

Corporates and Partnerships Account Opening Form (Platform Offshore)



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

For Corporates and Partnerships only

Section 01 Identity Verification

Regulations require us to identify our clients and understand their activities. The information listed here are our minimum requirements, we may request further documentation.

Please provide:

- | | |
|--|---|
| ☐ Identity of client: Please provide documents confirming the legal status of the entity, registered office and registered number; e.g. certificate of incorporation. | |
| ☐ Original/ certified copy of authorised signatories list | ☐ Recent bank statement for the corporate bank account |
| ☐ Register of Directors | ☐ Register of Shareholders |

Details of ownership - Where the ownership involves another trust(s)/company(ies), please provide evidence:

- | | |
|--|--|
| ☐ Organisation chart | ☐ Declaration of trusts |
| ☐ Trust deeds, evidencing ownership | |

We will verify the identity of a minimum of 2 directors, any shareholders who hold, directly or indirectly, more than 25% and any other individuals names on the application form by carrying out electronic checks.

Each individual must include one form of identification from each list below. We can only accept originals or certified copies. If you are unable to provide the standard documentation, please contact us for further guidance. If anyone is named on the application form and they are not a named director/shareholder, we need evidence that they have appropriate authority.

Please indicate the information included with this application:

List A:

Valid Personal Identification which incorporates your full name

- | |
|--|
| ☐ Passport / national identity card |
| ☐ Photocard driving licence (full or provisional) |
| ☐ Firearms certificate / licence |
| ☐ Other government issued document |

List B:

**Address Verification
(*issued within the last three months)**

- | |
|---|
| ☐ Old style full UK driving licence |
| ☐ Local authority issued letter / statement / bill* |
| ☐ Solicitor's letter* |
| ☐ Tax bill |
| ☐ Utility bill* |
| ☐ Bank / credit card statement* |
| ☐ State pension or other government issued document* |

Section 02 Entity DetailsPlease select an account type: ☐ Corporate ☐ Partnership

Name of Account:

Legal Entity Identifier (LEI) Number:

Country of Incorporation:

Registered Office Address:

 City:
County (or country if not UK): Postcode: Company Registration Number: Date of Incorporation / Registration (DD/MM/YYYY): / / Are operations carried out in any other countries? ☐ Yes ☐ No

If yes, please list country / countries below:

Please state Correspondence Address if different from above:

 City:
County (or country if not UK): Postcode: **Tax Residency of Entity**For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Country / Countries of Tax Residence

Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:

- ☐ The country where you are liable to pay tax does not issue TINs to its residents.
- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

UK legislation requires us to collect information about your tax residency. In certain circumstances we may be obliged to share information on your account with HMRC who may in turn share this information with tax authorities of other jurisdictions. If you have any questions about your tax residency or Entity Classification, please contact your tax adviser. You may also refer to the Frequently Asked Questions which are available on our website www.7im.co.uk

Section 03 Classification of Entity

For guidance, please refer to the Automatic Exchange of Information FAQ on the 7IM website, www.7im.co.uk/financial-adviser

Please complete either **Section A** or **Section B**

Section A – Financial Institution (FI)

(i) Classification - Please tick **ONE** of the following options below:

- ☐ Investment Entity - An investment entity located in a non-participating jurisdiction and managed by another financial institution
- ☐ Investment Entity - Other Investment Entity
- ☐ Depository Institution, Custodial Institution or Specified Insurance Company

(ii) Global Intermediary Identification Number (**GIIN**)

Please provide the entity's GIIN

/

/

/

If the entity is unable to provide a GIIN, please tick **ONE** of the below reasons:

- ☐ The entity has not yet obtained a GIIN but is sponsored by another entity which does have a GIIN. Please provide the sponsor's name and sponsor's GIIN:

Sponsor's Name

Sponsor's GIIN

- ☐ Exempt Beneficial Owner
- ☐ Certified Deemed Compliant Foreign Financial Institution
- ☐ Non-Participating Foreign Financial Institution
- ☐ Excepted Foreign Financial Institution

Section B – Non-Financial Entity (NFE)Please tick **ONE** of the following options below:

- ☐ Active NFE - a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. Please provide the name of the established securities market and, where appropriate, the name of the regularly traded corporation.
- ☐ Active NFE – a Government Entity
- ☐ Active NFE – an International Organisation
- ☐ Active NFE – other (for example a start-up NFE or a non-profit NFE)
- ☐ Passive NFE

Section 04 Main Contact – Enter the details of the main contact on this account

Title:	First Name(s):	Surname:
Position / Role:		
Date of Birth (DD/MM/YYYY): / /		
Nationality:		
Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):		
	City:	
County (or country if not UK):	Postcode:	
Email:		
Telephone:		

Section 05 Corporate Director (if applicable)

Name of Corporate Director:	Country of Registration:
Company Registration Number:	Regulator (if applicable):
Address:	
	City:
County (or country if not UK):	Postcode:

Section 06 Individual Directors / Partners

If there is more than one director, please provide details for a minimum of **two** directors and all shareholders who own 25% or more of this Entity.

