

APPLICATION FORM

DISCRETIONARY PORTFOLIO SERVICE/ ADVISORY PORTFOLIO SERVICE



CHARITY



Please complete this form to provide us with as much information as you can to open an account with us. It is important that all the questions are answered, as incomplete forms will delay the opening of your account. The more information you share, the more easily we will be able to match our investment service to your requirements.

If you do not understand anything in these documents, please ask your investment manager for further information and guidance. Please inform us immediately if your circumstances change as this may affect the suitability of any investment decision or recommendation we make.

SERVICE CATEGORY

Please tick the category of service required:

Discretionary Portfolio Service (DPS)

This is our discretionary investment management service where, depending on any restriction you choose to apply, your investment manager has full authority to manage your investments without prior reference to you.

Advisory Portfolio Service (APS)

This is our advisory service where, depending on any restrictions you choose to apply, we will monitor your portfolio and, when we think it appropriate, contact you with recommendations on investments. However, transactions will only be carried out with your permission.

The advice that we offer can either be based on recommendations generated from our investment process (Advisory Managed), or we can take into account investment matters that are outside our investment process (Specialist Advisory). Your investment manager can suggest which of these services best suits your requirements and will inform you if your investment decisions or requirements mean that the advisory service that we offer you needs to be redefined between these services.

Please complete Part A, B, C and D and sign the acceptance.

Legal Entity Identifier (LEI) Number:

PART A: ACCOUNT NAME

DETAILS OF THE REGISTERED CHARITY

If the charity is not registered, please complete this section in accordance with the charities' legal form i.e. company or trust.

Full name:
Charity registered number:
Registered address:
Postcode:
Charity HMRC Repayment Reference Number:
Charity legal structure e.g. trust, limited company, CIO:
Principal purpose:
For unregistered charities or charities in Northern Ireland, please provide a brief description of the beneficiaries or classes of beneficiaries:



Location of activities, if outside the UK:	ASSOCIATED PARTIES
	We are required to verify the identity of all trustees, protectors, settlors, vested beneficiaries and any other authorised signatories or agents.
	For UK resident individuals, we will use the following information to perform electronic identification checks. For overseas residents, or where the electronic identification check fails, we will ask you for certified copies of identity documentation.
Are there any overseas offices and/or officers?	If there are more than four associated parties and you require further space, please photocopy this page and complete the relevant details.
Yes No No	First Associated Party
Approximately what percentage of the charity's total assets	Title:
will this portfolio represent?	
76	Surname:
Is the charity associated with a politically exposed person now or has been at any time in the past?	
*Yes No No	Previous surname if changed, or any alias that has ever been used:
*If yes, please provide details:	
	Forename(s):
	Permanent residential address (we are unable to accept a 'care of' or post box):
PRINCIPAL CORRESPONDENCE ADDRESS Name:	
Name.	
Address:	Postcode:
	Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):
Postcode:	
Email:	
	Postcode:
Mobile telephone number:	Postcode.
	Date of birth:
We will send you an investment report that includes a	DD MM YYYY
valuation, performance summary, transaction schedule,	Email:
capital and income statements. We will also provide you with online access to our portal.	
•	Mobile telephone number:



National Insurance number:	Permanent residential address (we are unable to accept a 'care of' or post box):
Nationality (if you hold dual nationality please give both countries):	
Country of birth:	Postcode:
	Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):
Please provide the following details: Full passport reference (this is at the very bottom of the photo page):	
	Postcode:
	Date of birth:
Date of expiry: DD MM YYYY	Email:
Alternatively, if you are a UK or Irish national (and do not hold dual nationality) we can accept details of your driving licence: Driving licence number:	Mobile telephone number:
	National Insurance number:
Date of expiry - photocard:	Nationality (if you hold dual nationality please give both countries):
DD MM YYYY	
Each associated party will receive online access to our portal once the account is opened.	Country of birth:
Second Associated Party	Diago provide the following details:
Title:	Please provide the following details: Full passport reference (this is at the very bottom of the photo page):
Surname:	
Previous surname if changed, or any alias that has ever been used:	
Forename(s):	Date of expiry:



