Unicorn Application Form Retail (A) Shares



Please complete this form with a ball point pen using BLOCK CAPITALS

The form should be returned to Unicorn Asset Management Limited, PO Box, 10602, Chelmsford, Essex, CM1 9PD

The form should be read in conjunction with the relevant Key Investor Information Document and Supplementary Information Document If you have any questions while completing this form, please call 0845 026 4287 between 08:30 and 16:30 on any business day.

Your Details							
Title		Surnam	ne				
Forenames in full							
Account Designation (optional)							
Permanent Address							
Post code					Telephone		
Email address					Date of Birth		
Existing Account Numb	er (if appli	cable)					
National Insurance Number					If you do not have a National I tick this box	nsurance number please	

Investment								
Please instruct how you would like your investment to be allocated								
	1	Initial Investment	1	Monthly	I	Reinvest Income		
		initial investment		Monthly				
				Contribution		Yes/No		
Free Spirit		£		£				
Mastertrust]	£		£				
	I							

Outstanding British Companies	£	£	Yes *
UK Income	£	£	
UK Smaller Companies	£	£	
Total	£	£	

Lump sums must be for a minimum of £2,500 (minimum of £1,000 per fund). The minimum monthly amount for regular investors is £100 per month.

For regular savings please complete the Direct Debit form overleaf and enclose a cheque for your first monthly contribution. If you have not completed the 'Reinvest my income' box above, any income will be automatically reinvested together with any tax credits. If you wish to be paid income, you must complete the Income Mandate section below so that payment can be made directly into your bank or building society account.

*Income from OBC Accumulation Shares is automatically reinvested.

Unicorn Asset Management Limited is authorised and regulated by the Financial Services Authority. Reference No: 192164. Unicorn Asset Management Limited is registered in England. Registration No 3919499. Registered Office: Preacher's Court, The Charterhouse, Charterhouse Square, London, EC1M 6AU

To be completed if you want to have your income payments paid out to you. Income will automatically be re-invested if this section is not completed.

Name of bank / building society	
Address	
Post Code	
Account Name	
Account Number	
Sort Code	
Building society reference number	

To be completed by an introducing agent Name of Agent Agent reference FSA Number Contact Name Contact Telephone No: Contact Email: Contact Email: Our default is that the intermediary has given advice on the enclosed investment (s), please note we must be advised at the point of each subsequent investment if advice has not been given. Please confirm if no advice has been given, please leave blank if you have advised the enclosed transaction(s)						
Agent reference FSA Number Contact Name Contact Telephone No: Contact Email: Contact Email: Our default is that the intermediary has given advice on the enclosed investment (s), please note we must be advised at the point of each subsequent investment if advice has not been given. Please confirm if no advice has been given, please leave blank if you have						
Contact Name Contact Telephone No: Contact Email: Contact Email: Our default is that the intermediary has given advice on the enclosed investment (s), please note we must be advised at the point of each subsequent investment if advice has not been given. Please confirm if no advice has been given, please leave blank if you have						
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each subsequent investment if advice has not been given. Please confirm if no advice has been given, please leave blank if you have						
No advice has been given Authorised Signature:						
Initial & Rebate Commissions, Financial Advisor Stamp (including address)						
(To be completed by Intermediaries where applicable and unless completed no Initial or Rebate payments will be made)						
Initial Commission payable to intermediary % (if applicable)						
Discount on remaining retained Initial Commission % (if applicable)						
Initial Commission due to Fund Manager % (if applicable)						
Rebate commission due to Intermediary % (if applicable)						
Bank account for Commission Payments:						
Bank Name:						
Sort Code:						
Account No:						
Account Name:						
Specific terms relating to relating to the Initial and Rebate amounts must be agreed with Unicorn Asset Management or its representative prior to submission of this application form						

Identity Verification

For Individuals

In order to comply with Anti Money Laundering and Anti Terrorist Financing legislation, we need to verify your identity and address. Please enclose a copy of a passport or similar official document (certified by a professional person) and a utility bill which is less than three months old. (Certain alternative documents are permissible and a list of them is available on request)

For IFAs

To confirm you client's identity and address please send either

An original or certified photocard identification and a document confirming the clients residence,

or

An Identity Verification certificate in a format suggested by the IMA,

Declaration

I declare that

- I am the beneficial owner of this investment
- I have read, understood and retained the Key Investor Information Document (KIID) in respect of each share class in which I wish to invest, in conjunction with the Supplementary Information Document (SID)
- I accept the terms and conditions
- I am not a national, Citizen or resident of the United States of America.
- I am not a corporation or partnership organized under the laws of the United States of America or having a principal place of business in the United States of America
- I am not applying for shares in order to offer, sell or transfer such shares to a U.S person, as defined in the prospectus, either directly or indirectly.

This application form has been completed to the best of my knowledge but should circumstances change, I will inform you immediately.

Signature

Date

DD	MM	YY



Instruction to your bank or building society to pay by Direct Debit

ASSET MANAGEMENT

Please fill in the whole form using a ball point pen and send it to

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Unicorn Asset Management Limited							J	
PO Box 10602 Chelmsford								
Essex								
CM1 9PD								
Name(s) of account holder(s)	Instruc	tion to y	our bank	or buildi	ng societ	/		
	the ac assure Instru and, if	count d ed by the ction ma f so, det	etailed i e Direct ay remai	n this In Debit G n with U	struction uarantee Jnicorn	n subjec e. I unde Asset Ma	ed Direct Debits from at to the safeguards erstand that this anagement Limited to my bank/building	
Bank/building society account number	societ	у.						
Branch sort code								
Name and full postal address of your bank or building society To: The Manager Bank/building society								
To: The Manager Bank/building society								
Address	Signature	e(s)						
Postcode	Date							
Reference (to be completed by Unicorn)								
Banks and building societies may not accept Dir	ect Debit Ins	structions	for some	e types of	account			
DIRECT Debit								
Direct Debit Guarantee -This guarantee sl	hould be det	tached ar	d retaine	d by the	payer.			
This Guarantee is offered by all banks and building societies	s that acce	ept instru	ictions to	o pay D	irect De	bits		
 If there are any changes to the amount, date or frequency o you ten working days in advance of your account being deb Management Limited to collect a payment, confirmation of the 	ited or as o	otherwis	e agree	d. lf you	ı reques	t Unicor	rn Asset	
 If an error is made in the payment of your Direct Debit, by U you are entitled to a full and immediate refund of the amoun If you receive a refund you are not entitled to, you must p 	nt paid from	n your ba	ank or b	uilding s	society		0 1	
 You can cancel a Direct Debit at any time by simply contact required. Please also notify us. 					0			

Service user number