

wealthmasters

FINANCIAL MANAGEMENT LTD

Working Together Building and Preserving Wealth



5th May 2016

FAO: Brad Davis
Pension Practitioner.com
Daws House
33-35 Daws Lane
London
NW7 4SD

Dear Brad

Re: Dr Christopher Orr & Dr Zeyhep Ayhan – Mill CPE Executive Pension Scheme

Please find enclosed a signed and completed Charles Stanley DFM application from Dr Orr & Dr Ayhan.

I would be grateful if you could please can you sign page 14 where indicated and forward the application to Charles Stanley using the pre-paid envelope provided and using the cover letter we have also enclosed.

Should you have any queries please do not hesitate to contact the office we will be happy to help.

Yours sincerely

A handwritten signature in blue ink that reads "L Sivyour".

Lauren Sivyour
Senior Administrator

Enc

Tel: +44 (0)20 3841 6881
Web: www.wealthmasters.co.uk
Email: clientcare@wealthmasters.co.uk

Registered Address
Atlantic House
Charnwood Park
Waterton, Bridgend
CF31 3PL

London Office
47 Maddox Street
Mayfair
London
W1S 2PG

Bournemouth Office
6a Wolverton Road
Bournemouth
Dorset
BH7 6HT

CHARLES STANLEY

Charles Stanley & Co. Limited
25 Luke Street London EC2A 4AR
T 020 7739 8200
F 020 7739 7798
DX 123150 BROADGATE-1
www.charles-stanley.co.uk

FINANCIAL ADVISER ('AGENT AS CLIENT') DISCRETIONARY ACCOUNT FOR TRUSTS

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This form is for use by authorised financial advisers wishing to open a discretionary investment management account for trusts on the basis of the Financial Adviser (agent as client) Terms of Business. Please complete Sections 1, 2, 3, 4, 6, 7 and 8 in full and note that signatures are required on pages 14 and 15. Signatures may also be required on pages 16 and 18.

If the underlying client is a US resident, please speak to your Charles Stanley contact before completing this application.

SECTION 1 TRUST DETAILS

This section is mandatory and must be completed in full.

Account title Wealthmasters
(the Financial Adviser firm and adviser name)

Sub-account title or designation Mill CPE Executive Pension Scheme
(eg trust name)

Trust outline SSAS

Full trust name/Name of corporate trustee MILL CPE EXECUTIVE

Trust address PENSION SCHEME (SSAS).

Postcode _____

Country of establishment U.K.

Please state the address to which you would like correspondence to be sent

☐ Trust address ☒ First named trustee
2nd.

Principal contact at corporate trustee (if applicable)

SEND CORRESPONDANCE TO THE SCHEME MEMBERS

Telephone number (if applicable) _____

Email _____

Type of trust

- ☐ Discretionary
☐ Interest in possession
☐ Pension
☐ Accumulation & maintenance
☐ Bare Trust
☒ Other (please specify) SSAS

Purpose of trust Pension scheme

We would be happy to send reports by email,
please provide an address.

**SECTIONS 2 AND 3
RELATE TO INDIVIDUALS
FROM WHOM WE ARE
REQUIRED TO COLLECT
DETAILED INFORMATION**

Corporate Trustee (if applicable)

If the corporate trustee is an institution authorised by the Financial Conduct Authority (FCA) or equivalent overseas regulatory body, please specify the institution's reference number

_____ and name of regulatory authority _____

We are required to verify the identity of all trustees, beneficiaries with a vested interest of 25% or more, beneficiaries receiving funds direct to their bank account, protectors, settlors (if alive), executors, attorneys and other authorised signatories or agents.

We may be able to verify the identity and address of relevant individuals using their details provided in this form, together with either driving licence numbers or passport references. Please also include photocopies of the relevant individuals' passports or driving licences with the application.

If the relevant individuals already hold accounts with Charles Stanley, please provide account details; this may enable us to use the existing information we hold.

For non-UK residents and those unable to provide the requested information, we will require certified documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

We shall use the relevant individual's personal information only for the administration and provision of those services associated with this application, as well as to comply with our legal and regulatory obligations, both before and after the relevant individual's application is accepted. In so doing we may make searches at credit reference agencies, who will supply us with information for the purpose of verifying the relevant individual's identity and residence. These searches will not amount to a credit check, such that they will not be available to lenders to assess the relevant individual's ability to obtain credit.

