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# **CORPORATE APPLICATION FORM**

## **ES SHARE CENTRE ICVC FUND**

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### **IMPORTANT INFORMATION**

To be completed in the name of companies, corporations, limited or unlimited liability partnerships, partnerships, trusts and all other organisations.

## PART A: INVESTOR DETAILS

Please ensure that you have completed all sections that apply to the organisation and the choices are clear and legible. If we cannot process your application, your investment could be delayed.

Please ensure that you have read the latest copy of the prospectus and Key Investor Information Document(s) 'KIID' for the fund in which you are investing (as specified in the last page of this form) before sending us this application form. If you would like a copy of the latest KIID or prospectus, these documents are available to download at [www.equitytrustees.com](http://www.equitytrustees.com). If you have any questions about completing the form, please contact us at 0370 7070073. Telephone calls may be recorded. Whilst we are happy to answer your questions about the information we require, we are unable to give you advice about your choice of fund. If you have any questions about your investment you should consult a financial adviser.

### PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

Organisation name

Account number  
(existing investors only)

Designation

Registered Office Address  
including postcode

  
  

Correspondence Address  
including postcode

If different from Registered Office  
Address

  
  

Contact name

Contact telephone number

Contact email address

The applicant/organisation is investing its own funds  Yes  No

The applicant/organisation is investing on behalf of another individual(s) or organisation/entities, e.g. by acting as a nominee, distributor or custodian  Yes  No

Please confirm the nature of the relationship if acting on behalf of another individual(s) or organisation/entities

Name of regulated parent company (If different to the name of the holder)

Regulatory authority and regulatory reference number

Corporate Form  
i.e. Private Company, Listed or Unlisted  
Public Company, Limited or Unlimited  
Liability Partnership, Trust, etc.

Registration number

Date of registration (dd/mm/yy)

Tax Residency

I have an agent on my account but do **NOT** wish for them to be reflected on this deal

**PART B: AGENT DETAILS – TO BE COMPLETED BY YOUR FINANCIAL ADVISER IF APPLICABLE**

Agent name

Company

Address

Agent code

Firm Reference number

VAT Registration Number

With regard to the Distance Marketing directive please confirm what type of contract this is:

Distance     Non-distance

Please indicate whether you are acting as the agent on all investment in this account, or one transaction only:     All investments on this account     This transaction only

Please tick this box if you have not provided advice about this application and complete the instructions below:     % Discount     % Commission

Please tick this box if you have provided advice about this application

**PART C: CATEGORY OF CORPORATE ENTITY**

Please tick box

**PRA or FCA Authorised Firm**

Firm Reference Number

--

**Other Regulated Firm**

Regulator

--

Reference Number

--

**Listed Public Company**

Exchange on which shares are listed

--

Authorised signatory list

--

**Pension Scheme**

Pension Scheme  
i.e. HMRC approved pension scheme,  
public sector pension scheme

--

Tax Reference

--

**Charity**

Registered

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

Registered No

--

Description of charitable aims  
together with countries of operation  
and any registration references if  
applicable

--

**Nominee**

Parent Company

--

Regulated

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

If 'No', Parent's Regulator

--

Regulatory number

--

**Public sector**

Please specify  
i.e. Government department, state  
owned company, Local authority, etc.

