-Executive) and authorised signatories hold a current Directorship (Executive or non-Executive) in a listed Company:

☐ Yes ☐ No

If Yes please provide details:

SECTION 3 - AMOUNT TO BE INVESTED

A cheque is enclosed made payable to 'GHC CM Ltd Client Money Pool Deposit Account'

£

Approximate value of shares to be transferred

£

Total value of investment

£

Which theme do you require? (please tick as applicable)

GHC BPS RG3 GHC BPS RG4 GHC BPS RG5
 GHC BPS RG6 GHC BPS RG7 GHC BPS RG8

Would you like on-line valuations?

Would you like to receive contract notes?

Would you like income from your portfolio?

How much annual income is required?

£ _____ or _____ % of initial investment

How frequently is this to be paid?

Monthly / Quarterly / Half Yearly / Yearly (please circle as applicable)

Date of first payment?

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

(please note that withdrawal of income could erode the capital you invested)



SECTION 4 - YOUR BANK DETAILS

Bank/Building Society name														
Address														
Postcode														
Account name														
Account number								Sort code						

SECTION 5 - FINANCIAL ADVISOR FEES

Financial Adviser Initial Fee (Please complete as appropriate)

Based on the value of new accounts and additional investments with GHC		%
or as a fixed fee	£	

Financial Adviser Annual Fee (Please complete as appropriate)

Based on investment value with GHC		%
or as a fixed fee	£	

Are these fees and charges subject to VAT applicable at the standard rate Y / N
(To be completed by the Financial Adviser as appropriate)

By convention, management charges are calculated based on the value of the portfolio as a whole, using the mid-market price of the underlying stocks, unless single pricing or other exceptions apply and are levied quarterly in arrears on 6th April, July, October and January.

SECTION 6 - NEWSLETTERS AND FINANCIAL PROMOTIONS

GHC would like to send you, from time to time, newsletters containing a variety of articles regarding, for example, investment market and economic commentaries.

If you would like to receive these newsletters, please tick the relevant box(es) below

Email Post

GHC may also like to contact you regarding investment products and services please tick the relevant box(es) below

Email Post Telephone

You may withdraw your consent to receiving these marketing contacts, and the associated processing of your data, at any time and you can do this by via telephone, email or post. Please be assured that it will not affect your relationship with GHC Capital Markets Limited or any services we provide you with if you do not provide permission for us to contact you for marketing purposes.



SECTION 7 – DECLARATIONS AND SIGNATURES

This is our standard client agreement upon which we intend to rely. For your own benefit and protection you should read our standard terms of business carefully. If you do not understand any point please ask for further information.

I/we confirm having read, understood and agreed to the GHC Capital Markets Ltd Terms of Business.

I/we hereby authorise GHC Capital Markets Ltd to accept investment instructions from our appointed financial adviser/Wealth Manager (if applicable) and to provide them with copy correspondence for this account.

All Applicants

All applicants must sign unless reason is given - e.g. one Trustee authorised to sign on the other's behalf, or a joint applicant.

Applicant 1

Signature:	Date:
Please print name:	Capacity:

Applicant 2

Signature:	Date:
Please print name:	Capacity:

Applicant 3

Signature:	Date:
Please print name:	Capacity:

Applicant 4

Signature:	Date:
Please print name:	Capacity:

Anti Money Laundering Requirements

To satisfy the Joint Money Laundering Regulations (JMLR) we require confirmation of your identity and residence. This enables us to comply with the current UK Anti-Money Laundering Rules. Please note, if you wish to open a joint account we will need to see documentation for all individuals named on the account.

A certified copy of a passport or driving licence will be sufficient for proof of identity; a certified copy may be obtained from a bank, building society or Solicitor. When confirming an address, a utility bill with a date during the last three months will be sufficient for these purposes. It is strongly recommended that you do not send original documentation through the post, as GHC would have to return these at your last stated address at your own risk.



New ISA Application Forms

SECTION 8 – STOCKS AND SHARES ISA APPLICATION FORM (A)

Full Names:
Address:
County:
Post code:
Date of birth:
Nationality*:
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"/>

SECTION 9 – ISA DETAILS

First Tax Year (i.e. 2012/2013):
<input type="text"/>
How much do you wish to subscribe? £
<input type="text"/>
I wish you to utilise my full ISA allowance for this portfolio on an annual basis.
<input type="text"/>

SECTION 10 – DECLARATION

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same year that I subscribe to this ISA. I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform GHC Capital Markets Ltd if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

SECTION 11 – AUTHORISATION

I authorise GHC Capital Markets Ltd to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash, to make on my behalf any claims to relief from tax in respect of ISA investments.

I agree to the supplementary ISA agreement and declare that the information given on this application form is correct to the best of my knowledge.

