

GHC Capital Markets

Application Form

Optimised 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

Optimised Portfolio Service Fees and Charges

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.

These charges are correct as at 1st September 2019 and may be subject to change at any time in accordance with our terms of business. 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 31st March, 30th June, 30th September and 31st 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.

Application Form

SECTION 1 - CLIENT DETAILS

Name of account
Number of existing account (if applicable)

Full names including any given middle names and addresses of all applicants

Applicant 1

Name:
Email:
Address:
County:
Post code:
Tel No.
Date of birth:
Nationality*:
Occupation*:

National Insurance Number:

Applicant 2

Name:
Email:
Address:
County:
Post code:
Tel No.
Date of birth:
Nationality*:
Occupation*:

National Insurance Number:

Applicant 3

Name:
Email:
Address:
County:
Post code:
Tel No.
Date of birth:
Nationality*:
Occupation*:

National Insurance Number:

Applicant 4

Name:
Email:
Address:
County:
Post code:
Tel No.
Date of birth:
Nationality*:
Occupation*:

National Insurance Number:

* 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)

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 (minimum £100,000)	£

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

☐ GHC OPS RG2 ☐ GHC OPS RG3 ☐ GHC OPS RG4 ☐ GHC OPS RG5

☐ GHC OPS RG6 ☐ GHC OPS RG6 ☐ GHC OPS RG8

Would you like on-line valuations? ☐

Would you like to receive contract notes? ☐ (note that there is a charge for this)

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

You warrant that all initial funds deposited with GHC for investment, and any subsequent monies due to GHC (and not already held on deposit), will originate from your named bank account (evidence as provided). This applies to both cheque payment and electronic transfer of funds.

Please note if you change your bank account you must inform us immediately and you will be required to provide documentary evidence of the new bank account details.

SOURCE OF WEALTH

This refers to the origin of your investment in this service. Please confirm by selecting below:

☐ Inheritance ☐ Business Ownership Interest

☐ Investments ☐ Employment Income Other (please specify) _____

EXPECTED FREQUENCY OF INVESTMENT/TRANSACTIONS

☐ Weekly ☐ Monthly ☐ Annually Other (please specify) _____

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

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 terms and conditions of this service and 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.

ISA Application Forms

STOCKS AND SHARES ISA APPLICATION FORM (A)

Full Names:

Address:

County:

Post code:

Date of birth:

Nationality*:

National Insurance Number:

ISA DETAILS

First Tax Year (i.e. 2025/2026):

Y Y Y Y / Y Y Y Y

How much do you wish to subscribe? £

I wish you to utilise my full ISA allowance for this portfolio on an annual basis.

DECLARATION

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not excceded the annual £20,000 in subscription limit in multiple ISAs. 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.

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:

STOCKS AND SHARES ISA APPLICATION FORM (A)

Full Names:

Address:

County:

Post code:

Date of birth:

Nationality*:

National Insurance Number:

ISA DETAILS

First Tax Year (i.e. 2025/2026):

Y Y Y Y / Y Y Y Y

How much do you wish to subscribe? £

I wish you to utilise my full ISA allowance for this portfolio on an annual basis.

DECLARATION

I declare that all subscriptions made, and to be made, belong to me, I am 18 years or over, I have not excceded the annual £20,000 in subscription limit in multiple ISAs. 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.

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)

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:	

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:	

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

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 exceeded the £20,000 annual subscription limit for multiple ISAs 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 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:

ISA TRANSFERS

AUTHORITY 1

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

I hereby authorise and instruct you to provide GHC Capital Markets Ltd 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 indicted in specie to GHC Capital Markets Ltd.

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 TRANSFERS

AUTHORITY 2

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

I hereby authorise and instruct you to provide GHC Capital Markets Ltd 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 indicted in specie to GHC Capital Markets Ltd.

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

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 exceeded the £20,000 annual subscription limit for multiple ISAs 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 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:

ISA TRANSFERS

AUTHORITY 1

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

I hereby authorise and instruct you to provide GHC Capital Markets Ltd 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 indicted in specie to GHC Capital Markets Ltd.

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 TRANSFERS

AUTHORITY 2

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

I hereby authorise and instruct you to provide GHC Capital Markets Ltd 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 indicted in specie to GHC Capital Markets Ltd.

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:

GHC | Capital Markets

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: 1 2 2 2 7 6

Beneficiary Bank Details
Bank of Scotland, New Uberior 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: 1 2 2 2 7 6

Beneficiary Bank Details
Bank of Scotland, New Uberior 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

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:

Cheque enclosed made payable to GHC Capital Markets Client Settlement Account: ☐

Stock transfer form enclosed: ☐

Money laundering cert 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: D D M M Y Y Y Y		
	Current address:	Previous address: (if applicant has changed address in the last 3 months)
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 applicable)		

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:	
Regulator Reference Number:	Company Stamp:
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:
1. 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;
2. Those who have been subject to Simplified Due Diligence under the Money Laundering Regulations; or
3. Those whose identity has been verified using the source of funds as evidence

GHC Capital Markets

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

Dealer direct dial 8am - 4.30pm 0345 707 0425
Switchboard 9am - 5.30pm 0116 204 5500
Email customerservices@ghcl.co.uk
Website www.ghcl.co.uk

Registered in England number 3113332
Registered office: 22-30 Horsefair Street Leicester LE1 5BD
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