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Country of Operation

--

Type and purpose of the organisation

--

**Club or Association**

Please specify

**Other**

Please specify

**PART D: DOCUMENTATION ENCLOSED TO THIS APPLICATION**

1. If your organisation is a private company, unlisted public company, limited liability partnership or charitable incorporated organisation, please tick to confirm you've enclosed them with your application:
  - Certificate of incorporation or equivalent documentation
  - Memorandum/ articles of association/partnership agreement/ constitutional document
  - Authorised signatory list
  - Completed beneficial owner details section
2. If your organisation is a HMRC approved pension schemes, please tick to confirm you've enclosed them with your application:
  - Letter proving HMRC or pensions regulator scheme approval, for example an HMRC approval letter, scheme submission receipt or scheme certificate
  - Authorised signatory list
  - Details of individual directors, trustees or trust company in whose name the account will be registered
  - Completed beneficial owner details section
3. If your organisation is a trust, please tick to confirm you've enclosed them with your application:
  - The organisation's constitutional document (e.g. extract of the trust deed)
  - Details of individual directors, trustees or trust company in whose name the account will be registered
  - Authorised signatory list (applicable to trust companies only)
  - Completed beneficial owner details section
4. If your organisation is a limited or unlimited partnership, club, association, or other organisation, please tick to confirm you've enclosed them with your application:
  - Partnership agreement or constitutional document
  - Details of individual directors, trustees or trust company in whose name the account will be registered
  - Completed beneficial owner details section
5. If your organisation is a Government department, state owned company, local authority, public sector pension scheme and other public sector entities, please tick to confirm you've enclosed them with your application:
  - Authorised signatory list
  - Completed beneficial owner details section

**PART E: BENEFICIAL OWNERS**

Please complete this section with details of any beneficial owners who own or control 25% or more of your organisation, will benefit from the proceeds of the investment in the Funds by 25% or more, or exercise any other means of control over the organisation (e.g. board of directors or equivalent).

**Beneficial Owner 1**

Title  Surname

Forename(s)

Business registered address including postcode

Date of birth  Place of birth

Tax / National Insurance Number

Capacity  
e.g. trustee, partner, shareholder, beneficiary etc.

Percentage Ownership (if applicable)

**Beneficial Owner 2**

Title  Surname

Forename(s)

Business registered address including postcode

Date of birth  Place of birth

Tax / National Insurance Number

Capacity  
e.g. trustee, partner, shareholder, beneficiary etc.

Percentage Ownership (if applicable)

**Beneficial Owner 3**

Title  Surname

Forename(s)

Business registered address including postcode

Date of birth  Place of birth

Tax / National Insurance Number

Capacity  
e.g. trustee, partner, shareholder, beneficiary etc.

Percentage Ownership (if applicable)

**Beneficial Owner 4**

Title  Surname

Forename(s)

Business registered address including postcode

Date of birth  Place of birth

Tax / National Insurance Number

Capacity  
e.g. trustee, partner, shareholder, beneficiary etc.

Percentage Ownership (if applicable)

**PART F: FUND SELECTION**

Please select from the list of fund(s) on the last page of this form.

<b>Fund</b>			
ISIN No.		Share class	
Investment amount	£	Number of Shares	

<b>Fund</b>			
ISIN No.		Share class	
Investment amount	£	Number of Shares	

<b>Fund</b>			
ISIN No.		Share class	
Investment amount	£	Number of Shares	

<b>Fund</b>			
ISIN No.		Share class	
Investment amount	£	Number of Shares	

<b>Fund</b>			
ISIN No.		Share class	
Investment amount	£	Number of Shares	

If any of the funds which the organisation is investing is managed by, or otherwise has any existing arrangement with the organisation or any affiliate, please tick this box.

If you have ticked the box above, please specify the nature of relationship between the organisation and the fund:



**PART G: TAX RESIDENCY – ABOUT THE LEGAL ENTITY**

If your organisation has more than one country of tax residency, please complete a self-certification form for the country/countries that are not specified below.

Country in which your organisation is resident for tax purposes

Tax Identification Number

Name / designation of account

If the organisation is **not** a Specified US Person<sup>1</sup> in the country stated above, please tick this box.

**Complete this only if your organisation is US Tax Resident:**

- Tick this box if your organisation is any of the following and therefore not a Specified US Person:
- A regularly traded corporation on a recognised stock exchange
  - Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange
  - A government entity
  - Any bank as defined in section 581 of the U.S. Internal Revenue Code
  - A retirement plan under section 7701(a)(37), or exempt organisation under section 501(a) of the U.S. Internal Revenue Code
  - OR any other exclusion listed in the Explanatory Notes

**Organisation’s classification under FATCA**

If your organisation is a Financial Institution, please specify which type:

- UK Financial Institution or a Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Financial Institution resident in the USA or in a US Territory
- Exempt Beneficial Owner
- Deemed Compliant Foreign Financial Institution (besides those listed above)

**<sup>1</sup> Specified US Person**

The term “Specified U.S. Person” means a U.S. Person, other than:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the Securities Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State; or
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code.

