



*Trust*  
**application form**

The Seneca EIS Portfolio Fund



# Important information

## Before you invest

We recommend that you seek advice from your Financial Adviser before making an investment. Your adviser should make sure that you have received a copy of both the Information Memorandum and the Terms and Conditions for our EIS Portfolio Fund, along with a copy of the Custodian's Terms of Business. Copies can be downloaded from our website or requested from our Client Relationship Team.

You should only make an investment once you have read and understood each of these documents.

## Other application forms

This application form is designed for a Trust investing in the Seneca EIS Portfolio Fund. We have other application forms available for investments from individuals and representatives.

## Completing this application form

Please answer all of the questions in the appropriate sections (see page 3). If your application form is incomplete, it may result in delays in processing it.

## Verifying your identity

We and our Custodian are required to verify your identity before accepting an investment from you. We will attempt to do so electronically but if we are unable to do so, we will require you to provide us with two forms of identification, as detailed on page 24. If you are an existing investor with us, we may not need to do this.

## Paying for your investment

If paying by cheque, please make it payable to **WCSL Seneca EIS Port Fund Client Acc** and enclose it with your application form. If paying by bank transfer, please make your payment to:

**Account Name:** WCSL Seneca EIS Port Fund Client Acc

**Sort Code:** 80-20-00

**Account Number:** 10427169

**Reference:** Investor's surname followed by initial(s)\*

\*For example, John Edward Smith would be 'Smith JE'.

Please note that we cannot invest your money until we have received and accepted your application.

Completed applications should be sent to:

**Woodside Corporate Services Limited**  
**4th Floor**  
**50 Mark Lane**  
**London**  
**EC3R 7QR**

Alternatively, if you are investing by bank transfer, you can send your application by email to **applications@woodsecretaries.co.uk** rather than posting it. Please note that we can only accept scanned applications emailed by you (from your email address provided on your application form) or from your financial adviser. Please also note that photographs of application forms cannot be accepted.

You can contact our Client Relationship Team on **01942 271746** or at **clientteamsenecapartners.co.uk**

Seneca Partners Limited is authorised and regulated by the Financial Conduct Authority and is the Manager of the Seneca EIS Portfolio Fund..

# How to complete this form



The following checklist is designed to help make sure that you complete the application form correctly and provide all of the information we need in order to process it.

Even if your Financial Adviser has advised you that the investment(s) you are applying to is suitable for you, the Financial Conduct Authority expects us to ensure that any investment you make with us is appropriate.

	<i>Tick When Complete</i>
Please complete section 1	<input type="checkbox"/>
To invest in our EIS Portfolio Fund, please complete section 2	<input type="checkbox"/>
If you want us to pay a fee to your Financial Adviser, please complete and sign section 3	<input type="checkbox"/>
Please complete and sign section 4	<input type="checkbox"/>
Only complete section 5 if required ( <i>please see section 1</i> )	<input type="checkbox"/>
Please include the documentation requested in section 6 when you send us your application form.	<input type="checkbox"/>
If applicable, please ask your Financial Adviser to complete sections 7 & 8	<input type="checkbox"/>

## Keeping up to date



Would you like to receive the following?

	<i>Please tick</i>
<b>Onside Magazine</b> (Seneca's business magazine)	<input type="checkbox"/>
Periodic news, updates and offers from the Seneca Group	<input type="checkbox"/>

# 1

## Section 1 Trust's details

Name of Trust

Legal Entity Identifier

Country of  
Registration

Full name of  
main contact

Registered Address

Postcode

Correspondence Address

Postcode

If the correspondence address has changed within the last 3 years, what was the previous address?

	Postcode

Please provide a summary explaining who can give instructions.  
(e.g "any two trustees, any three trustees or authorised signatories" etc).

Correspondence Email Address:

This email address will be used to assist setting up your access to our secure Online Portal from where you will be able to view your investment and download quarterly valuations. If you would prefer we sent these quarterly valuations to you in the post, please tick here.



## The Trust's financial position

What is the trust's annual gross income?

How much are the trust's other investments worth (net of any loans secured on them?).

## The Trust's knowledge and experience

For each of the following types of investments, please would you indicate how many years the trust has been making investments and give an indication of the amount it currently holds in each?