Alternatively, if you are a UK or Irish national (and do not hold dual nationality) we can accept details of your driving licence:	National Insurance number:
Driving licence number:	Nationality (if you hold dual nationality please give
	both countries):
Date of expiry - photocard:	Country of birth:
DD MM YYYY	
Each associated party will receive online access to our portal once the account is opened.	Please provide the following details: Full passport reference (this is at the very bottom of the photo page):
Third Associated Party	
Title:	
Surname:	
	Date of expiry:
Dravious surpame if changed or any alias that has ever been	DD MM YYYY
Previous surname if changed, or any alias that has ever been used:	
	Alternatively, if you are a UK or Irish national (and do not hold dual nationality) we can accept details of your
	driving licence:
Forename(s):	Driving licence number:
Permanent residential address (we are unable to accept a 'care of' or post box):	
	Date of expiry - photocard:
	DD MM YYYY
	Each associated party will receive online access to our portal once the account is opened.
Postcode:	portal office the account is opened.
Drawious regidential address if less than 1 year at current	Fourth Associated Party
Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):	Title:
	_
	Surname:
Postcode:	Previous surname if changed, or any alias that has ever beer
1 Ostoode.	used:
Date of birth:	
DD MM YYYY	Forename(s):
Email:	

Mobile telephone number:



Permanent residential address (we are unable to accept a 'care of' or post box):	Alternatively, if you are a UK or Irish national (and do not hold dual nationality) we can accept details of your driving licence: Driving licence number:
Postcode:	
Previous residential address, if less than 1 year at current address (we are unable to accept a 'care of' or post box):	Date of expiry - photocard: MM YYYY Each associated party will receive online access to our portal once the account is opened.
Postcode:	OUTSIDE BUSINESS INTERESTS The following questions must be completed in respect of ALL associated parties identified in this form (and any
Date of birth: DD MM YYYY Email:	outlined on additional sheets). Are any of the individuals listed in this form (or have any of the individuals listed ever been), a US citizen, the holder of a US passport, Green Card or US bank account; or have they ever resided in or owned property in the US? *Yes No
Mobile telephone number: National Insurance number:	*If you have answered yes, please state the name of the individual(s) below and provide details;
Nationality (if you hold dual nationality please give both countries):	
Country of birth:	Have any of the individuals in this form ever been employed in the financial services industry? Yes No
Please provide the following details: Full passport reference (this is at the very bottom of the photo page):	Are any of the individuals in this form a politically exposed person or associated with one now or at any time in the past? *Yes No
	*If you have answered yes to any of the * questions above, please provide the name of the individual(s) concerned and provide details of the political association.
Date of expiry:	
DD MM YYYY	



INVESTMENT EXPERIENCE

Your answers to these questions will enable us to determine your familiarity with particular types of services and investment matters relevant to our services, and the associated risks. Please refer to the risk warnings outlined in Annex 1 of our terms and conditions booklet (or on our website https://www.quiltercheviot.com/uk/charities/risk-factors/), for further explanation.

Please indicate the level of experience and understanding you have of investment matters by providing the following information.

For trustees and authorised signatories, please give the following information, based on your collective experience.

iollowing inform	iation, based or	your collecti	ive experience
Relevant Exper	ience		
Please indicate investment port	0 3		3
This is a first tim	ne investment		
	Discretionary	Advisory	Execution
	Service	Service	Only
Under 5 Years			
5 to 10 Years			
Over 10 Years			

Yes	No	Unsure

Relevant Investments

Relevant investments
Please tick which of the following investments you consider yourself to be familiar with from your previous investment
experience:
Government/Corporate bonds
Quoted equities
Unit Trusts/Open Ended Investment Companies or SICAV
Venture Capital/Private equity
Structured products
Unquoted investments
Unregulated collective investments
Unregulated hedge funds

