

1. Personal Details				
First Plan Holder Second Plan Holder				
Title: (Mr/Mrs/Miss/Ms/Other):		Title: (Mr/Mrs/Miss/Ms/Other):		
Forename(s):		Forename(s):		
Surname:		Surname:		
NI Number:		NI Number:		
Permanent		Permanent		
Address:		Address:		
	COUNTY		COUNTY	
	POST CODE		POST CODE	
Date of Birth:	DD MM YYYY	Date of Birth:	DD MM YYYY	
Telephone No:		Telephone No:		
Email Address:		Email Address:		
Country of Birth:		Country of Birth:		
Place of Birth:		Place of Birth:		
Nationality:		Nationality:		
Are you resident in the UK for Tax Purposes Yes: No: Are you resident in the UK for Tax Purposes: Yes: No: Are you resident in the UK for Tax Purposes: Yes: No: If you have answered yes to the latter question input Country and Tax Reference: If you have answered yes to the latter question input Country and Tax Reference: / / /				
2. On behalf of a ch	ild (Applicable for DIRECT investmer	nts only for individu	als under the age of 18)	
Title: (Mr/Mrs/Miss/Ms/Other)	Forename(s)			
Date of Birth:	DD MM YYYY	Surname		
3. Gift from another – applicable where the funds have been gifted to the applicant				
Title: (Mr/Mrs/Miss/Ms/Other)		Forename(s)		
Date of Birth:	DD MM YYYY	Surname		
Relationship to Plan Holder:				
Signature Date: DD MM YYYY				
4. Source of Funds				
What has created/ is generating the funds being used to open this Plan:				
Accumulated Savings				
Inheritance	Transfer from another provider	Other (Please Describe):		



5. Payment Details

All redemptions will be transmitted to the following bank/building society account.	Payments can only be made into an
account with a bank of building society within the UK Clearing system.	

Bank / Building Society Name: Account Holder Name: Sort Code: Building Society Reference or Roll Number				
6. Investment Details, Amounts (must be in whole pounds) and Fee Arrangements				
Plan name:				
First Plan Holder	First Plan Holder Second Plan Holder			
Direct Amount	£	Direct Amount	£	
ISA Amount (Max £20,000.00)	£	ISA Amount (Max £20,000.00)	£	
Total to be Invested (Min £3,000.00)	£	Total to be Invested (Min £3,000.00)	£	
Pay this amount to my Financial Advisor	£	Pay this amount to my Financial Advisor	£	
OR		OR		
Fees settled directly with my financial adviser:			ny financial adviser:	
Total amount to be paid to Dura Capital Limited: This must be the sum of the Total(s) to be Invested + the amount(s) to be paid to your Financial Advisor (where applicable).				
f				

7. Payment Details

Please submit the 'Total Investment Amount' (above) to Dura Capital Limited by bank transfer to the details below:

Bank Name:	HSBC Bank	
Account Name:	Dura Capital Client Money Holding Account	
Sort Code:	40 – 02 – 50	
Account Number:	71426273	
IBAN:	GB85MIDL40025071426273	
Payment Reference (MANDATORY):	Please use your National Insurance Number (NINO)	
	(for Joint plans, please input 'First Plan Holder' NINO	

If paying by cheque please make payable to **Dura Capital Limited** (please note cheque applications should be received **5** working days before the offer closing date).



8. Data Protection – uses of your data

Dura Capital Limited is committed to processing your data in accordance with the Data Protection Act 1998. We may use your personal data to provide you with services you request from us, manage your accounts, make decisions, detect and prevent fraud, for analysis and assessment, and to ensure that we comply with legal and regulatory requirements. For further details of how Dura Capital Limited uses your information, please read our Data Protection Statement on our website www.duracapital.co.uk or ask for a printed copy.

I/We do not wish to receive marketing information by post and telephone.

By signing this form you agree that we can use and disclose your information in the ways described in our Data Protection Statement, as amended or updated from time to time.

9. Declaration

Applicable to direct investment applicants only

I declare that: as set out in the Personal Details section, I am 18 years of age or over, and either: (a) resident in the UK for tax purposes and that I am not acting on behalf of a Non-UK tax resident; or (b) resident of the Isle of Man, Guernsey or Jersey.

Applicable to all stocks and shares ISA applicants

I apply to subscribe for a stocks and shares ISA for the tax year 2019/20 and/reinvest my cash ISA or stocks and shares ISA proceeds.

I declare that:

- > All subscriptions made, and to be made, belong to me.
- > I am 18 years of age or over.
- > I have not subscribed, and will not subscribe, more than the overall subscription limit in total to a cash ISA (this includes a Help to Buy ISA), stocks and shares ISA, an innovative finance ISA and a Lifetime ISA in the same tax year.
- > I have not subscribed, and will not subscribe, to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA.
- > I am resident in the United Kingdom for tax purposes or, if not UK tax resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving oversees), 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 Dura Capital Limited 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.
- > I have read and understood the ISA Terms and Conditions.

For all applicants

I declare that:

- > I am neither in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended.
- > I have read and understood the Key Information Document and Plan brochure(s), including Plan risks and selling restrictions, and the Terms and Conditions under which the Plan(s) will be managed.

I authorise Dura Capital Limited:

- > To hold my cash subscription, ISA investments, direct investments, interest and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of ISA investments.
- > Upon my written request to transfer or pay to me any amounts, as determined in accordance with the Terms and Conditions of my Plan(s), realised on or deriving from , as the case may be, ISA investments and/or direct investments including all rights and proceeds in respect of such ISA investments or direct investments.
- > To supply me with a periodic statement.

I/We agree to comply at all times with any request from Dura Capital Limited to provide additional information and or documentation related to my/our tax status within the timescale specified by Dura Capital Limited in its request.

You agree that your monies will be used to purchase securities issued by the relevant Issuer, as specified in the Plan brochure. You acknowledge that the Plan Manager will only provide an annual statement on the value of your Plan(s).

Once you have read the above, please sign in Section 3 (below)

10.	Your signature	(please copy s	heet for additional	Signatories
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First Plan Holder	Date:	/	/ 2019
Full Name:			
Second Plan Holder	Date:	/	/ 2019
Full Name:			



11. Adviser Section				
Name of Registered Individual:				
Name of Company:				
Address:				
		Post Code:		
Telephone Number:	+44			
Email Address:				
Are you a member of a network? Yes No If yes, are you directly authorised or an authorised representative? Name of network: Financial Services Register reference number: Principal's Financial Services Register reference number (if applicable):				
Have you provided the Customer with investment advice in relation to this product in accordance with the guidance set out in the Plan Brochures? Yes No If 'No', how has the investment been taken out (e.g. execution only)?*				
*If further space is required for your answers please attach the additional information on a separate sheet. Under our Terms of Business the Intermediary is responsible for assessing the suitability and/or appropriateness of Dura Capital Limited products for potential Customers. Have these checks been completed? Yes No				
	rustee details listed in Sections 1 $\&$ 4 were obtained by me and to verify the identity of all applicants that meets the standard	·		
Authorised Signatory		Date:// 2019		
Full Name:				
Job Title:				
	to verify the identity of a Customer that falls into one of the form verification as being an existing Client of the introducing firm			

- > Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
- > Those whose identity has been verified using the source of funds as evidence.

Please return the completed and signed Application Forms to: Dura Capital Limited, PO BOX 1233, St Albans, AL1 9HU

If you have difficulty in reading our literature, please call us on **0330 678 1111**. We can supply this in a range of formats including large print, audio & Braille.

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