CAUSEWAY SECURITIES

# APPLICATION FORM

## Corporate

### GBP PRODUCTS ONLY

Please return completed applications to:

Email: dealing.ie@causeway-securities.com

## 1 APPLICANT & CONTACT DETAILS

I/We hereby apply in the name/s of:

### APPLICANT

NAME OF APPLICANT

ADDRESS (LINE 1)

ADDRESS LINE 2 / CITY / POSTCODE

LEGAL ENTITY IDENTIFIER

TAX REFERENCE NUMBER (TRN)

PHONE

EMAIL

WEBSITE (IF APPLICABLE)

### KEY CONTACT

NAME OF KEY CONTACT

PHONE

EMAIL

## 2 INVESTMENT CHOICE

Please complete the section below by entering your investment amount for each product(s). The minimum investment amount for each product is specified in the product Brochure.

| PRODUCT NAME | INVESTMENT AMOUNT (£) | Internal Use Only - Product Code |
|---|---|---|
| | | |
| PRODUCT NAME | INVESTMENT AMOUNT (£) | |
| | | |
| PRODUCT NAME | INVESTMENT AMOUNT (£) | |
| | | |
| PRODUCT NAME | INVESTMENT AMOUNT (£) | |
| | | |

Is the applicant the beneficiary and controller of these investment funds? ☐ Yes ☐ No

If no, please provide the name(s) of the Beneficial Owner/Controller and relationship to you:

### GBP EFT / BANK TRANSFER DETAILS

| | |
|---|---|
| BANK NAME | HSBC Continental Europe, Ireland |
| BANK ADDRESS | 1 Grand Canal Square, Grand Canal Harbour, Dublin 2, D02 P820 |
| ACCOUNT NAME | Causeway Securities (Europe), Empresa de Investimento, S.A. |
| IBAN | IE93HSBC99023137007350 |
| BIC | HSBCIE2D |

Please ensure that you enter the Causeway Securities Account Name exactly as it appears above when submitting your transfer.

Please use your name as a reference on the bank transfer.

## 3 ANTI-MONEY LAUNDERING — CUSTOMER DUE DILIGENCE (CDD)

As part of our Anti Money Laundering-CDD we are obliged to obtain information about your economic activities, income, details on how you acquired the money you are investing and the source of the funds being used.

### 3.1 BUSINESS ACTIVITIES

Please provide description of your business activities

Please detail the country or countries where at least 20% of turnover is generated.

### 3.2 SOURCE OF WEALTH

Please select the relevant source(s) below to confirm how you accumulated the money you are currently investing. You may select more than one option.

- ☐ 1. Retained earnings
- ☐ 2. Sale of Asset / Investment
- ☐ 3. Sale of Business
- ☐ 4. Other

Please provide as much information as you can on your source of Wealth in the box below. Causeway Securities may be required to obtain proof of Source of Wealth depending on the type of client, investment amount etc.

### 3.3 SOURCE OF FUNDS

- ☐ Maturing Causeway Securities investment
- ☐ Investment from existing funds
- ☐ Non- Causeway Securities maturing / encashment

PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION WITH RESPECT TO YOUR SOURCE OF FUNDS.

### 3.4 POLITICALLY EXPOSED PERSON (PEP)

Are any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Director, Beneficial Owner (or have been), a Politically Exposed Person (PEP)?

☐ Yes ☐ No

Do any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Director, Beneficial Owner hold (or have held) a prominent position or enjoy (or have enjoyed) a high public profile?

☐ Yes ☐ No

Are any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Director, Beneficial Owner involved (or have been involved)in political lobbying?

☐ Yes ☐ No

## 4 PAYMENT METHOD

Please provide the details for your bank account from which you remitted funds to Causeway Securities for your investment(s):

BANK NAME

ACCOUNT NAME

IBAN

LOCATION OF BANK ACCOUNT

## 5 YOUR BANK DETAILS — FOR PAYING FUNDS TO YOU

In order to pay maturity/income/interest proceeds please provide the relevant bank account details for you. Please note that maturity/income/interest proceeds can only by paid to an account in your name. PLEASE PROVIDE A BANK STATEMENT AS EVIDENCE.

BANK NAME

ACCOUNT NAME

IBAN

BIC / SWIFT CODE

# 6 INVESTMENT KNOWLEDGE & EXPERIENCE

The purpose of this section is to allow Causeway Securities to meet its regulatory obligations to ensure all investors in Causeway Securities products have the appropriate level of investment knowledge and experience, that would allow them properly evaluate the features and the risks involved in the product. Please complete the relevant sections for the most experienced person connected with the application and with as much information as possible.

Name of the person completing the Investment Experience and Understanding Section

## 6.1 INVESTMENT UNDERSTANDING - Please indicate TRUE or FALSE for each statement.

| STATEMENT | TRUE | FALSE |
|---|---|---|
| COUNTERPARTY RISK: The capital protection element of Structured Retail Products is provided by a bank, sometimes referred to as a counterparty. If this counterparty were to default on its obligations any capital protection provided by the counterparty would cease to apply and you may receive back less than the capital protected amount. | ☐ | ☐ |
| EARLY ACCESS: Some products allow you to withdraw your investment before the maturity date in normal market and funding conditions. If you do withdraw your investment prior to the maturity date, capital protection no longer applies, and you may receive back more or less than the capital protected amount. | ☐ | ☐ |
| CONDITIONAL CAPITAL PROTECTION: Some products provide conditional capital protection, sometimes referred to as "soft" capital protection. This means that the capital protection only applies if certain criteria are met e.g. as long as a fund or index has not fallen by more than a set %. For example, if a product had a capital protection barrier of 50%, the investor would get 100% of their initial investment if the index had fallen by 40% at maturity; but if the index had fallen by 58% at maturity, the investor would only receive 42% of the initial investment. | ☐ | ☐ |
| DECREMENT INDICES: Decrement indices are indices which typically re-invest dividends received, but have a fixed annual deduction, called a decrement. They are used to enhance product terms, but where the decrement is higher than the dividends received this will act as a drag on index performance. | ☐ | ☐ |

## 6.2 INVESTMENT EXPERIENCE

Please complete for the most experienced person connected with the application and with as much information as possible.

| ASSET CLASS (currently or previously invested via pension or investment portfolio) | NO EXPERIENCE | LIMITED EXPERIENCE | GOOD EXPERIENCE | NO. OF TRANSACTIONS | YEARS OF EXPERIENCE |
|---|---|---|---|---|---|
| Fixed Term Deposits | ☐ | ☐ | ☐ | | |
| 100% Hard Capital Protected Bond | ☐ | ☐ | ☐ | | |
| 85%/90%/95% Hard Capital Protected Bond | ☐ | ☐ | ☐ | | |
| Kick-Out Bonds/Soft Capital Protected Bonds | ☐ | ☐ | ☐ | | |
| ESMA 4 rated Fund | ☐ | ☐ | ☐ | | |
| ESMA 5 rated Fund | ☐ | ☐ | ☐ | | |
| ESMA 6 rated Fund | ☐ | ☐ | ☐ | | |

ANY OTHER RELEVANT INFORMATION WITH RESPECT TO YOUR INVESTMENT KNOWLEDGE AND EXPERIENCE

Do you have a professional qualification? ☐ Yes ☐ No

IF YES, PLEASE DESCRIBE:

## 7 ACCEPTANCE OF TERMS OF BUSINESS

Non-Advisory Service: We only provide a Non-Advisory Service to clients. When you transact with us your intermediary will provide you with investment advice, therefore, when you invest in a new product or encash an existing product you will not receive investment advice from Causeway Securities.

- I/We acknowledge that I/we have read, understand and accept the Causeway Securities Terms of Business.
- I/We hereby request Causeway Securities to provide a Non-Advisory Service to me/us in accordance with its Terms of Business.
- I/We understand and acknowledge that all transactions will be subject to the Terms of Business of Causeway Securities that are applicable at the time of each such transaction, and that the Terms of Business applicable at the date of this application may subsequently be varied.
- I/We undertake to inform Causeway Securities in writing without delay if any information provided to the firm, including my/our address, residency, citizenship or tax status, changes.
- I/We consent to the Information provided being used as described in the Data Protection section of the Terms of Business and I/we consent to the extent required to the processing of the Information relating to me/us, including the transfer of the Information outside the EEA, as outlined therein.