Do you have experience using derivatives (including
options) warrants, leveraged or unregulated investment
products?
Yes No No
If yes, please give average value, frequency, period and
reason (e.g. hedging or speculation):
Please indicate any relevant education:
For Advisory and Execution Only services , please indicate
the average value, frequency and period for your
transactions:
in Government bonds, corporate bonds, quoted equities,
unit trusts, OEICs or SICAV funds
Size of transaction:
Under £1,000
£1,000-£9,999
£10,000-£49,999
£50,000 and over
Frequency of transaction:
Weekly
Monthly or 12 per year
Less than 12 transactions per year
No transactions
in venture capital trusts, private equity, structured products,
unquoted investments, unregulated investments or
unregulated hedge funds
Size of transaction:
Under £1,000
£1,000-£9,999
£10,000-£49,999
£50,000 and over
Frequency of transaction:
Weekly
Monthly or 12 per year
Less than 12 transactions per year

No transactions



PART B: FINANCIAL INFORMATION AND FUTURE REQUIREMENTS

What type of fund does this portfolio represent? e.g. endowment, reserves, special purchase. Please give details.
Please indicate whether:
the aggregate value of the cash and investments which form part of the charity's assets (before deducting the amount of its liabilities) is £10 million or more: Yes No
the aggregate value has been £10 million or more at any time during the previous 2 years:
Yes No No
Please indicate below the timing and extent of future commitments to be funded from the charity's investment portfolio:
Please indicate whether the charity is likely to have further sums available for investment in the near future, giving approximate dates and amounts:

PART C: INVESTMENT STRATEGY

The following questions will help us recommend and implement a suitable long-term investment strategy.

It is important that you keep us informed of any changes to your circumstances or objectives so we can review the strategy.

YOUR INVESTMENT OBJECTIVE

Please select one of the following as your main objective:
Capital Growth - the principal objective is to grow the capital value of the portfolio.
Capital Growth and Income - the objective is to grow the capital value of the portfolio, as well as generating some degree of income from the portfolio.
Income - the principal objective is to generate income from the portfolio.

UNDERSTANDING RISK

Obtaining an investment return higher than cash deposits will involve taking risk. To meet your longer-term objectives, you may have to be prepared to take on a higher level of risk than you have historically.

The key risks of our services are outlined here: https://www.quiltercheviot.com/uk/charities/risk-factors/. Risk associated with investments can take many different forms, including:

- The sensitivity to various market events or economic factors, including changes to interest rates and inflation
- The chance of irregular or unusual investment returns, particularly in times of economical crisis
- The likelihood of temporary or permanent loss of capital or income
- The possible lack of liquidity, meaning that in certain market circumstances, it might not be possible to sell a particular investment.

Completing the information and questions in this section will help us assess your risk profile. We have divided the questions into two parts:

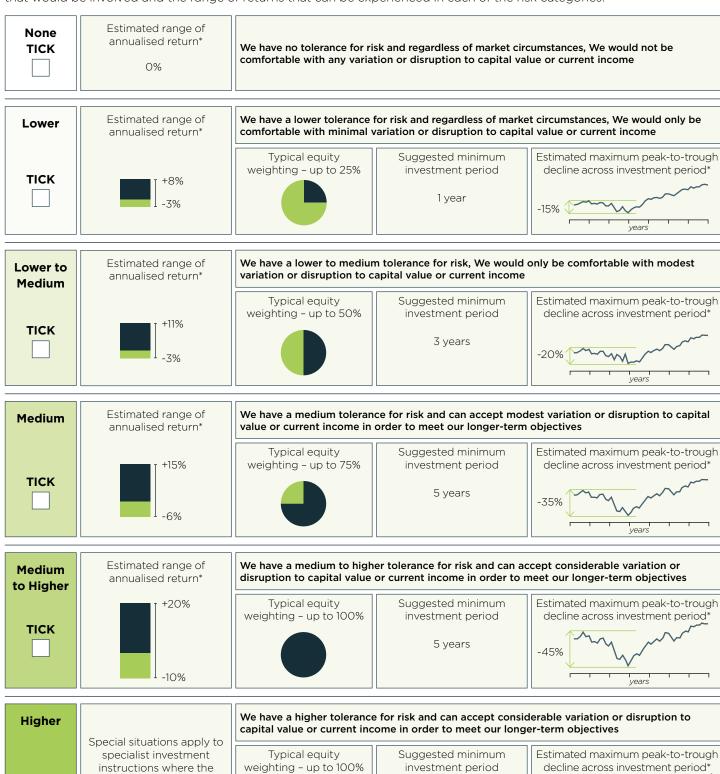
- Willingness to accept risk in the portfolio this is sometimes called your Risk Tolerance
- Your ability to bear loss this is sometimes referred to as your Risk Capacity and is a function of the charity's broader financial circumstances.



