

Adviser / Intermediary Application Form

ADVISER / INTERMEDIARY APPLICANT DETAILS

Company Details

Name of company:
Date of Incorporation:
Address/Registered office/Trading address:
Postcode:
Website Address:
Compliance Officer (if applicable):
FCA Reference Number:

Contact Details

Name:
Telephone No.:
Email address:

Company Information

Please tick as appropriate...

- Listed Company
- Public authority
- FCA/PRA regulated business
- Non UK financial firm covered by Money Laundering Directive or regulated in a country of equivalent status
- Sole trader
- Other, Please specify:

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CLIENT MONEY BREAKDOWN

Assets Under Management:
Percentage held within SIPP's & ISA's:
Number of clients:

Client classification percentage:

% Professional % Retail % Other, please specify below

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Average portfolio size per client (in £000's):

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Nature and type of the company's business:
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Purpose and reason for opening a/c with Shard:
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DECLARATIONS

By Signing

1. You agree that the information we hold about you can be held on computer and/or paper files.
2. You agree that the information provided may only be disclosed to necessary service providers (e.g credit reference agencies and product providers) for the purpose of processing your application.
3. You agree that we may use the information that we hold about you to contact you from time to time by post, email or telephone to bring to your attention to additional products/services which may be of benefit to you.
4. We agree that any consent given by you under paragraph 3 (above) may be withdrawn by you at any time by contacting us in writing at the above address.
5. You warrant that the information you have supplied for the purposes of our providing to you services under the Agreement is complete and accurate and you furthermore agree to keep us informed of any changes to this information as we may reasonably request from time to time in order for us to fulfil our regulatory, and/or contractual obligations in each case promptly following such a request. You acknowledge that a failure to provide complete and accurate information may adversely affect our ability to provide services under the Agreement.

I/We acknowledge receipt of the Terms and Conditions of Business and confirm that I/We have read and understood the same and agree to be bound by them.

Partner/Director Name	Partner/Director Name
Signature	Signature
Date	Date
Partner/Director Name	Partner/Director Name
Signature	Signature
Date	Date
Partner/Director Name	Partner/Director Name
Signature	Signature
Date	Date
Partner/Director Name	Partner/Director Name
Signature	Signature
Date	Date

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