Person One

Title: First Name(s): Surname:

Are you a shareholder of the entity and hold 25% or more of the entity? ☐ Yes % held No ☐

Date of Birth (DD/MM/YYYY): / /

Nationality:

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

City:

County (or country if not UK): Postcode:

Tax Residency (please only complete if Classification of Entity is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen? ☐ Yes ☐ No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence	Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:

- ☐ The country where you are liable to pay tax does not issue TINs to its residents.
- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Person Two (if applicable)

Title:

First Name(s):

Surname:

Are you a shareholder of the entity and hold 25% or more of the entity?

☐

Yes % held

No

☐

Date of Birth (DD/MM/YYYY):

Nationality:

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

City:

County (or country if not UK):

Postcode:

Tax Residency (please only complete if Classification of Entity is Passive NFE)For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen?

☐

Yes

☐

No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence

Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:☐

The country where you are liable to pay tax does not issue TINs to its residents.

☐

No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).

☐

You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Section 07 Additional Shareholders**Shareholder One**

Please provide details of any additional shareholders who hold 25% or more:

Title:	First Name(s):	Surname:

% held	
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Date of Birth (DD/MM/YYYY):			/			/				
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Nationality:	
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Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

	City:	
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County (or country if not UK):		Postcode:	
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Tax Residency (please only complete if Classification of Entity is Passive NFE)

For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen?	☐ Yes	☐ No
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Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence	Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:

- ☐ The country where you are liable to pay tax does not issue TINs to its residents.
- ☐ No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).
- ☐ You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Shareholder Two (if applicable)

Title:

First Name(s):

Surname:

% held

Date of Birth (DD/MM/YYYY):

 / /

Nationality:

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

City:

County (or country if not UK):

Postcode:

Tax Residency (please only complete if Classification of Entity is Passive NFE)For Tax Residency and Tax Identification Number guidance, please refer to: www.oecd.org/tax/

Are you a US Citizen?

☐

Yes

☐

No

Please list all countries in which you are currently resident for tax purposes and the associated Tax Identification Number (TIN) for that jurisdiction. A UK tax resident for example, should provide a UK National Insurance Number or Unique Taxpayer Reference (UTR).

Country / Countries of Tax Residence

Tax Identification Number (TIN)

If a TIN is not available please select **one** of the following reasons:☐

The country where you are liable to pay tax does not issue TINs to its residents.

☐

No TIN is required. (Note only select this reason if the authorities of your country of tax residence do not require the TIN to be disclosed).

☐

You are otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the box below:

Section 08 Bank Details

All payments will be made directly to this account.

Please note no withdrawals can be taken without the entity bank details.

Please provide a bank statement (dated within the last three months) in order for us to verify the entity bank account.

Currency of Account: (tick **one**)

GBP ☐ USD ☐ EUR ☐

Bank:

Account Name:

Branch Sort / Swift Code / BIC: / /

IBAN Number:

Account Number:

Further Payment Details / Reference (if applicable):

Section 09 Dividends and Income

Payments will normally be made on the first working day of the month.

Please note if there are insufficient funds in the account the payment will not be made.

What would you like us to do with the income from your investments?

☐ Retain in main account

☐ Retain in a separate account

☐ Pay out all income **OR** £

Please specify frequency: Monthly / Quarterly / Half Yearly / Annually

Section 10 Financial Adviser Details

You confirm that you have appointed the following Financial Adviser to act on your behalf under a separate agreement.

Firm:

Full name and title of contact at Financial Adviser:

Section 11 Your Financial Adviser Relationship

Please tell us the basis on which your Financial Adviser will be acting:

- ☐ **Advisory** Your Financial Adviser will seek your approval to make investment decisions.
Contract notes will be available to view online.
If you would also like copies posted to you, please tick here ☐
- ☐ **Discretionary** You have authorised your Financial Adviser to make investment decisions on your behalf.
Contract notes will be available to view online.

Section 12 Fees and Charges**A. 7IM fees**

Please refer to the Fees and Charges information made available to you.

B. Financial Adviser charges

By signing this form, you:

- confirm that you have discussed and agreed with your Financial Adviser each of the charges set out below;
- instruct 7IM to deduct the charges from your account(s) and to pay the amounts deducted to your Financial Adviser or as they otherwise instruct. In making these payments 7IM will be acting as the agent of your Financial Adviser;
- authorise 7IM to accept any instruction from your Financial Adviser as to which portfolio or account to first deduct fees and charges from; and
- agree that unless and until 7IM receives written notice from you to amend or cancel the instructions given below, 7IM will continue to make payments to your Financial Adviser as set out in this form.

(I) Initial fees

You agree to your Financial Adviser receiving an initial fee of:

Percentage Value	%	OR Fixed Value	£
of all new contributions (excluding regular contributions by direct debit).			

(II) Ongoing fees

You agree to your Financial Adviser receiving ongoing fees in recognition of an ongoing service of:

Percentage Value	%	OR Fixed Value	£
		per annum	per annum
of the portfolio value*.			

*Calculated using average daily portfolio values.

Section 13 Reporting Currency

The reporting for all your accounts will be in Sterling. If you would prefer this to be in US Dollar or Euro please specify below. **If you are an existing client your reporting currency cannot be changed therefore please move on to the next section.**

☐ US Dollar	☐ Euro
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Section 14 Additional InformationInitial investment amount: £

How will you be funding your investments?

☐

Cheque

Amount: £

☐

Bank transfer

Amount: £

Expected 7IM account activity within the next 3 years:

For example, additional contributions and withdrawals, including estimated timing and frequency.

Nature and purpose of business:

Please describe the nature of business activities and their geographical reach.

Source of funds:

Please specify the specific assets that you wish to transfer to 7IM. You should also state the name of the institution currently holding the funds.

Source of wealth:

Please describe the source of wealth for the Corporate or Partnership.

Is comission / consultancy fee a source of wealth? ☐ Yes ☐ NoIs there any known existing relationship with Pershing? ☐ Yes ☐ No If yes, please specify:

ACCOUNT OPENING FORM – CORPORATES AND PARTNERSHIPS PLATFORM OFFSHORE

Ownership and control (including underlying companies):

Where the ownership is more complex involving another company/companies and/or trust, please provide an organisation chart. If another company holds 25% or more of the share capital we will be required to verify that company.

Name of regulator:

Complete if financial

Is the customer a politically exposed person or associated with one? ☐ Yes ☐ No If yes, please specify:

Is the customer connected with a high risk jurisdiction?

A high risk jurisdiction is one that is on the current FATF list.

☐ Yes ☐ No If yes, please specify:

Is the customer involved in trading (commercial activity)?

☐ Yes ☐ No

Is the customer part of a complex structure?

☐ Yes ☐ No

Are any bearer shares in issue?

☐ Yes ☐ No

Section 15 Declarations

This application form, if accepted by us, forms part of a legally binding agreement between you and us relating to the 7IM account(s) opened for you. The other parts of the agreement are contained in the applicable 7IM Terms and Conditions for the chosen 7IM investment service and the Fees and Charges provided to you.

You should read these documents and this section carefully before completing and signing this form. If there is anything you do not understand, please ask for further information.

By signing this form, you make the following declarations:

- a. you:
 - i. apply to open the 7IM account(s) specified in this form;
 - ii. appoint 7IM to provide the chosen 7IM investment service for the purpose of your 7IM account(s); and
 - iii. instruct 7IM to appoint a custodian to hold the money and investments relating to your 7IM account(s), in accordance with the 7IM Terms and Conditions for your chosen investment service;
- b. you understand and agree that when we notify you that we have accepted your application and opened your 7IM account(s), you will be bound by the terms of our agreement with you, as amended from time to time;
- c. you acknowledge that your personal data will be processed in accordance with our Privacy Policy, which is available on our website www.7im.co.uk;
- d. you confirm that, to the best of your knowledge and belief, the information, declarations and confirmations given by you in this form are true, accurate and complete;
- e. you will notify 7IM immediately in writing of any changes to the information provided and any other relevant information; and
- f. the signatory(ies) has/have the necessary authorisation to make these declarations and sign this form on behalf of the applicant.

Your signature(s) is required for the completion of this form

Authorised Signatory:

Signed by (please PRINT name):

Date:

Your signature(s) is required for the completion of this form

Authorised Signatory:

Signed by (please PRINT name):

Date:

By opening this account and signing here, the account owner:

- a. represents and warrants that he/she/it is not a U.S. Person, meaning a person who is in either of the following two categories:
 - (a) a person included in the definition of "U.S. person" under Rule 902 of Regulation S under the U.S. Securities Act of 1933, as amended, or
 - (b) a person excluded from the definition of a "Non-United States person" as used in CFTC Rule 4.7; and
- b. agrees to inform us if there are any changes in circumstances which would mean that this representation is no longer accurate, including if the account owner becomes a resident of the U.S.

Section 16 Financial Adviser Declarations

By signing this form below, your Financial Adviser declares that:

- the information provided in this form correctly reflects the contractual terms of your Financial Adviser's appointment under a separate agreement in place between you and your Financial Adviser;
- all instructions given by the Financial Adviser will be in accordance with those terms;
- your Financial Adviser has all authorisations necessary under applicable law and regulation to act as appointed and will remain so authorised;
- your Financial Adviser will notify us of any changes to its authorisation, including any disciplinary action taken against it, relevant to this appointment;
- where you are applying to open a 7IM account for a pension or bond wrapper, your Financial Adviser has provided appropriate advice to you regarding the suitability for you of the wrapper product in accordance with FCA Rules and FCA suitability requirements; and
- the signatory has the necessary authorisation to make these declarations and sign this form on behalf of the Financial Adviser.

Financial Adviser signature is required for the completion of this form

Financial Adviser Signature:

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Signed by (please PRINT name):

Date: