# Additional Investment form

Please complete this form in full using BLOCK CAPITALS throughout.

#### **PRIVACY POLICY**

Our full privacy policy can be viewed at www.ardan-international.com/privacy-policy or can be obtained by requesting a copy from our Data Protection Officer.

## Section 1 Portfolio details

Portfolio account num	ber	
Are you notifying us of	f any changes to your personal/company/trustee details a	s part of this application? Yes No
If yes, please provide of	details in Section 6 - Your additional notes.	
	Portfolio account holder 1	Portfolio account holder 2 (if applicable)
Name		
Country of residence for tax purposes		
Current residential address and postcode (in full)		
Country		
Length of time at current address	Years Months	Years Months
Tax reference number (ie TIN/NI)		
If unavailable, provide	a functional equivalent (eg National Insurance Number, So	cial Security Number, resident registration number)
Are you a Specified US Person?	Yes No	Yes No
Country and place of birth		

Specified US Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.



# Section 1 Portfolio details continued

	Portfolio account holder 1	Portfolio account holder 2 (if applicable)
Name of employer	ILS	
Address of employer		
Nature of employer's business		
Occupation*		
Position		
Length of service		
Annual gross salary		
*If you are retired or unemployed please provide details of your last employment before retirement or unemployment		
unemployment		
If the portfolio accour	nt holder is a corporate trustee, please complete Section 3	3.
Section 2	Additional investment details	
Do you want to increa	se your regular payments or or add an additional investme	ent? Regular payment Single payment
REGULAR PAYMENT	DETAILS	
The payment currency	for increased regular payments will be the same as your cur	rrent payments.
Total regular payment		
Source of wealth		
SINGLE PAYMENT IN.	JECTION	
Additional single payme (currency and amount)	ent	
Source of wealth		
Section 3	Supplementary section for cor	porate trustees
Commonwell		
Corporate trustee name		
Global Intermediary		
Identification Number (FATCA GIIN)		

## Section 4 Supplementary section for trusts and companies

### **TRUSTS** Full name Settlor 1 Settlor 2 (if applicable) Country of residence for tax purposes Tax reference number (ie TIN/NI) Country and place of birth Trustee 1 Trustee 2 Full name Date of birth (dd/mm/yyyy) Country of residence for tax purposes Tax reference number (ie TIN/NI) If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number) Are you a Specified No Yes No Yes US Person? Country and place of birth Trustee 3 **Trustee 4** Full name Date of birth (dd/mm/yyyy) Country of residence for tax purposes Tax reference number (ie TIN/NI) If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number) Are you a Specified Yes Yes US Person? Country and place of birth

# Section 4 Supplementary section for trusts and companies continued

COMPANIES		
Company name		
	Executive Director/Partner 1	Executive Director/Partner 2
First name(s)		
Last name		
Date of birth (dd/mm/y	тууу)	
Country of residence for tax purposes		
Tax reference number (ie TIN/NI)		
If unavailable, provide a	a functional equivalent (eg National Insurance Number, Soc	ial Security Number, resident registration number)
Are you a Specified US Person?	Yes No	Yes No
Country and place		
following questions ful Ardan has adopted a ri into 1 of 3 tiers. Each	oly with our obligations under the Isle of Man's Anti-Mone Illy. sk-based approach to meet these regulations, categorisin tier has different source of wealth requirements. We hav national regulatory standards	g all countries that we will accept business from
Please provide us with	the details of your <b>bank/savings account</b> that you will use	e to fund your Ardan International Wealth Platform.
Bank name		
Bank address and postcode		
Account holder's name		
Branch Swift Code (for all non-GBP and Ir	OR nternational payments)	Bank Sort Code
Swift Code must be eit	her 8 or 11 digits	
IBAN (all non-GBP accounts)	This number must match the account the transfer is being made from.	(GBP UK Bank only) This number must match the account the transfer is
Account held for	Years Months	being made from.
	Ardan International Wealth portfolio account from more t	

If you are funding your Ardan International Wealth portfolio account from more than one bank account, please provide your additional bank details under Section 6 - Your additional notes. Also if your future deposits will be sent from a different account to your initial investment, please provide the bank details and state how long this account has been held, also under Section 6.

## Section 5 Your source of wealth

In order to comply with our legal obligations in the Isle of Man we need to ask you the following questions:				
/ What is your total accumulated wealth?				
/ How was this wealth accumulated?				
/ Over what period was this accumulated?				
/ Please provide a summary of how and where this wealth is held? (i.e. UK property, UAE bank account, etc.)				
Please provide the answers to these questions in the box below.				
Section 6 Your additional notes  If you have no additional notes, please continue to Section 7 - Your declaration.				

## Section 7 Your declaration

My/our signature(s) below confirm(s) that:

I/We declare that the information supplied in this application is complete and correct to the best of my/our knowledge and belief at the time of this declaration.

I/We agree to provide Ardan International with any further information as may be required.

I/We agree to notify Ardan International of any material changes in the information provided in this application including but not limited to, changes in personal details, which may occur after the date of this application.

I/We agree/disagree to Ardan International using my/our personal information for marketing purposes. If you do not make any selection we will deem you to have given permission for your information to be used as described. You may change your mind at any time about receiving marketing messages by contacting us as described in the Ardan International Terms and Conditions.

I/We confirm that I/we have read and understood the Ardan International Terms and Conditions.

	Portfolio account holder/Trustee/ Authorised Signatory 1	Portfolio account holder/Trustee/ Authorised Signatory 2
Signed		
Date (dd/mm/yyyy)		
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signed		
Date (dd/mm/yyyy)		
If your signature has c	hanged to your passport, please complete a specime	n signature form and attach the original to this application.
Financial adviser name		
Financial adviser comp	any	