SECTION 2 SETTLOR, TRUSTEE AND OTHER PARTIES DETAILS

This section is mandatory. Please provide this information for all trustees, except where a corporate trustee is FCA (or overseas equivalent) authorised and for which we only require the name of the corporate trustee signatories, not the other personal details. If there is insufficient space on this form, please provide the additional information on a photocopy of this page.

Settlor ☐ of ☐

If there is more than one Settlor, please copy this page to provide details of all.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

Surname _____

First name(s) _____

Source of wealth

In order to enable us to comply with Anti Money Laundering Regulations, please indicate the settlor's main source(s) of wealth.

Please tick as many boxes as appropriate.

Please complete in all cases

- | | | |
|----|---|--------------------------|
| 1 | Savings from employment income | <input type="checkbox"/> |
| 2 | Maturing investments or policy claims | <input type="checkbox"/> |
| 3 | Share Sale | <input type="checkbox"/> |
| 4 | Property Sale | <input type="checkbox"/> |
| 5 | Company sale or sale of interest in the company | <input type="checkbox"/> |
| 6 | Inheritance | <input type="checkbox"/> |
| 7 | Divorce Settlement | <input type="checkbox"/> |
| 8 | Gift | <input type="checkbox"/> |
| 9 | Competition or gambling win | <input type="checkbox"/> |
| 10 | Compensation payment | <input type="checkbox"/> |
| 11 | Other Income | <input type="checkbox"/> |

Please tick
relevant boxes

If not a will trust or deceased, please complete the following

Permanent residential address _____

_____ Postcode _____

Settlor date of birth _____

and either

Driving licence number _____

or full passport reference

and passport expiry date _____

Charles Stanley does not give advice either on the requirements for the establishment of trusts or on the taxation issues arising from such. You will need to seek your own independent legal and/or taxation advice on whether further documentation is necessary to achieve the desired outcome.

To open your account(s), please tick as relevant:

☐ I/We are providing an original or copy of the trust deed or Will creating the trust, and any subsequent appointment of existing Trustees if applicable (all certified by a solicitor for UK trusts) is provided with this application.

Or

☐ This is a Bare Trust and it is my/our intention for this account to be held in trust in favour of the beneficiaries named.

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

PROFESSIONAL
ADMINISTRATOR

First trustee (or corporate trustee signatory)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____Surname THE PENSION. PRACTITIONER.First name(s) SCHEME ADMINISTRATOR = BRAD DAVISPermanent residential address DAWS HOUSE.33-35 DAWS LANE.LONDON Postcode NW7 4SD.

Telephone numbers Home _____

Office 08006344862 Mobile _____Email bradd@pensionpractitioner.com.

Date of birth _____

Place of birth (town and country) _____

Nationality _____

Country/ies of tax residency _____

National Insurance Number _____

Existing Charles Stanley account number(s) and name(s) _____

and either

Driving licence number _____

or full passport reference _____

and passport expiry date _____

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

C Second trustee (or corporate trustee signatory)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Other DR.Surname ORRFirst name(s) CHRISTOPHER ORR.Permanent residential address FLAT 2, THE PARAGON.43 SEARLES ROADLONDON. Postcode SE1 4YL.

Telephone numbers Home _____

Office _____ Mobile 07956390457.Email christopherorr@mac.com.Date of birth 09.03.1972.Place of birth (town and country) BELFAST - N. IRELAND.Nationality BRITISH.

SCHEME
ADMINISTRATOR

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Country/ies of tax residency U.K.

National Insurance Number NY 25 12 44 B

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number 02R 99703 092 CG 94D
or full passport reference _____

_____ and passport expiry date _____

2 Third trustee (or corporate trustee signatory)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Other DR.

Surname AYHAN

First name(s) ZEYNEP

SCHEME

ADMINISTRATOR

Permanent residential address FLAT 2, THE PALACON

43 SEARLES ROAD

LONDON

Postcode SE1 4YL

Telephone numbers _____ Home _____

Office _____ Mobile 07980826277

Email zeynep.ayhan@mac.com

Date of birth 27.05.1971

Place of birth (town and country) AYDIN - TURKEY

Nationality BRITISH

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Country/ies of tax residency U.K.

