CORPORATE ACCOUNT APPLICATION FORM

Shard Capital Partners LLP, 3rd Floor, 70 St Mary Axe, London, EC3A 8BE

T +44 (0)207 186 9900 F +44 (0)207 186 9979 E info@shardcapital.com W shardcapital.com

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INTRODUCTION

Please read carefully

This document is designed to enable you to provide Shard Capital Partners LLP ("Shard Capital") with important information about the Company. The information contained in this document will be relied upon to establish a corporate account and therefore we require you to complete and sign this document in full. It is important that you provide as much relevant detail as possible and check the information that is included in this document with your relationship manager to ensure that you have understood it correctly.

Shard Capital will review all the information you provide. Once we are satisfied we possess all the information we need to comply with our legal and regulatory requirements, we will be able to provide our services to the Company. Any gaps in the information provided may result in Shard Capital being unable to offer our services to the Company.

Your privacy and your information are important to us. For details of how we manage and process your information, please refer to our Privacy Policy which is made available, and updated from time to time, on our website: shardcapital.com

This form should be completed by the main applicant intending to operate the account. Any references to "I", "we", "you" or "your" in this document refer to the corporate entity (the Company). Before completing this form, please ensure that you have obtained and read all the information regarding the products and services provided by Shard Capital and all relevant terms and policies made available, and updated from time to time, on our website: shardcapital.com

Once completed, this form and any accompanying documentation (detailed in Appendix II) should be sent to our business address (see front cover) or scanned and emailed to your contact at Shard Capital.

This form should be completed by an individual authorised to operate the Corporate Account.

Please tick ☐ the boxes as appropriate

Personal details of the individual completing the form

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Position/Role within Company.....

PART 1 – COMPANY INFORMATION

Company Name.....

Company Type

- ☐ Public Limited Company (Plc)
- ☐ Private Company
- ☐ Limited (Ltd)
- ☐ Limited Liability Partnership (LLP)
- ☐ Limited Partnership (LP)
- ☐ Limited Liability Corporation (LLC)
- ☐ Institutional Investor
- ☐ Pension Fund / Pension Company
- ☐ Insurance Company
- ☐ Other (please detail below)

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Registered Address.....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Company Registration Number

.....

Date of Incorporation.....

Country of Incorporation.....

Does the Company satisfy two or more of the following thresholds? Please tick all that apply:

- ☐ Balance sheet of at least €20,000,000 or equivalent
- ☐ Net turnover of at least €40,000,000 or equivalent
- ☐ Own funds of at least €2,000,000 or equivalent

How many employees does the Company have?

- ☐ Less than 10
- ☐ 10 – 50
- ☐ 50 – 250
- ☐ 250 – 500
- ☐ More than 500

PART 2 – TAX INFORMATION

Unique Taxpayer Reference Number (UTR).....

VAT Number.....

Company Tax Identification Number (TIN).....

Legal Entity Identifier (LEI).....

Does the Company operate or have any place of business in the US?

☐ Yes

☐ No

Please provide details of any parent company and subsidiaries, including countries of residence for tax purposes, giving either the UTR or TIN. *Please note that a group structure chart detailing the corporate structure may be required depending upon the nature and complexity of the group structure.*

Company Name	Country of Residence for Tax Purposes	UTR or TIN?	Reference Number

PART 3 – COMPANY DIRECTORS/PARTNERS

COMPANY DIRECTORS / PARTNERS

Please provide the names of all Company Directors / Partners

Title	Name

If you require more space, please use Appendix I – Additional Notes. Please refer to Appendix II for due diligence information required in respect of each name listed in the table above.

AUTHORISED SIGNATORIES

Please indicate who may provide instructions on this account: *(tick as appropriate)*

☐ Any one Director / Partner

☐ Any ..... Directors / Partners *(please provide number e.g. two)*

☐ All Directors / Partners

☐ As per the authorised signatory list

Please provide below the names of all Authorised Signatories.

Title	Name	Single	Joint
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Please note that a certified copy of the authorised signatory list (with specimen signatures) will be required for due diligence purposes, as per Appendix II.