YOUR WILLINGNESS TO ACCEPT RISK

The Quilter Cheviot 'Understanding Your Investment Portfolio' document must be read for further guidance.

Please select the risk category that most closely matches your tolerance to risk and minimum time period for the investment portfolio we will be managing for you. Please tick **one** box only. The tables below provide guidance on the level of equities that would be involved and the range of returns that can be experienced in each of the risk categories.



TICK

range and concentration of

riskier assets could be

significantly increased

Greater

than

-45%

7 years

^{*} Source: Quilter Cheviot. These figures are for illustrative purposes and represent estimated pattern of return for each risk profile. Past performance is not indicative of future performance and actual performance may vary.



YOUR ABILITY TO BEAR LOSS

It is important that we are trying to ascertain your ability to bear investment losses, in the broader context of your overall current financial situation and standard of living.

Please select one of the following which most closely matches your circumstances:

	3
	The charity has NO ability to bear investment losses. Any losses to the value of the portfolio would have an unacceptable impact on the charity's overall financial position and commitments.
	The charity has a LOW ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 20% would not have a material impact on the charity's overall financial position and commitments.
	The charity has a MODERATE ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio of up to 35% would not have a material impact on the charity's overall financial position and commitments.
	The charity has a SIGNIFICANT ability to bear investment losses. In extreme circumstances, falls in the value of the portfolio in excess of 35% would not have a material impact on the charity's overall financial position and commitments.
Do	VESTMENT RESTRICTIONS by you wish to exclude certain investments and/or asset asses for tax or ethical reasons from your portfolio? S No

POTENTIAL RISK TO YOUR INCOME

Restrictions supplement.

If yes, please contact us for our Investment

Are you intending to withdraw income from this portfolio within the timeframe of your selected risk category? Yes No
If yes, please select one option that most closely matches your circumstances:
The withdrawals from this portfolio are the primary source of income for essential charitable expenditure.
The withdrawals from this portfolio will supplement the primary source of income for essential charitable expenditure.
The withdrawals will provide income for non-essential expenditure.
This portfolio represents our charitable reserves

and therefore ordinarily the income is surplus to

FUNDS FOR INVESTMENT

Please indicate amount to be	invested in this portfolio:
£	
Please describe the source or invested with Quilter Cheviot. ask for evidence of source of	Please note that we may

If significant additions or withdrawals are anticipated, please inform your investment manager as this may affect the way in which we manage the portfolio.

PART D: ACCOUNT SET-UP

INCOME INSTRUCTIONS

Please note that we can only set up the income payment
facility in sterling. Please tick one box only from the list
below to indicate how you would like us to deal with income
generated within the portfolio:
Transfer to capital account for re-investment

Transfer to capital account for re-investment
Monthly payments of income received
Quarterly payments of income received
Quarterly fixed standing order*
Retain in your Quilter Cheviot income account

Monthly fixed standing order*

*If you have selected a fixed payment please complete the amount field(s) in the next section.

commitments.