Investment Type	No of years experience?	Amount invested
EIS or VCT		
Other Tax Schemes (e.g. EZTs or film schemes)		
Inheritance Tax Planning		
Private Equity		
Commercial Property		
Individual shares in large quoted companies (e.g. FTSE 350 and FTSE 250)		
Individual shares in smaller quoted companies (e.g. AQSE or AIM companies)		
Individual shares in unquoted companies		

## Trustees, Beneficiaries and Signatories details - *First Individual*

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Title						
Forename						
Surname						
Permanent Residential Address						
					Postcode	
Time at current address						
Email Address						

If you have lived at your current address for less than 3 years, please provide details of all addresses you have lived at in the last 3 years. If there is insufficient room, please continue on a blank piece of paper and include it with this form.

Previous Address						
					Postcode	
Time at previous address						

Date of Birth		
City / Town and Country of Birth		
National Insurance No.		
Of which Country(ies) are you a tax resident? (e.g UK)		
For each, please provide your tax reference number (e.g your UTR for the UK)		
Do you hold British nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is this your sole nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If "No", please complete Section 5 on page 18.

Have you been advised to make this investment by a Financial Adviser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Your employment

What is your occupation?	
If you are retired, what was your occupation?	
Do you hold any relevant financial or professional qualifications? (e.g. CFA, CPA, ACII, etc.)	

Are you subject to any investment restrictions? If so, please give details: (e.g. You may be an accountant, lawyer or other professional person who is subject to restrictions preventing you from making investments in client companies).



## Trustees, Beneficiaries and Signatories details - *Second Individual*

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Title						
Forename						
Surname						
Permanent Residential Address						
					Postcode	
Time at current address						
Email Address						

If you have lived at your current address for less than 3 years, please provide details of all addresses you have lived at in the last 3 years. If there is insufficient room, please continue on a blank piece of paper and include it with this form.

Previous Address						
						Postcode
Time at previous address						

Date of Birth		
City / Town and Country of Birth		
National Insurance No.		
Of which Country(ies) are you a tax resident? (e.g UK)		
For each, please provide your tax reference number (e.g your UTR for the UK)		
Do you hold British nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is this your sole nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If "No", please complete Section 5 on page 20.

Have you been advised to make this investment by a Financial Adviser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Your employment

What is your occupation?	
If you are retired, what was your occupation?	
Do you hold any relevant financial or professional qualifications? (e.g. CFA, CPA, ACII, etc.)	

Are you subject to any investment restrictions? If so, please give details:  
(e.g. You may be an accountant, lawyer or other professional person who is subject to restrictions preventing you from making investments in client companies).

## Trustees, Beneficiaries and Signatories details - *Additional Individual*

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Title						
Forename						
Surname						
Permanent Residential Address						
					Postcode	
Time at current address						
Email Address						

If you have lived at your current address for less than 3 years, please provide details of all addresses you have lived at in the last 3 years. If there is insufficient room, please continue on a blank piece of paper and include it with this form.

Previous Address						
					Postcode	
Time at previous address						

Date of Birth		
City / Town and Country of Birth		
National Insurance No.		
Of which Country(ies) are you a tax resident? (e.g UK)		
For each, please provide your tax reference number (e.g your UTR for the UK)		
Do you hold British nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is this your sole nationality?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\*If "No", please complete Section 5 on page 22.

Have you been advised to make this investment by a Financial Adviser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Your employment

What is your occupation?	
If you are retired, what was your occupation?	
Do you hold any relevant financial or professional qualifications? (e.g. CFA, CPA, ACII, etc.)	

Are you subject to any investment restrictions? If so, please give details: (e.g. You may be an accountant, lawyer or other professional person who is subject to restrictions preventing you from making investments in client companies).

If you need to provide details for any further individuals, please use a copy of pages 11 and 12 for each one.

# 2

## Section 2 Your investment

The minimum investment into the Seneca EIS Portfolio Fund is:  
£25,000 (for your first investment) and £5,000 (for any subsequent investments).

How much do you wish to invest?  
(Your Subscription)

What is the source of this subscription?  
(e.g. capital gains, savings, earnings)

If paying by cheque, please make it payable to **WCSL Seneca EIS Port Fund Client Acc** and enclose it with your application form. If paying by bank transfer, please make your payment to:

**Account Name:** WCSL Seneca EIS Port Fund Client Acc

**Sort Code:** 80-20-00

**Account Number:** 10427169

**Reference:** Investor's surname followed by initial(s)\*

\*For example, John Edward Smith would be 'Smith JE'.

Please note that we cannot invest your money until we have received and accepted your application.