PART 4 – CONTACT INFORMATION

PLEASE PROVIDE DETAILS OF THE <u>PRIMARY</u> CONTACT

Title: Mr☐ Mrs☐ Ms☐ Miss☐ Dr☐ Other☐ .....

Forename(s).....

Surname.....

Position/Role within Company.....

Primary Contact email.....

Primary Contact telephone number.....

Primary Contact mobile number .....

PLEASE PROVIDE DETAILS OF THE SECONDARY CONTACT

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Position/Role within Company.....

Secondary Contact email.....

Secondary Contact telephone number.....

Secondary Contact mobile number .....

OTHER CONTACT INFORMATION

Is the Company listed on a regulated stock exchange?

☐ Yes

☐ No

If the answer to the above is yes, please provide the name of the exchange

.....

Is the Company regulated?

☐ Yes

☐ No

If the answer to the above is yes, please provide the name of the regulator and the Company's regulatory reference number

Name of Regulator	Regulatory Reference Number

Please provide contact details of the Company's Compliance Officer *(if applicable)*

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Compliance Officer email.....

Compliance Officer telephone number.....

Compliance Officer mobile number.....

PART 5 – SOURCE OF WEALTH / SOURCE OF FUNDS

SOURCE OF WEALTH

Source of Wealth refers to the origin of the Company's total net wealth or total assets, including how the wealth was generated. For example, the Source of Wealth can refer to the sale of a business asset or rental income.

Please provide details of the Company's principle business, including the nature of the Company's activity and the services and products provided.

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SOURCE OF FUNDS

Source of Funds refers to where the money being used to fund the account is currently held. For example, the name and location of a bank account.

Please provide details of where the funds are currently held, including the amount to be invested in the account.

.....

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PART 6 – ULTIMATE BENEFICIAL OWNERS / SHAREHOLDERS

THIS PART IS NOT APPLICABLE TO PUBLIC COMPANIES LISTED ON A RECOGNISED STOCK EXCHANGE

Please provide the names of all beneficial owners/shareholders

Name	Shareholding (%)

If you require more space, please use Appendix I – Additional Notes. Please refer to Appendix II for due diligence information required in respect of each name listed in the table above.

BENEFICIAL OWNERS HOLDING >25%

Please provide details of beneficial owners/shareholders who hold >25% of the Company's shares.

BENEFICIAL OWNER (1)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐.....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)*.....

.....Postcode.....

Email address.....

Telephone number.....Mobile number .....

Please provide their Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the beneficial owner a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

Please list all countries they are a resident of for tax purposes.

Country	**Tax Identification Number**

BENEFICIAL OWNERS HOLDING >25%

Please provide details of beneficial owners/shareholders who hold >25% of the Company's shares.

BENEFICIAL OWNER (2)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address .....

.....Postcode.....

Correspondence Address *(if different to above)* .....

.....Postcode.....

Email address.....

Telephone number.....Mobile number.....

Please provide their Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the beneficial owner a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

Please list all countries they are a resident of for tax purposes.

Country	**Tax Identification Number**

BENEFICIAL OWNERS HOLDING >25%

Please provide details of beneficial owners/shareholders who hold >25% of the Company's shares.

BENEFICIAL OWNER (3)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Date of Birth.....

Town and Country of Birth.....

Residential Address

.....

..... Postcode.....

Correspondence Address *(if different to above)*.....

..... Postcode.....

Email address.....

Telephone number..... Mobile number.....

Please provide their Nationality, including if they have dual Nationality. Please see Appendix IV for National Client Identifier (NCI) reference.

Nationality	**National Client Identifier Document** **(Please refer to Appendix IV)**	**National Client Identifier Number**

Is the beneficial owner a US Person?

☐ Yes

☐ No

Please note that a US Person includes a US Citizen, a US resident, a US Green Card holder and any individual born in the US who has not relinquished their US Citizenship.

Please list all countries they are a resident of for tax purposes.