If your organisation is not a Financial Institution, please specify the entity's FATCA status below:

- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity

*(If you tick this box, please include individual self-certification forms for each of your Controlling Persons)*

**Organisation's classification under the Common Reporting Standard (CRS)**

Please tick only one box in this section:

- Financial Institution
- A professionally managed Investment Entity outside of a CRS Participating Jurisdiction  
*(If this box is ticked, please include individual self-certification forms for each of your Controlling Persons)*
- Active Non-Financial Entity which is regularly traded on an established securities market or affiliated thereto, a Governmental Entity or an International Organisation
- Active Non-Financial Entity (other than those listed above)

**PART H: PAYMENT MANDATES**

Please note that we can only make payments to bank accounts from which payments have previously been received, or which we have verified as being your account.

**Settlement Bank details**

Please enter the details that you want all redemption proceeds to be sent to.

Name of Bank/Building Society	<input type="text"/>
Branch Address including postcode	<input type="text"/>
Name / designation of account	<input type="text"/>
Account Number	<input type="text"/>
Bank Sort Code	<input type="text"/>
Account Currency	<input type="text"/>

**Distribution Bank Details (if different to the above)**

Please enter the details that you want all redemption proceeds to be sent to.

Name of Bank/Building Society	<input type="text"/>
Branch Address including postcode	<input type="text"/>
Name / designation of account	<input type="text"/>
Account Number	<input type="text"/>
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/>

**Account Currency**

Income Payment Instructions	<input type="text"/>
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If this section is not completed income will be automatically reinvested

In the case of Distributions, payment should be either (please tick):

- Paid to the Distribution bank account as detailed above
- Reinvested

Note: If you have chosen accumulation shares you will not receive payments of income. Any income in respect of accumulation shares is automatically reinvested and reflected in the share price.

## **PART I: IMPORTANT INFORMATION, DECLARATION AND SIGNATURES**

### **Please complete, sign and return to:**

Equity Trustees Fund Services – c/o FNZ TA Services Limited  
PO BOX 12892  
Dunmow  
CM6 9DL  
Fax 0844 8801 559

### **Please make payment via bank transfer to:**

Account Name: Equity Trustees Fund Services  
Account Number: 60730068  
Sort Code: 20-32-30

Ensure you have attached original or a certified copy of constitutional documents if required. The person who certifies the document must make sure the copy includes:

- The words *'I confirm this is a true copy of the original that I've seen'*
- Their name, signature, date and a contact address, daytime telephone number, a description of their professional capacity, and employer name and professional registration number if relevant.

### **Data Protection and Money Laundering**

When we collect information from you, this will include personal information, which is information from which individuals can be identified. We ensure that we safeguard your information and that we will only collect the information that is necessary for us to provide financial services to you.

We will only share Information collected from you for lawful purposes, and as necessary with:

- third parties acting on our behalf (including our service providers, the Fund's sponsor and other subcontractors, agents and advisers who help us manage your account)
- at the request of government entities or regulatory bodies
- fraud prevention agencies and credit reference agencies
- debt collection agencies

and in any other circumstances as notified to you, or only with your permission and always in compliance with UK and EU data protection laws, including the EU General Data Protection Regulation.

We will ensure any third parties acting on our behalf only use the personal information in line with our instructions and keep the data protected to the standards to which we are subject under data protection legislation.

If your personal information is transferred to countries outside the European Economic Area (EEA) we will ensure safeguards are in place that are equivalent to the ones to which we are subject under the UK and EU data protection laws.

We may disclose personal information provided about you in connection with FATCA and CRS provisions in the Self-Certification for Common Reporting Standard (CRS) Form that accompanies this Application Form directly to relevant tax authorities, or to HM Revenue & Customs, which may share the information with the other tax authorities.

When you notify us of changes to the information you have provided, we will update our records to ensure they are accurate and dispose of out of date information except where necessary to maintain our services to you. Any personal information you have provided will be protected in accordance with our physical, electronic and managerial data management and retention policies.