BANK/BUILDING SOCIETY DETAILS

Bank or building society account details are required even if no income is being withdrawn. We can also hold details of additional bank or building society accounts if other payments are anticipated. If this includes HMRC details for tax payments, please include your unique tax payer reference in the account name line. Standing orders for different amounts to different banks or building societies car be arranged if the payment frequency is the same.

different amounts to different banks or building societies cabe arranged if the payment frequency is the same.
Account name:
Sort code: Account number:
Building society reference:
* Payment by standing order (if applicable):
£
Account name:
Sort code: Account number:
Building society reference:
* Payment by standing order (if applicable):
£
Account name:
Sort code: Account number:
Building society reference:
* Payment by standing order (if applicable):

* If the standing order exceeds the income generated from the portfolio, the capital value will be depleted. Your investment manager will discuss this with you. Payments or asset transfers from your account to third parties are only permitted in limited circumstances. Generally any withdrawals of cash or assets will only be made to a bank or investment account in your own name.

DETAILS OF AUDITOR/ACCOUNTANTS

Address:
Postcode:
Email:
Telephone:
We will share information relevant to your account with your appointed auditor/accountant. If you do not consent, please tick this box.
your appointed auditor/accountant. If you do not consent,
your appointed auditor/accountant. If you do not consent, please tick this box.
your appointed auditor/accountant. If you do not consent, please tick this box. ANNUAL TAX REPORT Date of financial year end:
your appointed auditor/accountant. If you do not consent, please tick this box. ANNUAL TAX REPORT Date of financial year end:
your appointed auditor/accountant. If you do not consent, please tick this box. ANNUAL TAX REPORT Date of financial year end: MM YYYY Annual tax report to be sent to:
your appointed auditor/accountant. If you do not consent, please tick this box. ANNUAL TAX REPORT Date of financial year end: MM YYYY Annual tax report to be sent to: Principal correspondence address
your appointed auditor/accountant. If you do not consent, please tick this box. ANNUAL TAX REPORT Date of financial year end: YYYY Annual tax report to be sent to: Principal correspondence address Auditor's/accountant's address



PROFESSIONAL ADVISER

If you have an appointed adviser, please give their details below.
Name:
Name of organisation:
FCA reference number (if applicable):
Address:
Postcode:
Posicode.
Telephone number:
Adviser email address (if known):
Please note that it is our standard practice to grant online access to the organisation named above so that your financial adviser can view your portfolio(s) via our online portal. Such access may be granted to any individual adviser named above as well as other staff at their organisation who assist in the provision of their service to you so may include support and administrative staff and/

or other regulated advisers. If you have any questions about this please contact your Investment Manager.

Please tick if you would like your adviser to receive the following:

	Investment reports, valuations and transaction reports
	Annual tax report

ADDITIONAL AML REQUIREMENTS FOR THE CHARITY

Please note that for requirements marked * verification of identity for individuals will be performed electronically using the information provided on pages 2 to 4. For overseas residents, or where the identity check fails, we will ask you for certified copies of identity documentation.

Registered charity in England/Wales/Scotland - Full charity report from the relevant Charities Commission website (to include lists of trustees and classes of beneficiaries);

Or

Charity in Northern Ireland - money laundering documentation in accordance with the charity's legal form (e.g. trust, company etc) to include HMRC notification of charitable status;

Or

Unregistered charity - money laundering documentation in accordance with the charity's legal form (e.g. trust, company etc);

And

- 1. Trustees' Minute to evidence appointment of Quilter Cheviot and the authority of those operating the account;
- 2. Authorised signatory list;
- 3. Verification of the identity of the those operating the account by enclosing either passport or driving licence and utility bill or bank statement;
- 4. For charities with officers or operations in overseas locations, or an unlimited geographical remit, or that expect to make transfers to locations outside the geographical areas of its operations, the following are also required:
 - Certified copy of the constitution or governing document; and
 - *Verification of the identity of the remaining trustees. who should provide either passport or driving licence and utility bill or bank statement



CERTIFICATION REQUIREMENTS

Where we require copies of documents, please send copies certified by:

- Quilter Cheviot staff (in the ordinary course of business)
- Notary Public
- · Commissioner for Oaths
- UK/overseas solicitor
- UK barrister (not judge)
- UK licensed conveyancer
- UK/overseas certified or chartered accountant
- Banker
- · Authorised financial adviser
- Authorised mortgage broker
- Embassy, Consulate **or** High Commission of the country of issue for a non UK national
- UK Legal Executive.