Country	**Tax Identification Number**

PART 7 – POLITICALLY EXPOSED PERSONS

Is any Director or Ultimate Beneficial Owner of the Company, a Politically Exposed Person * (PEP)?

* *A PEP is an individual who has been entrusted with a prominent public function. Examples include, but are not limited to: a head of state or minister, a member of parliament, members of governing bodies of political parties, members of supreme or constitutional courts, ambassadors or high-ranking officers in the armed forces.*

☐ Yes

☐ No

If the answer to the above is yes, please provide further details

.....

.....

Is any Director or Ultimate Beneficial Owner of the Company, a Relative * or Close Associate ** of a Politically Exposed Person?

* *Relative includes: a spouse, partner, child and their spouse or partner and their parents.*

** *Close Associate includes: any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relationship.*

☐ Yes

☐ No

If the answer to the above is yes, please provide further details

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PART 8 – SERVICE TYPE

Please specify which type of service you require:

WEALTH MANAGEMENT:

Please tick	Investment Service	Description
☐	Discretionary	We act and make all investment decisions to manage your investment strategy on your behalf
☐	Advisory	We advise you on your investment decisions, but you make the final decisions on your investment strategy
☐	Execution Only	You have full control over your investment strategy and all decision making

CUSTODY & DEALING:

Please tick	Service	Description
☐	Custody & Dealing	We shall safekeep your securities across our network of agent and sub-custodians, provide execution and ancillary services

PART 9 – ACCOUNT ADMINISTRATION AND REPORTING

ACCOUNT NAME

.....

ACCOUNT SET UP

What is the base currency for this account?

☐ GBP ☐ EUR

☐ USD ☐ Other (please specify) .....

CAPITAL AND INCOME ACCOUNT

As part of the standard account set up, we will maintain separate capital and income accounts for you. If you would like to have one account for your capital (proceeds from sales) and income (dividends and/or interest), please tick this box: ☐

FEES AND CHARGES

Our Annual Management Charge (Wealth Management) or Assets Under Administration Fee (Custody & Dealing), where levied, will be debited from your capital account. If you wish for this to be debited from your income account, please tick this box: ☐

ONLINE REPORTING

We offer online access to view your account at any time. If you would like online access, please tick this box: ☐

VALUATION REPORTS

All relevant valuation reports will be made available via our online portal. If you would also like hard copies to be mailed to the Company correspondence address, please tick this box: ☐

Please indicate the preferred frequency of valuation reports: ☐ Monthly basis ☐ Quarterly basis

CONTRACT NOTES

All relevant Contract Notes will be made available via our online portal. If you would also like hard copies to be mailed to the Company correspondence address, please tick this box: ☐

THIRD PARTY AUTHORITY

If you would like Shard Capital to accept instructions on the account from a third party, please tick this box: ☐

If you have ticked the above box, you will need to complete a "Limited Power of Attorney" form which will be provided on request.

THIRD PARTY INFORMATION

If you would like Shard Capital to provide certain information on the account to a third party, please tick this box: ☐

If you have ticked the above box, please provide the relevant contact information in Appendix III.

PART 10 – BANK ACCOUNT INFORMATION

NOMINATED BANK ACCOUNT

Please provide details of the Company's nominated bank account.

Please note that payments will only be made to and accepted from the Company's nominated bank account detailed below and that a certified copy of a bank statement will be required.

Account Name.....

Account Currency .....

Bank Name .....

Bank Address .....

Sort Code .....

Account Number .....

IBAN Number .....

BIC / ABA Number *(if available)* .....

PART 11 – BOARD RESOLUTION

We certify that on *(insert date of meeting)* .....at a meeting of the board of directors of

(insert Company name) ....., whose registered office is at

(insert registered office address).....

....., the following resolutions were passed:

1. That Shard Capital is hereby requested and authorised to open for the Company such account(s) as may now or from time to time be considered appropriate for purposes of transacting and subscribing to the services and products of Shard Capital according to the relevant terms and conditions;
2. That the director(s) that sign the application form are hereby authorised to do so for and on behalf of the Company, do all acts, execute all documents and perform and enter into all agreements necessary or convenient for the purposes of opening and/or operating the account; and
3. That the person(s) listed in Part 3 of this application form and any additional person(s) so indicated are hereby authorised to provide instructions in relation to the account(s).