Signature:
Date:
Print name:

SECTION 8 – STOCKS AND SHARES ISA APPLICATION FORM (A)

Full Names:
Address:
County:
Post code:
Date of birth:
Nationality*:
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"/>

SECTION 9 – ISA DETAILS

First Tax Year (i.e. 2012/2013):
<input type="text"/>
How much do you wish to subscribe? £
<input type="text"/>
I wish you to utilise my full ISA allowance for this portfolio on an annual basis.
<input type="text"/>

SECTION 10 – DECLARATION

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same year that I subscribe to this ISA. I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform GHC Capital Markets Ltd if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

SECTION 11 – AUTHORISATION

I authorise GHC Capital Markets Ltd to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash, to make on my behalf any claims to relief from tax in respect of ISA investments.

I agree to the supplementary ISA agreement and declare that the information given on this application form is correct to the best of my knowledge.

Signature:
Date:
Print name:



Stock Transfer Forms (non ISA)

SECTION 12 – TRANSFER AUTHORITY PORTFOLIO 1

To be completed if you wish to transfer a portfolio from another manager.

To: The Manager,	
Address	
	Post code:
Account name:	Account number:
I hereby authorise and instruct you to transfer forthwith my/our account(s) to GHC, to provide all the relevant information relating to the account(s), as may be required.	
Signature 1:	Print name 1:
Signature 2:	Print name 2:
Date:	

SECTION 13 – TRANSFER AUTHORITY PORTFOLIO 2

To be completed if you wish to transfer a portfolio from another manager.

To: The Manager,	
Address	
	Post code:
Account name:	Account number:
I hereby authorise and instruct you to transfer forthwith my/our account(s) to GHC, to provide all the relevant information relating to the account(s), as may be required.	
Signature 1:	Print name 1:
Signature 2:	Print name 2:
Date:	

SECTION 14 – TRANSFER AUTHORITY PORTFOLIO 3

To be completed if you wish to transfer a portfolio from another manager.

To: The Manager,	
Address	
	Post code:
Account name:	Account number:
I hereby authorise and instruct you to transfer forthwith my/our account(s) to GHC, to provide all the relevant information relating to the account(s), as may be required.	
Signature 1:	Print name 1:
Signature 2:	Print name 2:
Date:	



ISA Transfer Forms

SECTION 15 – PLAN HOLDERS DECLARATION AND SIGNATURE (ISA TRANSFERS ONLY)

Applicant 1

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same year that I subscribe to this ISA. I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform GHC if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

Signature:

Print Name:

Date:

SECTION 16 – ISA TRANSFERS

AUTHORITY 1

If you wish to transfer an existing ISA to GHC Capital Markets Limited, an approved Plan Manager with HMRC, please complete the following sections:

I hereby authorise and instruct you to provide GHC Capital Markets Limited with all relevant information relating to my ISA as it may require, and either (tick as appropriate):

- a) ☐ to liquidate the assets in the ISA indicated and transfer the proceeds to GHC Capital Markets Limited
- b) ☐ if agreed with GHC Capital Markets Ltd to transfer the assets in the ISA indicated in specie to GHC Capital Markets Limited

It is understood that my existing ISA manager(s) will be responsible for the collection of outstanding distributions.

To: The Manager,

Address:

Post code:

Account name:

ISA reference number:

Signature:

Date:

Print name:

SECTION 17 – ISA TRANSFERS

AUTHORITY 2

If you wish to transfer an existing ISA to GHC Capital Markets Limited, an approved Plan Manager with HMRC, please complete the following sections:

I hereby authorise and instruct you to provide GHC Capital Markets Limited with all relevant information relating to my ISA as it may require, and either (tick as appropriate):

- a) ☐ to liquidate the assets in the ISA indicated and transfer the proceeds to GHC Capital Markets Limited
- b) ☐ if agreed with GHC Capital Markets Ltd to transfer the assets in the ISA indicated in specie to GHC Capital Markets Limited

It is understood that my existing ISA manager(s) will be responsible for the collection of outstanding distributions.

To: The Manager,

Address:

Post code:

Account name:

ISA reference number:

Signature:

Date:

Print name:



ISA Transfer Forms

SECTION 15 – PLAN HOLDERS DECLARATION AND SIGNATURE (ISA TRANSFERS ONLY)

Applicant 2

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same year that I subscribe to this ISA. I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform GHC if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

Signature:

Print Name:

Date:

SECTION 16 – ISA TRANSFERS

AUTHORITY 1

If you wish to transfer an existing ISA to GHC Capital Markets Limited, an approved Plan Manager with HMRC, please complete the following sections:

I hereby authorise and instruct you to provide GHC Capital Markets Limited with all relevant information relating to my ISA as it may require, and either (tick as appropriate):

- a) ☐ to liquidate the assets in the ISA indicated and transfer the proceeds to GHC Capital Markets Limited
- b) ☐ if agreed with GHC Capital Markets Ltd to transfer the assets in the ISA indicated in specie to GHC Capital Markets Limited

It is understood that my existing ISA manager(s) will be responsible for the collection of outstanding distributions.