## 8 CLIENT DECLARATIONS

- I/We authorise my/our advisor to view details of my/our account online via [TBC].
- I/We agree to receive valuations and other communications from Causeway Securities online via [website].
- I/We confirm that I/we have received the Causeway Securities Client Asset Key Information Document.
- I/We hereby request and authorise Causeway Securities to give effect to any written request, direction or instruction relating to the product on the signature(s) of me/us and I/We declare that this authorisation, unless terminated by my/our death or by operation of law, shall remain in full force and effect until the end of the Term of each product.
- I/We understand the Terms and Conditions as set out in the Brochure including the location of the counterparty and agree to be bound by them.
- I/We authorise Causeway Securities to hold my/our personal data on file, to contact me/us in writing, by telephone or by email in respect of financial services matters.
- I/We acknowledge that any deposit interest earned prior to the Start Date or after Maturity Date/Withdrawal will be retained by Causeway Securities as set out in the relevant Brochure.
- I/We acknowledge that all client assets held by Causeway Securities are held in an omnibus client asset account in the name of Causeway Securities.
- I/We confirm that I/we have received the Key Information Document (KID) for each investment (where applicable).
- I/We confirm that I have read and understand the benefits, risks and warnings as set out in the Brochure for each investment being applied for, and I have read and understand the Terms and Conditions and agree to be bound by them.
- I/We confirm that I am/we are not a U.S. Person(s) and I am/we are resident outside the United States.
- I/We confirm that I/we will notify Causeway Securities if I/we become a U.S. Person or reside in the United States during the term of the Bond(s). I/We understand that should this occur I/we cannot continue to hold the investment and must surrender the Bond(s) at its realisable value which may be more or less than the initial investment.
- I/We agree to advise Causeway Securities immediately if, during the term of my/our investment, I/we or any beneficial owner becomes a PEP or a relative or close associate of a PEP or other person of influence.
- I/We agree to notify Causeway Securities immediately if, during the term of my/our investment, there is a change of any beneficial owner or controller.
- I/We confirm all the information is true and complete, including that not completed in my/our own hand.

## 9 MANDATE & SIGNATURES

The Directors/Trustees/Controllers hereby authorise the following signatories to execute this application on behalf of the entity. I/We confirm the Information, Declarations and Consents given herein.

### AUTHORISED SIGNATORY 1

Signature:

Full Name: Date:

### AUTHORISED SIGNATORY 2 (IF APPLICABLE)

Signature:

Full Name: Date:

## 10 INTERMEDIARY DECLARATION

NAME OF INTERMEDIARY FIRM

When was your last in person face to face meeting with the client?

Month Year ☐ Never met in person

How long have you known the client?

Does the client meet all the target market criteria outlined in the brochure of each investment?

☐ Yes ☐ No

IF NO, PLEASE EXPLAIN THE REASON(S)

Have you completed all checks to verify the identity, address, source of funds and source of wealth of the applicant to the standards set out in the Anti-Money Laundering (AML) and Countering the Financing of Terrorism (CTF) legislation and is the transaction consistent with the pattern expected and does not give rise to AML/CTF concerns?

☐ Yes ☐ No

### INTERMEDIARY / ADVISER

I hereby confirm that I have provided investment advice to my client with respect to this investment(s).

Signature: Date:

Full Name: Position:

For and behalf of the intermediary

## 11 BENEFICIAL OWNERSHIP REGISTER (RBO)

Data which should be held by companies in their own internal Beneficial Ownership Register. This form must be completed for each Beneficial Owner. Additional forms are provided from page 9 onwards.
If, having exhausted all possible means, no natural persons are identified as beneficial owners, please enter the names and details of the natural person(s) who hold the position(s) of senior managing official(s) of the company.

### DETAILS

Company / Entity Name

Company / Entity Number

Surname

Forename(s)

Date of Birth

Nationality

Country of Residence

Nature of Interest/Control (e.g. shareholder)

Extent of Interest/Control (e.g. 30%)

Residential Address

Date of entry as beneficial owner

Date of cessation as beneficial owner