National Insurance Number SC 47 97 55 D

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number _____
or full passport reference 521251590

_____ and passport expiry date 25. Oct. 2024

Fourth trustee (or corporate trustee signatory)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

Surname _____

First name(s) _____

Permanent residential address _____

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Telephone numbers _____ Home _____
 Office _____ Mobile _____
 Email _____
 Date of birth _____
 Place of birth (town and country) _____
 Nationality _____
 Country/ies of tax residency _____
 National Insurance Number _____
 Existing Charles Stanley account number(s) and name(s) _____
 and either
 Driving licence number _____
 or full passport reference _____
 and passport expiry date _____

~~Other parties ☐ of ☐~~

~~If there is more than one other party, please use a copy of this page to provide their details.~~

~~Tick as relevant:~~

~~☐ Executor ☐ Attorney ☐ Other authorised signatory~~

~~Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____~~

~~Surname _____~~

~~First name(s) _____~~

~~Permanent residential address _____~~

~~_____ Postcode _____~~

~~Telephone numbers _____ Home _____~~

~~Office _____ Mobile _____~~

~~Email _____~~

~~Date of birth _____~~

~~Place of birth (town and country) _____~~

~~Nationality _____~~

~~Country/ies of tax residency _____~~

~~National Insurance Number _____~~

~~Existing Charles Stanley account number(s) and name(s) _____~~

~~and either~~

~~Driving licence number _____~~

~~or full passport reference _____~~

~~and passport expiry date _____~~

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

FINANCIAL ADVISER ('AGENT AS CLIENT')
 DISCRETIONARY ACCOUNT FOR TRUSTS

SECTION 3 BENEFICIAL OWNERS WITH 25% OR MORE INTEREST OR PAID DIRECT

This section is mandatory.

Beneficial Owners (i.e. any person who benefits from 25% or more of the trust property or who controls 25% or more of the trust property) and/or beneficiaries receiving funds direct to their bank account. This will include any protector (or equivalent) of the trust and the settlor if s/he retains power over the trusts.

~~Beneficial owner 1~~ **SCHEME MEMBER 1**

Tick as relevant: ☐ Beneficial owner ☐ Protector

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Other DR

Surname OLL

First name(s) CHRISTOPHER

Permanent residential address FLAT 2, THE PARAGON

Postcode SE1 4YL

Telephone numbers Home _____

Office _____ Mobile _____

Email _____

Date of birth _____

Place of birth (town and country) _____

Nationality _____

Country/ies of tax residency _____

National Insurance Number _____

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number _____

or full passport reference _____

and passport expiry date _____

~~Beneficial owner 2~~ **SCHEME MEMBER 2**

Tick as relevant: ☐ Beneficial owner ☐ Protector

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☒ Other DR

Surname AYHAN

First name(s) ZEYNE

Permanent residential address FLAT 2 THE PARAGON

Postcode SE1 4YL

see
details
under

'scheme
administrator'

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

*See details
under
'scheme administrator'*

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Telephone numbers Home _____

Office _____ Mobile _____

Email _____

Date of birth _____

Place of birth (town and country) _____

Nationality _____

Country/ies of tax residency _____

National Insurance Number _____

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number _____

or full passport reference _____

and passport expiry date _____

Beneficial owner 3

Tick as relevant: ☐ Beneficial owner ☐ Protector

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

Surname _____

First name(s) _____

Permanent residential address _____

Postcode _____

Telephone numbers Home _____

Office _____ Mobile _____

Email _____

Date of birth _____

Place of birth (town and country) _____

Nationality _____

Country/ies of tax residency _____

National Insurance Number _____

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number _____

or full passport reference _____

and passport expiry date _____

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Beneficial owner

Tick as relevant: ☐ Beneficial owner ☐ Protector

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

Surname _____

First name(s) _____

Permanent residential address _____

Postcode _____

Telephone numbers Home _____

Office _____ Mobile _____

Email _____

Date of birth _____

Place of birth (town and country) _____

Nationality _____

Country/ies of tax residency _____

National Insurance Number _____

Existing Charles Stanley account number(s) and name(s) _____

and either
Driving licence number _____

or full passport reference _____

and passport expiry date _____

If the relevant individual is not a UK resident for tax purposes please provide us with their tax identification number instead.