Completed applications should be sent to:

**Woodside Corporate Services Limited**

**4th Floor**

**50 Mark Lane**

**London**

**EC3R 7QR**

Alternatively, if you are investing by bank transfer, you can send your application by email to **applications@woodsecretaries.co.uk** rather than posting it. Please note that we can only accept scanned applications emailed by you (from your email address provided on your application form) or from your financial adviser. Please also note that photographs of application forms cannot be accepted.



## The Trust's investment objectives

Based on what you currently know, will the Trust need access to some or all of the capital being invested in the next 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand that shares in an EIS qualifying company must be held for at least 3 years and that if they are not, the Trust will have to pay back any Income Tax relief it receives following investment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you looking to carry back any or all of your investment so that you can claim income tax relief for last Tax Year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how much of your investment would you like invested for carry back purposes?	£	
Are you making any or all of this investment to defer the payment of Capital Gains Tax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the amount of the gain you are deferring?	£	
On what date was the gain made?		

If you are looking to carry back some or all of this investment and are making it in the period from 1st October to 5th April or, are looking to defer a capital gain that was made more than two years ago, please contact our Client Team (01942 271746 or [clientteam@senecapartners.co.uk](mailto:clientteam@senecapartners.co.uk)) to check whether we have capacity to meet your requirements.

## The Trust's attitude to risk

Any capital invested in the Service is at risk and you may get back less than you invest. Are you comfortable making an investment on this basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand the high risk nature of investing in the shares of unquoted companies (as detailed in the Information Memorandum) and that these shares can be difficult to sell quickly and for full value?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you looking for this investment to provide an income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Trust able to comfortably meet its regular financial commitments, even if its investment in the Fund lost all of its value?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section 3

# Payments to your financial adviser

You can ask us to pay certain fees to your Financial Adviser. Please note that doing so will reduce the value of the Investment. Please indicate the amount(s) you would like us to pay, if any.

### Initial ("one off") Advice Fee

The maximum amount we can facilitate is 3% of your Subscription (see page 13) plus VAT. This amount will be deducted from the Subscription and paid to the Financial Adviser (as detailed on page 25). This amount will not be available for investment nor benefit from any tax reliefs.

£

### Annual ("ongoing") Advice Fee

The maximum amount we can facilitate is 1.0% of your Subscription plus VAT p.a. paid for four years.

An amount equal to four times the annual fee will be set aside from your Subscription and paid to your Financial Adviser (as detailed on page 25) in four annual instalments. The amount set aside will not be available for investment nor benefit from any tax reliefs

£

### Bank Payment Fee

Each time an Advice Fee is paid, there is a bank payment fee of £7 + VAT. This fee can be deducted from your investment or from the amount paid to your financial adviser. Please indicate which should apply:

Deducted from  
investment

Deducted from amount paid  
to adviser

## Your authority to pay these fees

I hereby authorise the payment of the Advice Fee(s) stated above and confirm that you should continue to pay the annual advice fees detailed above as they fall due.

Capacity

Trustee

Beneficiary

Signatory

Signature

Date

If you wish to cancel your instruction to pay an annual advice fee at some point in the future, you can do so by writing to the **Client Relationship Team, Seneca Partners Ltd, 9 The Parks, Newton-Le-Willows, WA12 0JQ**. Please note that we require at least 14 days notice.

In addition, we will cease payment of any future annual advice fees should we be advised that your financial adviser no longer acts for you.