.....	.....
(Signature)	**(Signature)**
.....	.....
(Print Name)	**(Print Name)**
.....	.....
(Position)	**(Position)**
.....	.....
(Date)	**(Date)**

PART 12 – DECLARATIONS

By signing under Part 13 (Signatures), the following declarations apply:

1. I/We have read and understood the nature and the risk of the product(s) that the Company intends to invest in through this account.
2. I/We warrant that I/we have full power and authority to open and operate the account in accordance with the above resolutions, the Company's Memorandum and Articles of Association and any other constitutional documents and without breach of any law, restriction or obligation binding on the Company.
3. I/We have provided true, accurate and complete information and undertake to update Shard Capital of any changes to the information provided without delay.
4. I/We accept that in certain circumstances Shard Capital will be obliged to share information with UK tax authorities, who may pass it on to other tax authorities.
5. I/We have received, read and understood the following:
   a) Shard Capital Partners LLP Business Terms and Conditions (including the product risks disclosure)
   b) Supplemental Business Terms & Conditions for Wealth Management and Custody and Dealing Clients
   c) Conflict of Interest Policy
   d) Schedule of Charges
6. I/We have obtained the Order Execution Policies for:
   a) Third Platform Services Ltd (website link: http://thirdfin.com/documents/)
   b) Shard Capital Partners LLP (website link: https://www.shardcapital.com/documents/)
7. I/We consent to the Order Execution Policies and for any orders to be executed outside a regulated market or a multilateral trading facility.
8. I/We consent for any unexecuted limit orders not to be made public.
9. I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the websites indicated above.

EXPRESS CONSENT FOR RECEIVING INFORMATION ELECTRONICALLY

We are required by regulation to obtain your express consent to provide you with information in an electronic, durable medium that is not paper. For example, by email.

If you do not consent to us providing you with information electronically, we will be unable to offer you an account. For the avoidance of doubt, by consenting to receiving information via electronic means, you remain entitled to provide us with specific requests for information via a reasonable alternative form of durable medium.

I/We hereby consent to receive information from Shard Capital via email, PDF document or by any other durable medium that is not paper

I/We hereby consent to receive information not personally addressed to me/us via the websites that you provide me/us notice of

I/We Accept ☐ (*please tick this box)*

DATA PROTECTION

Your data will be processed in line with the Shard Capital Privacy Notice which can be found at: https://www.shardcapital.com/privacy-notice/

MARKETING COMMUNICATION

We offer company news and market commentary which is emailed to your primary contact email address detailed in Part 4. If you would like to receive this, please tick this box: ☐

PART 13 – SIGNATURES

AUTHORISED SIGNATORIES: NAMES AND SIGNATURES

This must be signed by at least two authorised signatories, unless the Company has a sole authorised signatory.

.....	.....
(Signature)	**(Signature)**
.....	.....
(Print Name)	**(Print Name)**
.....	.....
(Position)	**(Position)**
.....	.....
(Date)	**(Date)**
.....	.....
(Signature)	**(Signature)**
.....	.....
(Print Name)	**(Print Name)**
.....	.....
(Position)	**(Position)**
.....	.....
(Date)	**(Date)**

APPENDIX I – ADDITIONAL NOTES

APPENDIX II - ACCOMPANYING DOCUMENTATION

Please provide certified copies of the following documents:

- ☐ Proof of regulation (if applicable)
- ☐ Certificate of Incorporation and/or Certificate of Good Standing (if Company is more than 1 year old)
- ☐ Memorandum and Articles of Association (if applicable)
- ☐ Group structure chart
- ☐ Authorised signatory list (with specimen signatures)
- ☐ Latest financial statements
- ☐ Register of directors
- ☐ Register of beneficial owners/shareholders
- ☐ Passport or other government issued identification for all Ultimate Beneficial Owners holding >25% of the Company's shares
- ☐ Proof of address (e.g. utility bill/bank statement) which is no more than 3 months old, for all Ultimate Beneficial Owners holding >25% of the Company's shares
- ☐ Passport or other government issued identification for all Company directors
- ☐ Proof of address (e.g. utility bill/bank statement) which is no more than 3 months old, for all Company directors.
- ☐ Company bank statement which is no more than 3 months old.