For UK passports, the full passport reference consists of the 30 letters and numbers (excluding any chevrons) located in the last row on the principal page of the relevant individual's passport. For non-UK residents, we will require additional documentation for identity and address verification purposes. Please contact us for a list of qualifying documents.

Other beneficiaries

Please tell us of all other beneficiaries:

Income beneficiaries:

Full name

Date of birth

_____	_____
_____	_____
_____	_____
_____	_____

Capital beneficiaries

_____	_____
_____	_____
_____	_____
_____	_____

If there are any other classes of beneficiary (e.g. future grandchildren) please give details

For an offshore trust, please provide

Domicile _____

Nature of activity _____

Operating address _____

Reason for using a complex legal structure _____

SECTION 4 POLITICALLY EXPOSED PERSONS

The following question must be completed in respect of **all individuals** identified (and any outlined on additional sheets) in this application.

The term 'politically exposed person' is used to describe someone who has held a prominent public function (for example senior politician, senior government, judicial or military official, senior executive of state owned corporation, important political party official), or an individual who is closely related to such a person (for example family member or business/financial link).

Are any of the individuals associated with the trust politically exposed persons, or have been associated with one now or at any time in the past?

☐ Yes ☒ No

If yes, please state the name(s), position(s) and/or association(s)

SECTION 5 AGREED ACCOUNT DETAILS

Please ensure you and the underlying client check the following summary we have made of the agreed investment proposal. If any of the following information is not correct please tell us immediately.

Investment objectives

A The agreed overall investment objective for this portfolio is

☐ Growth ☐ Income ☒ Balanced

B The agreed general risk level for this portfolio as a whole is

☐ Higher ☐ Medium High ☒ Medium Low ☐ Lower

C Before the underlying client makes a significant capital withdrawal (over 10%) or change the objective of this portfolio, it is agreed that the client expects to invest for

☐ Less than 2 years ☐ 2-5 years ☐ 5-10 years ☒ More than 10 years

D If you have any specific investment preferences or ethical restrictions for this account please contact your account manager.

SECTION 6 ADDITIONAL ACCOUNT DETAILS

Please note that income from investments cannot be guaranteed

Please note that limiting CGT liabilities cannot be guaranteed

Financial adviser to complete this section.

- A If you have a minimum annual income requirement from this portfolio, please specify £ n/a.
- B If you are not already drawing an income from this portfolio, please advise anticipated start date over 10 years
- C If you envisage needing capital from the portfolio please indicate your expectation n/a and £ _____
- D Please confirm your Capital Gains Tax preference
- ☐ Keep within the annual allowance limit, where possible
- ☐ Discuss with me/us first
- ☒ Capital Gains Tax is not a concern in a pension

SECTION 7 ACCOUNT SET-UP

We can only transfer funds to bank accounts that we hold on our secure database. Without these details we cannot pay funds to your bank account directly.

These details are only required if you have indicated that monies are to be paid to a nominated account.

Financial adviser to complete this section. Underlying client(s) to sign declaration at the end of the section.

Trust bank account details

Name of bank or building society METRO BANK.

Address ONE SOUTHAMPTON ROW
LONDON. Postcode WC1B 3HA.

Name(s) of account holder(s) THE MILL CPE EXECUTIVE PENSION
SCHEME

Account number 14556915 Sort code 230580

Payment reference (if applicable) _____

Beneficiary bank account details

If income is to be paid direct to a beneficiary's bank account, please indicate here ☐ and ensure the beneficiary has been verified in Section 3.

Name of bank or building society _____

Address _____

Postcode _____

Name(s) of account holder(s) _____

Account number _____ Sort code _____

Payment reference (if applicable) _____

MRS SUSAN DELAHUNTY

Financial adviser details and correspondence requirements

Financial adviser name Wealthmasters FINANCIAL MANAGEMENT LTD

Address Atlantic House, Chamwood Park, Waterton

Bridgend

Postcode CF31 3PL

Email Susan@wealthmasters.co.uk

Adam@wealthmasters.co.uk

Telephone 020 3841 6881

FCA Reference number 536087

Principal contact Adam or Sue

Principal contact's position IFA / IFA

We would be happy to send reports by email, please provide an address.

Contract notes

If you wish to receive individual contract notes for each transaction please tick a box below. If you do not tick a box below (one only), details of each transaction will be included instead within the periodic report we send you.

Please ensure you have provided your email address above.

Either

☐ Please send me individual contract notes by email.

or

☐ Please send me individual contract notes by post.

Electronic statements and reports

Please ensure you have provided your email address above.

Please indicate, by ticking the relevant boxes, if you wish to receive any of the following by email. Where you do not tick a box, you will receive the relevant report by post instead.

☒ Six-monthly periodic report by email

☒ Annual Consolidated Tax Voucher by email

☒ Statements of account (where relevant) by email

☒ Please indicate whether you wish to have internet access to the portfolio, ensuring also that you have provided us with your email address in this section.

☒ Please indicate whether you wish the underlying client to have internet access to the portfolio, ensuring also that you have provided us with the trust email address in section 1.

Copy correspondence

Indicate here if you would like copy contract notes to be sent to the trust:

☐ By email. Please ensure you have provided the email address in section 1.

☐ By post. Please ensure you have provided us with the address in section 1.

Indicate here if you would like copies of the following correspondence to be sent:

- ☐ Annual Consolidated Tax Voucher to the underlying client
by ☐ email or ☐ post
☐ Annual Consolidated Tax Voucher to the trust's accountant, detailed below

Name of trust's accountant _____

Address _____

Postcode _____

Share registration details

We will register the client's securities in the Charles Stanley nominee account.

Cash Management Account

A Cash Management Account will be opened for you.

Please let us know how you would like income from the portfolio to be treated:

- ☒ Accumulated on the Cash Management Account
☐ Paid to the client's bank account on a monthly basis
☐ Paid to the client's bank account on a quarterly basis
☐ Paid to the client's bank account as a fixed amount (detail below)
☐ Paid to the intermediary's bank account on a monthly basis
☐ Paid to the intermediary's bank account on a quarterly basis
☐ Paid to the intermediary's bank account as a fixed amount (detail below)

If you require fixed payments, please provide the following details

Please arrange for £ _____ to be drawn from ☐ Income or ☐ Capital
on a ☐ Monthly or ☐ Quarterly basis.

Underlying client(s) to sign

Underlying client (trustee) declaration

Please arrange for your underlying client (trustee) to sign the following:

We confirm that the Financial Adviser is authorised to act as the trust's agent on this account.

We acknowledge that Charles Stanley may, without prior notice, be required by governmental or tax authorities in the United Kingdom to pass on information about me/us or my/our account.

We undertake to advise Charles Stanley promptly of any change in circumstances which causes the information contained in this application form regarding my/our tax residency to become incorrect or incomplete, and to provide Charles Stanley with an updated declaration within 30 days of such a change in circumstances.

C Name CHRISTOPHER ORR Z Name ZEYNEP AYHAN

Signature _____

Signature _____

Date 26.4.2016

Date 26.4.2016

PP THE PENSION PRACTITIONER

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

SECTION 8 DECLARATION

Please sign and return the completed form to your primary contact at Charles Stanley (or email to firstname.surname@charles-stanley.co.uk).

I/we confirm that I/we wish to open a Discretionary account, that the details provided in this application form are correct and that I/we have received, read and agree to be bound by Charles Stanley's 'Financial Adviser (agent as client) Terms of Business'; 'Our Services and Business Terms' and this Agreement and any Supplemental Terms relating to the account.

I/we confirm that I/we possess the regulatory permissions required to provide the anticipated services to the underlying client, and to act in an 'agent as client' capacity envisaged by this agreement. I/we confirm that I/we will notify Charles Stanley if our regulatory permissions are altered in this regard.

The information provided in this form is correct and complete to the best of my/our knowledge and I/we will notify Charles Stanley promptly of any changes.