The individual undertaking the certification must be currently employed in the position stated and independent of the person whose document is being certified. As well as signing, they must print their name, title, occupation and the certification date. An address should be given or an official stamp used to provide contact details if required.

The following text should be used: 'I hereby certify this is a true copy of the original document presented to me on (date) by the named holder'. If the document has a photo please include 'and that it bears a true likeness of the person described therein'.

Please note that the "wet signature" of the person undertaking the certification is required on certified copy documents. Photocopies of certified copy documents will be rejected. Certified copy documents must be legible and capable of being reproduced.

SPECIAL CATEGORY DATA

In any contact we have with you it is possible that you may disclose sensitive information to us that is described as Special Category Data (SCD) under the General Data Protection Regulation. For us to be able to capture this data and then process it to make investment decisions or otherwise manage your account in your best interest we need your explicit consent. We will not specifically ask you about all the types of SCD described below but, if you think any of them are relevant to the investment decisions we make on your behalf, then it is in your interests to inform us.

What is SCD?

SCD is more sensitive personal information about an individual; for example their race or ethnic origin, political opinions, religious or philosophical beliefs, health, trade union membership, genetics and biometrics.

We will only process SCD that you tell us about and, only then, if we believe it is relevant to the services we provide to you.

What categories of SCD do we collect?

The types of SCD that we are most likely to collect from you are listed below. We only collect this information to tailor your investment portfolio to your specific requirements (if any) or to otherwise provide our services to you as agreed. We may collect:

- information about your health; and
- information that may identify your philosophical beliefs, for example if you wish to exclude investments on ethical grounds.

Why do we collect this data?

We collect this information to ensure that we provide you with an investment service that meets your specific requirements and is most appropriate for your individual circumstances.

How do we collect the data?

When we first meet you, we will carry out a full fact-find and collect personal data that may include some SCD (as described above). We may also collect SCD during any regular review meetings or when you complete one of our application forms.

Your consent

You can withdraw your consent at any time, but if you do so, we may not be able to continue to provide you with an investment service that meets your specific requirements.



AUTHORISED SIGNATORY LIST

Name of Charity:	
The Trustees/Officers named below have authority to give	instructions with regards to the movements of the Charity's assets
to accounts in the name of the Charity including the bank a	
Full Name:	Full Name:
Signature:	Signature:
Position:	Position:
Can accept authority: Individually Jointly	Can accept authority: Individually Jointly
Full Name:	Full Name:
Signature:	Signature:
Position:	Position:
Can accept authority: Individually Jointly	Can accept authority: Individually Jointly
Full Name:	Full Name:
Signature:	Signature:
Position:	Position:
Can accept authority: Individually Jointly	Can accept authority: Individually Jointly
Please provide any restriction on authorisation:	
Date: DD MM YYYY	



ACCEPTANCE AND SIGNATURE

This form should be signed in accordance with the authorised signatory list.

Please complete, sign and date the boxes to the right to:

- (1) confirm that you agree to this application form, our terms and conditions, risk disclosures, interest information, sundry charges information and schedule of charges;
- (2) give your consent to our order execution policy and list of execution venues, and to Quilter Cheviot (or an affiliate) effecting transactions on your behalf outside a regulated market or multilateral trading facility or organised trading facility; and
- (3) give your consent to us sending notices (such as changing our terms and conditions) electronically, such as by an email attaching a document or linking to our website.

Please tick here to confirm you have received and read the Quilter Cheviot 'Understanding Your Investment Portfolio' document.
By ticking this box you consent to us collecting, processing and storing Special Category Data about you as described in this form.

