

4 Joint Holders (continued)

Third named holder

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this Address <input type="text"/> yrs <input type="text"/> mths

Date of Birth / / Male Female

If at current address for less than 2 years, please supply previous address and time there
Postcode

Time at this Address yrs mths

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

Fourth named holder

Mr/Mrs/Ms/Miss/Other
Surname
Full First Name(s)
Current Permanent Residential Address
Postcode
Time at this Address <input type="text"/> yrs <input type="text"/> mths

Date of Birth / / Male Female

If at current address for less than 2 years, please supply previous address and time there
Postcode

Time at this Address yrs mths

(If more than one previous address in the last 2 years, please provide full details including the time at each address on a separate sheet of paper and staple securely to this application form.)

Joint Holders: Please list each holder's full name on the Transfer Authority Form opposite. If any holder's name has changed (by marriage for example), please contact your Intermediary.
Signatures: Please note that all joint holders must sign the Transfer Authority Form. Unfortunately we are unable to accept the form without relevant signatures.

5 Income

Please provide us with details of your bank account into which your income (if you have selected it) will be paid. If this section is not completed, any income generated from your investment will automatically be reinvested.

Name of Account Holder
Bank or Building Society Name and Address
Postcode

Branch Sort Code
 - -

Bank/Building Society Account Number

Building Society Roll Number

6 Declaration and Authorisation

I/We confirm that:


I/We have read and understood the Platform Key Features document and agree to be bound by the terms within. My/Our signed application form (provided that my/our application is accepted by Cofunds), together with the Platform terms, constitute my/our Agreement with Cofunds Limited.

I/We understand that instructions may be delayed or rejected if this application form is not complete in all respects.

You may undertake a search with a reference agency for the purposes of verifying my/our identity. To do so, the reference agency may check the details I/we supply against any particulars on any database (public or otherwise) to which they have access. They may also use my/our details in the future to assist other companies for verification purposes. A record of the search will be retained as an identity search.

I/We declare that the information contained in this application form is correct to the best of my/our knowledge and belief.

I am/We are aged 18 or over.

Primary Holder Signature 	Date
Capacity (if applicable)	
Second Holder Signature	Date
Capacity (if applicable)	

Please note that all joint holders must sign this application.

Where there are two signatories for a corporate investor, please delete reference to primary and 2nd holder.

Data Protection

Cofunds Limited will use your information for the administration and servicing of your investments and all other related activities. We may disclose your information to our agents and service providers for these purposes. We may also disclose your information to organisations for compliance with legal and regulatory requirements.

With the exception of the above provisions, we will not pass on your details to any other third party without your permission, but we will disclose information concerning your investment to your Nominated Intermediary.

Cofunds may transfer your information to countries outside the EEA for the servicing of your investments. In such cases, contracts will be put in place to ensure that the service providers protect your information in accordance with the requirements of the Data Protection Act.

If you require a Fund prospectus, please contact your Intermediary or Fund Manager directly.

Number of attached Transfer Authority Forms

Third Holder Signature	Date
Capacity (if applicable)	
Fourth Holder Signature	Date
Capacity (if applicable)	

If you are completing this as a company you must include a copy of the Articles of Association.