I/we confirm that I/we have verified and identified all parties to this agreement.

I/we have undertaken an assessment of the suitability of Charles Stanley's services for the underlying client.

I/we have obtained information from the underlying client in relation to their knowledge and experience in investments and confirm that the underlying client has the necessary knowledge and experience in order to understand the risks involved with investments and, for Discretionary accounts, the risks involved in the management of the portfolio.

I/we have obtained information from the underlying client in relation to their financial circumstances, including the source and extent of their regular income, assets (including liquid assets), investments and real property and their regular financial commitments. I/we confirm that the client has the capacity to bear investment risks arising from the portfolio, including the potential for significant loss.

I/we have obtained information from the underlying client on their investment objectives, including the length of time they wish to hold investments, their preferences regarding risk taking, their risk profile and the purposes of investment.

I/we confirm that I/we have received and read Charles Stanley's Our Services and Business Terms, including the descriptions of investment objectives and the risk classifications, and I/we confirm that the investment objective and risk level identified in section 2 is suitable for the underlying client.

I/we confirm that I/we have received, read and agreed to the Financial Adviser (agent as Client) Terms of Business, and I/we shall seek clarification promptly if there is anything that I/we do not understand.

I/we confirm that Charles Stanley may deal for me/us in circumstances in which the relevant transaction is away from a Regulated Market or Multilateral Trading Facility, as defined in 'Our Services and Business Terms'.

I/we hereby instruct Charles Stanley not to make public limit orders that are not immediately executed, save for where Charles Stanley believes it to be in my/our best interests, or where I/we expressly instruct otherwise in relation to a specific limit order.

I/we acknowledge that Charles Stanley may, without prior notice, be required by governmental or tax authorities in the United Kingdom to pass on information about me/us or my/our account.

I/we undertake to advise Charles Stanley promptly of any change in circumstances which causes the information contained in this application form regarding my/our tax residency to become incorrect or incomplete, and to provide Charles Stanley with an updated declaration within 30 days of such a change in circumstances.

Financial adviser signature



Date 07.04.2016.

Print name of authorised signatory ADAM BLACKBATES

Position IFA.

Name ADAM BLACKBATES.

SECTION 9 INTERMEDIARY PAYMENTS: CUSTOMER AGREED REMUNERATION

This section provides the underlying client the opportunity to give Charles Stanley authority to make a one-off payment to an Intermediary from this account, and/or ongoing payments where an Intermediary provides the client with an ongoing service. Please note that the authority to make payments only applies to professional firms such as authorised financial advisers, accountants and solicitors; we will not facilitate such payments to other entities or individuals.

Authority for payment to your Intermediary

Initial payment

Please pay my Intermediary named in this form on commencement an **initial** sum of

n/a % of funds received.

☐ Please also add an amount calculated at the prevailing rate of VAT.

☐ I further authorise the above to be paid on any future contributions and transfers into this account (when notified by the Intermediary).

Or

An initial amount of £ _____ (Inclusive of any VAT payable)

Ongoing payments

Please pay my Intermediary named in this form an **annual** payment of

n/a % of funds under management or £ _____

☐ Please also add an amount calculated at the prevailing rate of VAT





Declaration

These payments are in addition to Charles Stanley's own charges, for which I/we remain responsible. The payments to my/our Intermediary are to be deducted from my/our account and paid at the same frequency as I/we pay Charles Stanley's own fees, or else on a quarterly basis. It is the Intermediary's responsibility to decide and inform Charles Stanley whether VAT is applicable to these payments, and to account for the VAT accordingly. All amounts of VAT calculated on behalf of the Intermediary will be based on the prevailing rate on the charging date. I/we agree that I/we are responsible for notifying Charles Stanley if I/we want ongoing payments to stop.

We agree that we are responsible for notifying Charles Stanley if we want ongoing payments to stop.