PLEASE RETURN
This completed and signed application form
Termination letter to existing manager, giving Quilter Cheviot authority to accept the transfer of assets
All AML documentation as set out on pages 2 to 4
Trustee resolution or minutes of applicable meeting confirming the appointment of Quilter Cheviot and the authority of those operating the account
Trust instrument if an exempt charity
Authorised signatory list
Statement of Investment Policy

B			
Signed:			
Date:			
DD	MM	YYYY	
Print nan	ne:		
Signed:			
Date:			
DD	MM	YYYY	
Print nan	ne:		
Signed:			
_			
Date:			
DD	MM	YYYY	
Print nan	ne:		

	R
6	

Signed:

Date:

Print name:

QUILTER CHEVIOT

Senator House 85 Queen Victoria Street London EC4V 4AB

t: +44 (0)20 7150 4200 w: quiltercheviot.com Quilter Cheviot Limited is registered in England with number 01923571, registered office at Senator House, 85 Queen Victoria Street, London, EC4V 4AB. Quilter Cheviot is a member of the London Stock Exchange and authorised and regulated by the UK Financial Conduct Authority.



LEGAL ENTITY IDENTIFIER REQUEST FORM

CHARITY



You are required to obtain a Legal Entity Identifier (LEI).

Plea	ase select one of the following options:
	We already have a LEI as detailed below:
	We are applying for a LEI directly or via a different firm or agency and will promptly provide Quilter Cheviot with it once received.
	We would like Quilter Cheviot to apply for, and maintain, a LEI on our behalf via UnaVista. Please complete Part B.

FEES

We will charge the following fees if you ask us to apply for, and maintain, a LEI on your behalf.

	£	€	\$
Initial application	84	100	100
Annual renewal*	72	86	86

^{*}The annual renewal charge is subject to change.

DECLARATION

Please complete, sign and date to confirm your agreement to the following points:

- I understand that if the information provided in this form (including part B if applicable) is incorrect or incomplete, Quilter Cheviot may not be able to carry out any transactions, or otherwise provide its services to the above named entity;
- I will notify Quilter Cheviot promptly in writing if any of the information provided in this form becomes incorrect or incomplete;
- If the above named entity is applying for an LEI directly
 or via a different firm or agency, I understand that failure
 to provide Quilter Cheviot with an LEI may mean that
 Quilter Cheviot is unable to carry out any transactions, or
 otherwise provide its services to the above named entity;

- Quilter Cheviot shall not be responsible for the consequences of any incorrect or incomplete information being provided in this form (including part B if applicable), or if I do not notify Quilter Cheviot of any such information subsequently becoming incorrect or incomplete;
- If Quilter Cheviot has been requested to apply for a LEI
 on behalf of the named entity, I understand that Quilter
 Cheviot is reliant on UnaVista for the allocation of the LEI
 and that Quilter Cheviot will not be responsible for any
 delay or failure on the part of UnaVista in doing so;
- Where Quilter Cheviot has been requested to renew the LEI annually, I understand that Quilter Cheviot will only be responsible for doing so whilst the above named entity remains a Quilter Cheviot client; and
- Where applicable, I accept the charges detailed in this form and acknowledge that these will be debited from the named entity's Quilter Cheviot account once the application is made and on each relevant renewal date.

If there is anything in this form that you do not understand, or if you have any questions, please contact your Investment Manager.

SIGNED FOR AND ON BEHALF OF:

Authorised Signatory:
Name:
Position:
Date:
DD MM YYYY
Please return to:



PART B:

London Stock Exchange Plc FAO: LEI Operations Department 4th Floor 10 Paternoster Square London EC4M 7LS UK

Re: Authorisation to apply for Legal Entity Identifier (LEI)

Dear Madam or Sir,				
The below named entity is authorised to apply for an LEI on behalf of:				
	d data (annual renewal), submit the corresponding declarations of ke all necessary measures in this regard.			
Requestor Entity name -	Quilter Cheviot Limited			
Requestor Entity address -	Senator House, 85 Queen Victoria Street, London EC4V 4AB			
Requestor contact details -	Robert Russell Telephone: 020 7150 4182 Email: LEI@quiltercheviot.com			
Authorised Signatory:				
Date:				
DD MM YY	YYY			
For and on behalf of:				
First name, last name (pleas	se print):			
Email:				
Telephone:				
Position within organisation	n:			
Director	Company Secretary			
Compliance Officer	Treasurer			
Trustee	Trustee's agent			