To: The Manager,

Address:

Post code:

Account name:

ISA reference number:

Signature:

Date:

Print name:

SECTION 17 – ISA TRANSFERS

AUTHORITY 2

If you wish to transfer an existing ISA to GHC Capital Markets Limited, an approved Plan Manager with HMRC, please complete the following sections:

I hereby authorise and instruct you to provide GHC Capital Markets Limited with all relevant information relating to my ISA as it may require, and either (tick as appropriate):

- a) ☐ to liquidate the assets in the ISA indicated and transfer the proceeds to GHC Capital Markets Limited
- b) ☐ if agreed with GHC Capital Markets Ltd to transfer the assets in the ISA indicated in specie to GHC Capital Markets Limited

It is understood that my existing ISA manager(s) will be responsible for the collection of outstanding distributions.

To: The Manager,

Address:

Post code:

Account name:

ISA reference number:

Signature:

Date:

Print name:



Regular Savings Standing Order Form

Applicant 1

Please fill in the whole form using a ballpoint pen and send it to: **GHC Capital Markets Limited, 22-30 Horsefair Street, Leicester LE1 5BD**

Name of account to be debited:

Bank/Building Society account number:

Branch Sort Code:

Name and full postal address of your Bank or Building Society:

Name of account to be debited:

Post code:

Amount in figures and words

The sum of (figures): £

The sum of (words):

on the sixth day of (month):

(year)

and a like sum each month / quarter / half year / year until further notice. (circle as appropriate)

Instruction to your Bank or Building Society to pay by Standing Order

Beneficiary Account Number:

Beneficiary Sort Code:

Beneficiary Bank Details

Bank of Scotland, New Ueber House, 11 Earl Grey Street, Edinburgh EH3 9BN

Signature(s):

Date:

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS. Banks and Building Societies may not accept standing order instructions for some types of account.

Applicant 2

Please fill in the whole form using a ballpoint pen and send it to: **GHC Capital Markets Limited, 22-30 Horsefair Street, Leicester LE1 5BD**

Name of account to be debited:

Bank/Building Society account number:

Branch Sort Code:

Name and full postal address of your Bank or Building Society:

Name of account to be debited:

Post code:

Amount in figures and words

The sum of (figures): £

The sum of (words):

on the sixth day of (month):

(year)

and a like sum each month / quarter / half year / year until further notice. (circle as appropriate)

Instruction to your Bank or Building Society to pay by Standing Order

Beneficiary Account Number:

Beneficiary Sort Code:

Beneficiary Bank Details

Bank of Scotland, New Ueber House, 11 Earl Grey Street, Edinburgh EH3 9BN

Signature(s):

Date:

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS. Banks and Building Societies may not accept standing order instructions for some types of account.



Financial Adviser Declaration

SECTION 18 – FINANCIAL ADVISER DECLARATION

I/we confirm that the information provided is true and correct, and we are in agreement with the discretionary retail terms of business for this GHC Discretionary Managed Service and have complied with all the applicable rules and regulations

Adviser's name:

Adviser's Address

Post code:

Email:

Telephone:

Adviser's contact name:

Network (if applicable):

FCA Number:

GHC agent no.

Signature:

Print name:

Date:

Capacity:

Cheque enclosed made payable to GHC CM Ltd

Client Money Pool Deposit Account: ☐

Stock transfer form enclosed: ☐

ISA application and cheque enclosed: ☐

Please return to:
GHC Capital Markets Limited
22-30 Horsefair Street
Leicester
LE1 5BD

Agent Stamp:



Confirmation of Verification of Identity

(To be completed by a Regulated UK or EU Intermediary when introducing retail sector business) This declaration is provided to comply with JMLR.

Party: Applicant / Trustee / Third Party* (*delete as applicable)	
Relationship to the applicant:	
Title:	Surname:
Forenames in full:	
Date of Birth:	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
<div> <div>Current address:</div> <div>Previous address: (if applicant has changed address in the last 3 months)</div> </div>	
House name/number:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Postcode:	
Country:	
Type of application:	Face to face / not face to face* (*delete as possible)

I/we confirm that:

- (a) the information provided above was obtained by me/us in relation to the customer:
 (b) the evidence I/we have obtained to verify the customer:

(tick one only)

- ☐ Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
☐ Exceeds the standard evidence written details of the further verification evidence taken are attached to this confirmation).

Full Name of Regulated Firm:	
Name of Regulator:	Company Stamp:
Regulator Reference Number:	
Signed:*	
Print Name:	
Position:	
Date:	

*Note that this certificate must be signed by the person who has seen the original documentation.

A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved e.g. a payer of contributions who is different from customer, the identity of that person must also be verified, and a confirmation provided.

This form cannot be used to verify or identify 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;





GHC Capital Markets Limited
22-30 Horsefair Street
Leicester LE1 5BD

Dealer direct dial
Switchboard
Email
Website

8am - 4.30pm 0345 707 0425
9am - 5.30pm 0116 204 5500
customerservices@ghcl.co.uk
www.ghcl.co.uk

Registered in England number 3113332
Registered office: 22-30 Horsefair Street Leicester LE1 5BD
Authorised and regulated by the Financial Conduct Authority
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