*References to the "Company" includes. but is not limited to, the legal person detailed in Part 1: Company Information.

GUIDANCE ON "CERTIFICATION" REQUIREMENTS:

Copies of the above listed documents must be independently certified by a lawyer, bank manager or notary public, and contain both the date on which they were certified and the following wording: "certified as a true copy". Additionally, the certification should provide the full name, signature, official stamp, business address and telephone number of the individual certifying the document(s).

It may be necessary for us to request further documentation and information in order to complete the due diligence process.

APPENDIX III – THIRD PARTY INFORMATION

THIRD PARTY INFORMATION – INDIVIDUAL

If you would like Shard Capital to provide information regarding the account to a third-party individual, please provide the relevant details of the person below.

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Forename(s).....

Surname.....

Residential Address.....

.....Postcode.....

Email address.....

Telephone number..... Mobile number .....

Please detail what correspondence you wish to be provided to the third party:

☐ Valuations ☐ Contract Notes ☐ Consolidated Tax Reports

☐ Statements ☐ Online Access ☐ Other (please specify)

.....

THIRD PARTY INFORMATION - COMPANY

If you would like Shard Capital to provide information regarding the account to a third-party company, please provide the relevant details of the company below.

Company Name .....

Contact Address.....

..... Postcode.....

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ☐ .....

Contact - Forename(s).....

Contact - Surname.....

Position/Role within Company.....

Contact email address.....

Contact telephone number..... Contact mobile number.....

Please detail the role of the third party:

- ☐ Lawyer
- ☐ Financial Advisor
- ☐ Other (please specify).....
- ☐ Accountant
- ☐ Trustee

Please detail what correspondence you wish to be provided to the third party:

- ☐ Valuations
- ☐ Contract Notes
- ☐ Consolidated Tax Reports
- ☐ Statements
- ☐ Online Access
- ☐ Other (please specify).....

APPENDIX IV - NATIONAL CLIENT IDENTIFIER

To fulfil our obligations under the Markets in Financial Instruments Directive (MiFID II), we are required to confirm your nationality and National Client Identifier (NCI). Your NCI will depend on your nationality; by way of example, for UK nationals, the NCI is the National Insurance Number. Please refer to the table below to determine the appropriate NCI.

IT IS IMPORTANT THAT YOU PROVIDE THIS INFORMATION.
WITHOUT IT, YOU WILL BE UNABLE TO TRADE.

Nationality	National Client Identifier
United Kingdom	UK National Insurance Number
Belgium	Belgian National Number (Numéro de registre national - Rijksregisternummer)
Bulgaria	Bulgarian Personal Number
Croatia	Personal Identification Number (OIB - Osobni identifikacijski broj)
Czech Republic	National Identification Number (Rodné číslo)
Denmark	Personal Identity Code (10 digits alphanumerical: DDMMYYXXXX)
Estonia	Estonian Personal Identification Code (Isikukood)
Finland	Personal Identity Code
Iceland	Personal Identity Code
Italy	Fiscal Code (Codice fiscale)
Latvia	Personal Code (Personas kods)
Lithuania	Personal Code (Asmens kodas)
Malta	National Identification Number
Norway	11 Digit Personal ID (Foedselsnummer)
Poland	National Identification Number (PESEL)
Portugal	Tax Number (Número de Identificação Fiscal)
Romania	National Identification Number (Cod Numeric Personal)
Sweden	Personal Identity Number
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka
Slovakia	Personal Number (Rodné číslo)
Spain	Tax Identification Number (Código de - fiscal)
All other countries	**National Passport Number**