## 4

## Section 4

# Confirmation of your investment

1	I acknowledge receipt of the Information Memorandum for the Seneca EIS Portfolio Fund and can confirm that I have read and understood it.	<input type="checkbox"/>
2	I acknowledge receipt of the Seneca EIS Portfolio Fund Terms and Conditions and can confirm that I have read and understood them and agree to be bound by them.	<input type="checkbox"/>
3	I have read and understood Clause 22 on pages 12 -13 of the Seneca EIS Portfolio Fund Terms and Conditions which details how Seneca Partners Ltd will use my personal data and agree to the same.	<input type="checkbox"/>
4	I consent to the Manager making enquiries at a Credit Reference Agency in order to assist verify my identity. I understand that the Agency will record any searches made on their files.	<input type="checkbox"/>
5	I acknowledge receipt of the Custodian's Terms and Conditions and confirm that I have read and understood them and agree to be bound by them.	<input type="checkbox"/>
6	I request and authorise you to register this investment in the name of the Custodian and Nominee.	<input type="checkbox"/>
7	I confirm that Woodside Corporate Services Limited shall not be liable to the Trust in the event of an insolvency of any bank with which any funds are held by Woodside Corporate Services Limited have been deposited nor in the event of any restriction of the ability of Woodside Corporate Services Limited to withdraw funds from such bank for reasons which are beyond the reasonable control of Woodside Corporate Services Limited..	<input type="checkbox"/>
8	I confirm that the Manager has not offered me any financial or taxation advice and that the Manager recommends that I seek such advice from a qualified third party before making an investment.	<input type="checkbox"/>
9	I confirm that the particulars I have provided in the Application Form are correct and that I will notify the Manager immediately in writing should any of these details change.	<input type="checkbox"/>
10	I confirm that I am applying on behalf of the trust, I am over 18 years of age and seeking for the trust to benefit from the investment returns and tax planning advantages of making an investment.	<input type="checkbox"/>
11	I will notify the Manager immediately in writing in the event that the Seneca EIS Portfolio Fund makes an investment into an Investee Company with which the Trust is connected (as detailed in sections 166 to 171 Income Tax Act 2007).	<input type="checkbox"/>
12	I will notify the Manager immediately in writing in the event that the Trust becomes connected to an Investee Company (as detailed in sections 166 to 171 of the Income Tax Act 2007) or receives value from it (as detailed in sections 213 to 223 of the same Act) within three years of the shares being issued to the Trust.	<input type="checkbox"/>



Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Signature						
Date						

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Signature						
Date						

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Signature						
Date						

Capacity	Trustee	<input type="checkbox"/>	Beneficiary	<input type="checkbox"/>	Signatory	<input type="checkbox"/>
Signature						
Date						

## Section 5

# Details of first individual's nationality

Please only complete if you have dual nationality or your sole nationality is not British. Please indicate below which country or countries you are a national of and provide any additional information requested.

Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
AT	Austria	<input type="checkbox"/>	N/A
BE	Belgium	<input type="checkbox"/>	Belgian National No.
BG	Bulgaria	<input type="checkbox"/>	Bulgarian Personal No.
CY	Cyprus	<input type="checkbox"/>	National Passport No.
CZ	Czech Rep	<input type="checkbox"/>	National ID No.
DE	Germany	<input type="checkbox"/>	N/A
DK	Denmark	<input type="checkbox"/>	Personal ID Code (10 digits)
EE	Estonia	<input type="checkbox"/>	Personal Identification Code
ES	Spain	<input type="checkbox"/>	Tax Identification No.
FI	Finland	<input type="checkbox"/>	Personal Identity Code
FR	France	<input type="checkbox"/>	N/A
GB	UK	<input type="checkbox"/>	National Insurance No.
GR	Greece	<input type="checkbox"/>	10 DSS Digit Investor Share
HR	Croatia	<input type="checkbox"/>	Personal ID No.
HU	Hungary	<input type="checkbox"/>	N/A
IE	Ireland	<input type="checkbox"/>	N/A



Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
IE	Ireland	<input type="checkbox"/>	N/A
IS	Iceland	<input type="checkbox"/>	Personal Identity Code
IT	Italy	<input type="checkbox"/>	Fiscal Code
LI	Liechtenstein	<input type="checkbox"/>	National Passport No.
LT	Lithuania	<input type="checkbox"/>	Personal Code
LU	Luxembourg	<input type="checkbox"/>	N/A
LV	Latvia	<input type="checkbox"/>	Personal Code
MT	Malta	<input type="checkbox"/>	National ID No.
NL	Netherlands	<input type="checkbox"/>	National Passport No.
NO	Norway	<input type="checkbox"/>	11 Digit Personal ID
PL	Poland	<input type="checkbox"/>	National ID No.
PT	Portugal	<input type="checkbox"/>	Tax No.
RO	Romania	<input type="checkbox"/>	National ID No.
SE	Sweden	<input type="checkbox"/>	Personal Identity No.
SI	Slovenia	<input type="checkbox"/>	Personal ID No.
SK	Slovakia	<input type="checkbox"/>	Personal No.

**PLEASE INDICATE BELOW ANY OTHER COUNTRIES YOU ARE A NATIONAL OF,  
PROVIDING YOUR NATIONAL PASSPORT NUMBER FOR EACH:**

Country:		National Passport No:	
Country:		National Passport No:	

## Details of second individual's nationality

Please only complete if you have dual nationality or your sole nationality is not British. Please indicate below which country or countries you are a national of and provide any additional information requested.

Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
AT	Austria	<input type="checkbox"/>	N/A
BE	Belgium	<input type="checkbox"/>	Belgian National No.
BG	Bulgaria	<input type="checkbox"/>	Bulgarian Personal No.
CY	Cyprus	<input type="checkbox"/>	National Passport No.
CZ	Czech Rep	<input type="checkbox"/>	National ID No.
DE	Germany	<input type="checkbox"/>	N/A
DK	Denmark	<input type="checkbox"/>	Personal ID Code (10 digits)
EE	Estonia	<input type="checkbox"/>	Personal Identification Code
ES	Spain	<input type="checkbox"/>	Tax Identification No.
FI	Finland	<input type="checkbox"/>	Personal Identity Code
FR	France	<input type="checkbox"/>	N/A
GB	UK	<input type="checkbox"/>	National Insurance No.
GR	Greece	<input type="checkbox"/>	10 DSS Digit Investor Share
HR	Croatia	<input type="checkbox"/>	Personal ID No.
HU	Hungary	<input type="checkbox"/>	N/A
IE	Ireland	<input type="checkbox"/>	N/A



Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
IE	Ireland	<input type="checkbox"/>	N/A
IS	Iceland	<input type="checkbox"/>	Personal Identity Code
IT	Italy	<input type="checkbox"/>	Fiscal Code
LI	Liechtenstein	<input type="checkbox"/>	National Passport No.
LT	Lithuania	<input type="checkbox"/>	Personal Code
LU	Luxembourg	<input type="checkbox"/>	N/A
LV	Latvia	<input type="checkbox"/>	Personal Code
MT	Malta	<input type="checkbox"/>	National ID No.
NL	Netherlands	<input type="checkbox"/>	National Passport No.
NO	Norway	<input type="checkbox"/>	11 Digit Personal ID
PL	Poland	<input type="checkbox"/>	National ID No.
PT	Portugal	<input type="checkbox"/>	Tax No.
RO	Romania	<input type="checkbox"/>	National ID No.
SE	Sweden	<input type="checkbox"/>	Personal Identity No.
SI	Slovenia	<input type="checkbox"/>	Personal ID No.
SK	Slovakia	<input type="checkbox"/>	Personal No.

**PLEASE INDICATE BELOW ANY OTHER COUNTRIES YOU ARE A NATIONAL OF,  
PROVIDING YOUR NATIONAL PASSPORT NUMBER FOR EACH:**

Country:		National Passport No:	
Country:		National Passport No:	

## Details of additional individual's nationality

Please only complete if you have dual nationality or your sole nationality is not British. Please indicate below which country or countries you are a national of and provide any additional information requested.

Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
AT	Austria	<input type="checkbox"/>	N/A
BE	Belgium	<input type="checkbox"/>	Belgian National No.
BG	Bulgaria	<input type="checkbox"/>	Bulgarian Personal No.
CY	Cyprus	<input type="checkbox"/>	National Passport No.
CZ	Czech Rep	<input type="checkbox"/>	National ID No.
DE	Germany	<input type="checkbox"/>	N/A
DK	Denmark	<input type="checkbox"/>	Personal ID Code (10 digits)
EE	Estonia	<input type="checkbox"/>	Personal Identification Code
ES	Spain	<input type="checkbox"/>	Tax Identification No.
FI	Finland	<input type="checkbox"/>	Personal Identity Code
FR	France	<input type="checkbox"/>	N/A
GB	UK	<input type="checkbox"/>	National Insurance No.
GR	Greece	<input type="checkbox"/>	10 DSS Digit Investor Share
HR	Croatia	<input type="checkbox"/>	Personal ID No.
HU	Hungary	<input type="checkbox"/>	N/A
IE	Ireland	<input type="checkbox"/>	N/A



Country Code	Country	Tick	Additional information Required <i>(Please complete for those you have ticked)</i>
IE	Ireland	<input type="checkbox"/>	N/A
IS	Iceland	<input type="checkbox"/>	Personal Identity Code
IT	Italy	<input type="checkbox"/>	Fiscal Code
LI	Liechtenstein	<input type="checkbox"/>	National Passport No.
LT	Lithuania	<input type="checkbox"/>	Personal Code
LU	Luxembourg	<input type="checkbox"/>	N/A
LV	Latvia	<input type="checkbox"/>	Personal Code
MT	Malta	<input type="checkbox"/>	National ID No.
NL	Netherlands	<input type="checkbox"/>	National Passport No.
NO	Norway	<input type="checkbox"/>	11 Digit Personal ID
PL	Poland	<input type="checkbox"/>	National ID No.
PT	Portugal	<input type="checkbox"/>	Tax No.
RO	Romania	<input type="checkbox"/>	National ID No.
SE	Sweden	<input type="checkbox"/>	Personal Identity No.
SI	Slovenia	<input type="checkbox"/>	Personal ID No.
SK	Slovakia	<input type="checkbox"/>	Personal No.