We authorise payment of the above amount(s):

Underlying client(s) to sign

Signature 	Signature 
Signature 	Signature 

I confirm the above arrangement and confirm that I will not be receiving any other payments from Charles Stanley in relation to this account:

Authorised signatory name ADAM BROOKBANKS

Intermediary to counter-sign

Signature 
--

Firm name WEALTHMASTER S

Position IFA

Date 07.04.2016

BGC ☐ ☐ ☐

SECTION 10 INSTRUCTION TO TRANSFER

Please complete this form if you are electing for CREST Personal Membership or Charles Stanley's Nominee and would like your present stockbroker or agent to transfer any stocks, shares and cash that they hold on your behalf to Charles Stanley & Co. Limited. Once you have completed the relevant sections we will add the reference number and forward the instruction on to your stockbroker or agent. All joint account holders should complete this form. For ISA transfers, please use our ISA transfer form.

Name of present stockbroker or agent _____

Address _____

Postcode _____

Dear Sirs

I/we hereby request that you transfer any securities and/or cash held on my/our behalf to Charles Stanley & Co. Limited, 25 Luke Street, London EC2A 4AR in the manner outlined below.

☐ On completion of the transfer please close my/our account.

Cash

☐ Please transfer all cash you hold on deposit for me/us. All cash transfers and cheques should be accompanied by the Charles Stanley reference shown on the left.

Reference below to be provided by
Charles Stanley

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cheques should be made payable to Charles Stanley & Co. Limited

CHAPS or BACS payments should be made to

Bank of Scotland, Charles Stanley Branch, Edinburgh
Account Charles Stanley & Co. Limited Client Trust Account
Account Number 00100367
Sort code 12-21-39

Securities

☐ Please transfer the entire portfolio as per Charles Stanley's enclosed instructions
☐ Please transfer the securities listed below as per Charles Stanley's enclosed instructions.

In both instances, please provide full transaction histories for the securities being transferred.

Number of shares/ amount of stock	Name of share or stock (and stock description if not ordinary shares)

If you require more space please continue on a blank sheet of paper and attach it to this application before completing the rest of this section.

Full name(s) _____

Account number _____

Address _____

Postcode _____

Signature(s) _____

Date _____

Signature(s) _____

Date _____

SECTION 11 FOR OFFICE USE ONLY

Please indicate source of business:

☒ IFA referral

Account Manager (BG) to complete this section

BG Code _____

Commission Code if not BG _____ IST Code _____

External agent code _____

Commission type _____ Copy Contracts ☐ Yes ☐ No

Marketing category _____

Registration and/or additional information _____

Bank details for ☐ BACS settlement ☐ Income payments ☐ Information only

Valuations ☐ Ad hoc ☐ Annual ☐ 6 monthly ☐ Quarterly ☐ Monthly

Start date _____

Fees

Fee rate code if known _____ and 1st invoice date _____

Invoice frequency ☐ Half yearly ☐ Quarterly ☐ Monthly

Fee type ☐ Administration ☐ Investment management

Next period start date _____

Despatch override (if not broker default) ☐ Central ☐ Local

Account to be debited for fees if different from this one _____

Note: If this account is to be grouped then please complete an Invoice Maintenance Form downloadable from the intranet.

If fee rate code not known:

Minimum/flat fee £ _____ Initial rate _____ % Initial value on first £ _____

Intermediate rate _____ % Intermediate value (on next £) _____

Balance/flat rate _____ %

Calculating portfolio value for invoicing (if not broker default)

Show breakdown of fee calculation on invoice ☐ Yes ☐ No

Use broker defaults ☐ Yes ☐ No

OR Include ☐ Capital ☐ Income

AND Exclude Sedol(s)/Epics _____

Client Data Department to complete this section

Account reference _____

Pre input check _____

Input by _____

Post input check _____

5th May 2016

Charles Stanley & Co. Limited
25 Luke Street
London
EC24 4AR

Dear Sir/Madam

Re: Dr Christopher Orr & Dr Zeyhep Ayhan – Charles Stanley DFM

Please find enclosed a signed and completed Charles Stanley DFM application from Dr Orr & Dr Ayhan to be passed to Louis Coke for processing.

This application is for the investment of £120,000 into a DFM portfolio with yourselves within the Mill CPE Executive Pension Scheme, if you have any queries please do not hesitate to contact Adam Brookbanks who has been in discussion with Louis Coke about this case.

Should you have any queries please do not hesitate to contact the office we will be happy to help.

Yours faithfully


Lauren Sivyour
Senior Administrator

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