Corporate
Account Information

BLOXHAM

Date: ____________________

Client Code: ☐☐☐☐☐☐☐☐ **Dealer Number:** ☐☐☐

☐ **Advisory Account** ☐ **Discretionary Account**

1. Company Name & Registered Address (in full)

2. Directors details (Please use Block Capitals)

Surname
Forename(s)
Occupation
Date of Birth

Surname
Forename(s)
Occupation
Date of Birth

3. Company Telephone Number: ________________________________

Company Fax Number: ________________________________

Email / Web Address: ________________________________

4. Company Tax Number: ________________________________

5. How do you wish to register your investment?

Paper Certificates ❍
Pershing International Nominees Ltd. ❍

6. Name and Address of Bank / Building Society:

Bank Details (cont)

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A/C Name: ____________________

Bank Sort Code: ☐☐☐☐☐☐

Bank Account No: ☐☐☐☐☐☐☐☐
Note: We may contact your bank for a reference

IBAN Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

BIC Code: ☐☐☐☐☐☐☐☐☐☐

Financial Background

Your answers to the following questions will help us to understand your investment and financial needs and to give you a better investment service. The information supplied by you on this form will be retained by us on electronic file and may only be disclosed to a relevant authority in compliance with legal or regulatory requirements.

7.	Current Year	Previous Year
Total Income	€______________	€______________
Total Expenses	€______________	€______________
Net Profit	€______________	€______________

8. Value of Personal Assets:
Please give approximate figures and also indicate if asset could be easily liquidated.

Fixed Assets €______________ (A)

Current Assets €______________ (B)

Total Assets €______________ (C) (Sum of A + B)

Current Liabilities €______________ (D)

Long term Liabilities €______________ (E)

Total Liabilities €______________ (F) (Sum of D + E)

Net Assets €______________ (C - F)

9. Please give initial investment amount €______________

10. Source of funds:

❑ Savings ❑ Sale of Property ❑ Rental Income ❑ Inheritance

❑ Sale of Business ❑ Other, please specify ____

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Investment Objectives

11. Investment Objectives

Please indicate which of the following statements best describes your requirements:

- ❑ a) you want to protect your principal at all costs. You are extremely risk averse and do not want to take any greater risk than is necessary to preserve your initial investment and / or maintain the steady income you receive from it.
- ❑ b) you want your investment to keep in line with inflation but keep your risk to a minimum. You are looking to the future but have a low risk tolerance and are willing to limit your growth investments to low risk or risk free investments.
- ❑ c) you want moderate growth but a limited amount of risk. You are willing to accept slower growth on your investments in exchange for a lower amount of portfolio risk.
- ❑ d) you seek high returns, but not at the expense of too much risk. You are investing primarily for growth.
- ❑ e) your objective is maximum growth, and you are willing to risk the loss of some, or even most, of your principal to receive higher returns on your investment.

12. Risk Profile

How would you describe the current risk profile of your existing assets?

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

Low Medium High

Please give an explanation if your current risk profile is different to your investment objectives stated above.

13. What is the purpose of your investment?

14. Please indicate approximate annual income expectation (if any) from your investment with us: €_________

15. Time Horizon

Generally, the longer your money remains invested, the greater the potential for growth as market trends and fluctuations tend to smooth out over time. Bearing this in mind, for how long are you planning to invest your money?

❑ <1 year ❑ 1-3 years ❑ 3-5 years ❑ 5 years +

16. Please state any on-going funds available for investment €_________

17. What is our average anticipated transaction size? €_________

18. Permitted Investment Instruments
Please tick which instruments you wish to invest in and indicate if you require any minimum or maximum values, or percentages to be invested in any one type of instrument.

Value or % of portfolio

- ❑ € denominated equities ____________________
- ❑ Other equities ____________________
- ❑ Cash deposits ____________________
- ❑ Government bonds ____________________
- ❑ Corporate bonds ____________________
- ❑ Derivatives, incl. CFDs ____________________
- ❑ Unquoted Investments ____________________
- ❑ Other, please specify ____

Other Comments (if any):

____

19. Other investment considerations
Please specify if there is any other information, including any restrictions that you feel may be relevant to your investment objectives e.g. ethical investments only

Knowledge and Experience

(The following questions are to be completed by person(s) making the decisions on behalf of the Corporate)

20. Do you hold any qualifications that are relevant to making investment decisions or are you a member of a relevant professional body? Please give details

21. Do you have any other experience relevant to making investment decisions? Please give details

22. Please answer the questions in relation to your knowledge and experience of different financial instruments.

	1. Shares	2. Bonds	3. Derivtives	4. Investment Funds	5. Any other instruments
Have you dealt in this instrument before?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
If yes, please answer questions below:					
Please specify type:	N/A	❑ Corporate Bonds ❑ Government Bonds	❑ Margins ❑ Futures ❑ Warrants ❑ Options ❑ CFDs Other ________		
In what capacity?	❑ Execution only ❑ Advisory ❑ Managed Portfolio	❑ Execution only ❑ Advisory ❑ Managed Portfolio	❑ Execution only ❑ Advisory ❑ Managed Portfolio	❑ Execution only ❑ Advisory ❑ Managed Portfolio	❑ Execution only ❑ Advisory ❑ Managed Portfolio
How would you describe your knowledge and understanding of this financial instrument?	❑ 1 ❑ 2 **Basic** ❑ 3 **Good** ❑ 4 ❑ 5 **Extensive**	❑ 1 ❑ 2 **Basic** ❑ 3 **Good** ❑ 4 ❑ 5 **Extensive**	❑ 1 ❑ 2 **Basic** ❑ 3 **Good** ❑ 4 ❑ 5 **Extensive**	❑ 1 ❑ 2 **Basic** ❑ 3 **Good** ❑ 4 ❑ 5 **Extensive**	❑ 1 ❑ 2 **Basic** ❑ 3 **Good** ❑ 4 ❑ 5 **Extensive**
How often do you deal in this financial instrument?	____ **per month**	____ **per month**	____ **per month**	____ **per month**	____ **per month**
How large are these transactions?					
How long have you been dealing in this financial instrument?	____ **years** ____ **months**	____ **years** ____ **months**	____ **years** ____ **months**	____ **years** ____ **months**	____ **years** ____ **months**

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Identification

For all new clients we are obliged under the Criminal Justice Act, 1994 in relation to Money Laundering, to obtain the following documentation for Corporate Clients. In this regard please provide the following documents:

- ❍ Completed Corporate Application Form & Terms of Business
- ❍ Certified copy of Certificate of Incorporation
- ❍ Certified copy of the Memorandum & Articles of Association
- ❍ Board Resolution to open account & those authorised to operate it
- ❍ Identification for two Directors
    - certified ID & <u>two</u> address proof for each Director

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Signed: Director 1

____

Signed: Director 2

____

Date

For Office Use Only

Approved by:

____

Dealer:

____

Dealer Comment (if any):

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