**PLEASE INDICATE BELOW ANY OTHER COUNTRIES YOU ARE A NATIONAL OF,  
PROVIDING YOUR NATIONAL PASSPORT NUMBER FOR EACH:**

Country:		National Passport No:	
Country:		National Passport No:	

# 6

## Section 6 Verifying your identity

To assist us with meeting our anti-money laundering obligations, both we and our Custodian will verify each trustee's identity electronically, via a Credit Reference Agency. If both we and our Custodian are able to do this, no further documentation will be required.

We will need sight of the original Trust document and any amendments that relate to the appointment of the current trustees or be provided with a first generation copies, certified on every page.

If either we or our Custodian are unable to verify your identity electronically, we will ask you to provide **ONE ITEM FROM LIST A** (proof of identity) **AND ONE ITEM FROM LIST B** (proof of address).

Any documents provided should be a first-generation copy, certified by an FCA authorised person, a solicitor, an accountant (chartered or certified) or a bank official.

Alternatively, we can accept a Financial Adviser's "Confirmation of Verification of Identity" form as proof of identification, as long as it meets our and our Custodian's requirements. A template is available upon request.

### LIST A

- A certified copy of your current passport, driving license or national ID card, making sure the photograph is clear.

### LIST B

A certified copy of one of the following documents in your name (either solely or jointly):

- A utility bill (not a mobile phone bill) dated within the last 3 months;
- A council tax bill for the current year;
- A personal bank statement dated within the last 3 months (but not a "screenshot" from online banking); or
- Your current driving license (as long as it has not been used as proof of identity from list A).





## Section 7

# For completion by your financial adviser

Please ask your financial adviser to complete this if they have advised you to make this investment.

Title and full name of Adviser		
Advising firm		
Address		
		Postcode
Email address		
Telephone No.		
FCA No.		

If a fee is to be paid to the adviser, please provide the advising firm's bank details:

Name of bank
Address of bank
Sort Code
Account (in the name of)*
Account No.

**\*This must match the name recorded by the firm's bank.**

I hereby Certify that we have undertaken an assessment, which we consider accurately reflects the Investor's expertise, experience, knowledge, financial circumstances and objectives, and have reached the conclusion that the investment(s) applied for is/are suitable for them.

Signed by  
Adviser

Please see Section 8

# 8

## Section 8 Gaining access to our online portal

### Adviser

The portal allows you to view clients' holdings and cash balances, as well as view and download statements, contract notes, EIS 3 Certificates and other correspondence. You will receive an automatic email informing you each time new information is made available for you to view.

The portal also enables us to share your client data with in a safe and secure manner in keeping with GDPR regulations. Access can be granted at three levels:

- **Global access**, giving access to all client data held for your firm
- **Adviser access**, giving access only to client data for clients registered to a particular adviser
- **Support access**, giving access only to client data for clients registered to specified advisers

To assist us with creating the correct login details and levels of access your firm requires, please would you arrange for the completion of the below fields continuing on to the next page if additional users are required. **Please Note:** If you already have access you do not need to complete this section.

Adviser Email	
Access Level	

### Completion by Adviser

If you would like us to add additional users, please provide the information below. Please attach an additional sheet if required.

#### User 1

Name	
Position	
Contact Number	
Email Address	
Access Level	

### User 2

Name	
Position	
Contact Number	
Email Address	
Access Level	

### Access for Adviser and Users 1 & 2 Authorised By

Due to the potentially sensitive nature of the information that can be accessed, we need to ask that this is signed and authorised by a business owner.

Name	
Position	
Signature	
Date	



**For more information contact us at:**

Registered Office: 9 The Parks,  
Newton-Le-Willows, WA12 0JQ

**T: 01942 271746**

**E: [clientteam@senecapartners.co.uk](mailto:clientteam@senecapartners.co.uk)  
[senecapartners.co.uk](http://senecapartners.co.uk)**

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