Under anti-money laundering legislation, we are required to verify the identities of all named account holders. We are also required to establish the identity of any beneficial owners. We may also need to enquire

as to the purpose of the holding. For these purposes, we may need to obtain independent documentary evidence in respect of the account holders and beneficial owner(s) and may undertake electronic searches of the electoral register and of other personal data, which may be held by credit reference agencies and others. We reserve the right to request further information and documents from you following receipt of your forms and initial documents. We may also need to enquire as to the purpose of the holding.

We may search and use the records held by domestic and international credit reference and fraud prevention agencies (alongside our own internal records) to:

- verify your identity and prevent fraud or money laundering;
- check your credit history;
- check details on applications for credit and credit related or other facilities;

We may conduct any other searches we consider necessary using information held by credit reference agencies, fraud prevention agencies and other financial institutions. We or the Administrator may also ask you to provide additional documents as necessary to verify the identity of individuals and/or beneficial owners of your organisation in order to comply with our obligations in connection with anti-money laundering and prevention of financial crime

We will only keep personal data for as long as is necessary while we are providing services to you and for up to ten years after our relationship with you has ended in order to meet any legal obligations.

Full details of how we may use your information is contained in our Privacy Notice which will form part of our agreement with you once we have accepted your application. In our Privacy Notice we explain how we may process your personal information with your consent and how you may withdraw your consent.

Our Privacy Notice is available on our website at [www.equitytrustees.com](http://www.equitytrustees.com).

No application will be processed until all required information has been provided by the applicant. The Authorised Corporate Director reserves the right to reject any application at its sole discretion.

### **Declaration and Signature**

The following declarations shall be deemed to be restated on each subsequent investment:

I/We declare that I am/we are 18 years of age or over.

I/We wish to invest in the shares as detailed above on the basis of the latest available relevant fund and share class specific latest KIID and prospectus which I/we have been provided with, at the price prevailing at the first valuation following receipt of this order.

I/We declare, represent and warrant that I/we have the legal capacity and authority to execute this application and to subscribe, redeem, transfer and/or switch shares of the fund(s) on behalf of the organisation.

I/We confirm I/we have read and understood your Privacy Notice.

I/We confirm that I/we have read the note on anti-money laundering verification on this form.

I/We declare that I am/we are applying for the shares on behalf of the organisation and that the organisation is entitled to the shares in respect of which declarations contained in this application are made.

I/We confirm that where additional self-certification forms are required to be submitted, these have been enclosed with this application.

I/We have completed the Beneficial owner section.

I/We acknowledge and agree that this application is subject to the terms as set out in the latest relevant KIID and the relevant latest prospectus.

I/We declare that all of the information provided in this application is, to the best of my/our knowledge and belief, correct and complete and agree to inform you in writing immediately of any changes to the information provided in this form.

I/We consent to Equity Trustees Fund Services Ltd providing the KIID via Equity Trustees' website at [www.equitytrustees.com](http://www.equitytrustees.com). Alternatively, we may request a paper copy of the KIID to Equity Trustees Fund Services Ltd.

Please refer to the prospectus for the full terms and conditions governing your investment with us. The prospectus can be obtained free of charge on request.

Signed on  
behalf of

**Signatory 1**

Signed

Print name

Capacity in which signing

Date  
(dd/mm/yy)

Registered Office Address  
including postcode

**Signatory 2**

Signed

Print name

Capacity in which signing

Date  
(dd/mm/yy)

Registered Office Address  
including postcode

**FUNDS**

<b>FUND</b>	<b>SHARE CLASS</b>	<b>SHARE TYPE</b>
ES Share Centre Multi Manager Income Fund	Acc	GB00BZCN7R70
ES Share Centre Multi Manager Income Fund	Inc	GB00B2NLM749
ES Share Centre Multi Manager Growth & Income Fund	Acc	GB00BZCN7S87
ES Share Centre Multi Manager Growth & Income Fund	Inc	GB00B2NLM855
ES Share Centre Multi Manager Growth Fund	Acc	GB00B2NLM962

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