

User Set Up (Platform)



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

Practice:

Regulator Reference Number:

The following personnel from this Practice should be granted access to the 7IM Platform and are authorised on behalf of this Practice to provide Seven Investment Management (7IM) with instructions in accordance with the permissions highlighted below.

Applicant One

Title:

First Name(s):

Surname:

Email:

Disable access: ☐

OR

Please select one of the following Platform access options:

☐ Registered Individual (RI)

☐ Paraplanner (PP)

☐ Finance Administrator

Trading access: ☐ Yes ☐ No

Access to all clients: ☐ Yes ☐ No

If no, please specify detail the names of the Registered Individual that you require:

Applicant Two

Title:

First Name(s):

Surname:

Email:

Disable access: ☐

OR

Please select one of the following Platform access options:

☐ Registered Individual (RI)

☐ Paraplanner (PP)

☐ Finance Administrator

Trading access: ☐ Yes ☐ No

Access to all clients: ☐ Yes ☐ No

If no, please specify detail the names of the Registered Individual that you require:

Applicant Three

Title:

First Name(s):

Surname:

Email:

Disable access:

☐

OR

Please select one of the following Platform access options:

☐

Registered Individual (RI)

☐

Paraplanner (PP)

☐

Finance Administrator

Trading access:

☐

Yes

☐

No

Access to all clients:

☐

Yes

☐

No

If no, please specify detail the names of the Registered Individual that you require:

Applicant Four

Title:

First Name(s):

Surname:

Email:

Disable access:

☐

OR

Please select one of the following Platform access options:

☐

Registered Individual (RI)

☐

Paraplanner (PP)

☐

Finance Administrator

Trading access:

☐

Yes

☐

No

Access to all clients:

☐

Yes

☐

No

If no, please specify detail the names of the Registered Individual that you require:

A signature is required for the completion of this form

Authorised Signature:

Signed by (please PRINT name):

Date: