

Change of Address / Residence Form



PLEASE PRINT CLEARLY IN BLOCK CAPITALS IN ALL SECTIONS

Section 1 – Old Address

Portfolio Number:

Title: Mr/Mrs/Miss/Ms/Other

First Name(s):

Surname:

Joint account holder (if applicable)

First Name(s):

Surname:

Current Residential Address:

City:

County (or country is not UK):

Postcode:

Section 2 – New Address

Date new address effective from

(DD/MM/YYYY): / /

New Residential Address:

City:

County (or country is not UK):

Postcode:

New Home Telephone:

New Home Fax:

New Home Email:

Have you moved to a different country?

Yes No

If yes, please also complete the Tax residency section

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Section 3 – Tax Residency

Please list below all countries in which you are resident for tax purposes and the associated Tax Identification Number (TIN).

Country /Countries of Tax Residence*	Tax Identification Number
1 st Country <input type="text"/>	<input type="text"/>
2 nd Country (if applicable) <input type="text"/>	<input type="text"/>
3 rd Country (if applicable) <input type="text"/>	<input type="text"/>

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

- The country where I am liable to pay tax does not issue TINs to its residents.
- No TIN is required. (Note only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed).
- I am 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 require us to collect information about your tax residency. In certain circumstances (including if we do not receive a valid self certification from you) we may be obliged to share information on your account with HMRC, who may in turn share this information with other tax authorities in other jurisdictions. If you have any questions about your tax residency, please contact your tax adviser.

Section 4 – Declaration

I declare that:

- The information provided in this form is to the best of my knowledge and belief accurate and complete; and
- I agree to notify 7IM immediately in the event that any of the information in this form changes.

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

Signature

Name

Date

Second Signature (if joint account)

Name

Date