

# Application Form

## Capital Guaranteed Growth Plan 6

### Individual and Joint Investments

This form should be completed for investments by individual or joint investors.

Please complete this form in BLOCK CAPITALS and black ink and return it to: **TTS Team, Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN**. If you need any help to complete this form please call us on **0800 028 1200**.

**For CAPB completion only**

Marketing Code

**For action by Professional Adviser only**

Master Account Number

Cater Allen

Relationship Manager

**If any information section is not completed, it will be assumed that there is no information to input.**  
**The deadline for receipt of the application and cheque to deposit is the close of business on Friday, 30th July 2010.**

**1a First/Sole Applicant's Details**

Applicant to complete

 Title Mr  Mrs  Ms  Miss  Other 

 If 'Other' please state 

Full forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

Current residential address

  
  
 Postcode

 How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

  
  
 Postcode

 How long did you live at this address?  Years  Months

Telephone

Fax

E-mail

Occupation

**1b Second Applicant's Details**

Applicant to complete

 Title Mr  Mrs  Ms  Miss  Other 

 If 'Other' please state 

Full forename(s)

Surname

Any other name you have been, or are, known by

Date of birth

Current residential address

  
  
 Postcode

 How long have you lived at this address?  Years  Months

Previous address if less than three years at address shown above (if more than one address, please provide details of all other addresses on a separate sheet)

  
  
 Postcode

 How long did you live at this address?  Years  Months

Telephone

Fax

E-mail

Occupation

**1a First/Sole Applicant's Details (cont.)** Applicant to complete

Is your country of residence the United Kingdom?

Yes  No  Please specify Nationality  Second nationality (if dual national) 

Please tick the most appropriate box below (one box must be ticked):

Employed  Self Employed  Other If 'Other' please state Name of Employer (if applicable) Employer's address (if applicable)   
  
Postcode Annual income (Gross) £ National Insurance Number  I have never had a National Insurance Number **2 Total Investment Amount** Applicant(s) to complete

The minimum total investment amount is £10,000. The maximum total investment is £1 million.

I/We wish to deposit a lump sum of £   
(whole pounds only)

Cheques should be made payable to 'Cater Allen Limited'.

Please select the option from the following list which accurately describes the source of wealth/funds:

Earned income/bonus  Retirement/Pension funds Property or business sale  Gift Shares/unit trust holdings  Inheritance Other investments If 'Other', please specify **1b Second Applicant's Details (cont.)** Applicant to complete

Is your country of residence the United Kingdom?

Yes  No  Please specify Nationality  Second nationality (if dual national) 

Please tick the most appropriate box below (one box must be ticked):

Employed  Self Employed  Other If 'Other' please state Name of Employer (if applicable) Employer's address (if applicable)   
  
Postcode Annual income (Gross) £ National Insurance Number  I have never had a National Insurance Number **3 Appropriateness** Applicant(s) to completeOnly complete this Section if you did **not** receive a personal recommendation from a Financial Adviser to invest in this product.

The questions below are designed to ensure you have fully considered all the important aspects regarding your proposed investment before deciding to go ahead.

**Experience**Have you previously invested in a structured deposit with Santander? Yes  No **Product**Do you understand that this product is not risk free, and that the guarantee that applies is only available on maturity and is dependent on the continued solvency of Santander UK plc? Yes  No **Term**Can you leave your money untouched for the full length of the investment term? Yes  No **Early encashment**Do you understand that should you need to partially or fully encash your investment before maturity, there is a risk that you will not get all your money back? Yes  No **Savings for emergencies**Have you set aside sufficient funds to maintain your standard of living should you suffer loss of capital in this Plan? Yes  No **Risk and reward**With these types of products there are minimum and maximum returns on your investment, do you understand how the final return is calculated? Yes  No **Charges**Do you understand any charges associated with your investment? Yes  No **Tax**Do you understand the personal tax implications of your investment? Yes  No **Product information**

Have you read and understood the content of the following documents and have no further queries:

- Key Features Document
- Terms and Conditions
- Term Sheets

Yes  No **No advice**You accept that by signing this declaration you did not receive any advice from Cater Allen. Yes  No

#### 4 Data Protection

Applicant(s) to read

Whether or not I/we become a customer, all the information I/we and/ or my Financial Adviser give to you Cater Allen Private Bank or you hold on me/us including transactional data, may be shared with and used by the group of companies to which Cater Allen Private Bank belongs (the Santander group), your associated companies, service providers or agents who may be located in other countries. I/We understand that you will ensure that my/our information is only used in accordance with your instructions and your own strict internal confidentiality policies. If you transfer my/our information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I/We agree that my information may be used in this way for administration purposes and to:

- Provide and run the account or service I/we have applied for and develop and improve your products and services.
- Check my/our identity to prevent financial crime. I/We understand that you may contact me/us for further information and evidence if necessary before the Plan is open.
- Invite me/us to take part in market research surveys. **If I/we would prefer not to be included in market research I/we can tick this box.**

#### I am/We are a Customer dealing directly with Cater Allen

**Private Bank.** I/We agree that Cater Allen Private Bank may identify and advise me/us by post, telephone, or electronic media (including email or SMS) of products or services, which you think may interest me/us. **If I/we would prefer not to receive up to date information on other products and services from Cater Allen Private Bank, I/we can tick the following boxes. Please do not contact me by telephone  by post  by electronic media .** **Unless I/we have indicated otherwise, by continuing with this application, I/we consent to you contacting me/us via any of the channels above.**

I/We understand that I/we may receive details of products and services from other Santander group companies, if I/we have agreed to receive marketing from them directly.

**I/We have been Introduced to Cater Allen Private Bank via an Intermediary.** I/We understand that Cater Allen Private Bank will not use my/our information for marketing purposes unless agreed with my Intermediary in advance. However, I/we understand that I/we may receive details of products and services from other Santander group companies, if I/we have agreed to receive marketing from them directly.

You will use fraud prevention and credit reference agencies to prevent fraud and money laundering. **Further details of how my/our information will be used by you and the fraud prevention and credit reference agencies are contained in clause 18 of the Terms and Conditions in the Product Guide which I/we must read before signing this application form.** Details of the fraud prevention and credit reference agencies that you use are available by telephoning your Agents on 0800 028 1200.

You may also give essential information about my/our Plan to my/our Financial Adviser and others if necessary to run my/our Plan and for regulatory purposes. If money is sent electronically (e.g. by CHAPS or telegraphic transfer) from my/our Plan I/we understand that personal information about me/us contained in the transaction may be provided to overseas authorities and the beneficiary bank in order to comply with applicable legal obligations and prevent crime. I/We accept that you may be required to supply the beneficiary bank with my/our full name, address and Plan number and that this information may reach the beneficiary intact.

Information about me/us will be kept after my/our Plan is closed. I/We understand I/we have the right to see certain records you hold about me/us on payment of a fee and that an information sheet explaining my/our rights is available from Cater Allen Private Bank, 9 Nelson Street, Bradford BD1 5AN.

#### 5 Declaration

Applicant(s) to complete

##### For all applicants

(i) I/We have read the Data Protection statement in Section 4, the Product Guide and the Capital Guaranteed Growth Plan 6 Term Sheet (including the Key Features) and I/we agree to the Terms and Conditions for this Plan and accept the terms under which my/our investments will be managed.

(ii) I/We declare that:

- I am/We are 18 years of age or over.
- I am/We are resident and ordinarily resident in the United Kingdom for tax purposes.
- I/We will inform Cater Allen Limited, if I/we cease to be so resident and ordinarily resident.
- I am/We are not, and am/are not acting on behalf of, a resident of the United States.

(iii) I/We declare that this application form has been completed to the best of my/our knowledge and belief; and I/we undertake to tell Cater Allen Limited in writing (to the address on the front page of the application form) of any changes in the information contained in this application.

First Applicant's signature

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Second Applicant's signature

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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Please note: The deadline for receipt of the application and cheque to invest is the close of business on **Friday, 30th July 2010**.

Checklist	Investor to check
Signed and completed application form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed cheque(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a new client please complete the 'Confirmation of Verification of Identity Certificate' with your Financial Adviser or provide identity verification as follows: One identification item from List 1 and a different identification item from List 2. Documents from the same source cannot be used twice. Black and white photocopies of the identification should be provided for each applicant. Please do not provide original documents due to the dangers of postal interception and fraud – this is for your own protection.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>List 1</b>	
<b>Identification Type</b>	
Current signed Passport	
Current UK old style Driving Licence (not Provisional)	
Current UK Photocard Driving Licence (including Provisional)	
EEA or Swiss National Identity Card	
Firearms Certificate or Shotgun Licence	
Northern Ireland Voters Card	
Notification of entitlement to state or local authority pension/tax credit/grant*	
<b>List 2</b>	
<b>Identification Type</b>	
Current signed Passport	
Current UK old style Driving Licence (not Provisional)	
Current UK Photocard Driving Licence (including Provisional)	
EEA or Swiss National Identity Card	
Firearms Certificate or Shotgun Licence	
Northern Ireland Voters Card	
Notification of entitlement to state or local authority pension/tax credit/grant*	
HMRC Coding/Assessment/Statement/Tax Credit/Correspondence*	
Bank Statement (not internet printed)**	
Mortgage Statement from a recognised lender*	
Credit Card Statement (not internet printed)**	
Utility Bill or Statement (not mobile phone, satellite/cable TV or internet printed bills)**	
Local Authority Council Tax Bill/Demand Letter*	
Local Council Rent Card or Tenancy Agreement*	
Correspondence from DWP confirming Benefits or Pension*	
Instrument of Court Appointment e.g. Probate or Court Registered power of Attorney	
* Must be the most recently issued document and less than 12 months old	
** Must be the most recently issued and less than 3 months old (except water bills – less than 12 months old)	

6 Financial Adviser Details	IFA to complete
<b>The details below must be completed to ensure your commission is paid.</b>	
Name of regulated firm	<input type="text"/>
Address of regulated firm	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
FSA number	<input type="text"/>
Full name of Financial Adviser	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>
<b>Service provider/networks</b>	
Are you an Appointed Representative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so please specify Network	<input type="text"/>
FSA number of Network, if known	<input type="text"/>
Are you directly regulated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so please specify Service Provider if you use one	<input type="text"/>
IFA commission of 3% of the gross investment amount will be paid at the start of the plan. If less than the maximum IFA commission is to be paid, the difference will be used to enhance the allocation of the investment. If less commission is to be paid to your firm, please indicate the % to be paid.	<input type="text"/> %
Details of where commission is to be paid	
Name of bank	<input type="text"/>
Address of bank	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Account name	<input type="text"/>
Sort Code	<input type="text"/>
Account No	<input type="text"/>

Cater Allen Private Bank is able to provide literature in alternative formats. The formats available are: Large Print (as recommended by RNIB), Braille, Audio Tape and PC Disk. If you would like to register to receive correspondence in an alternative format please contact us on 0800 028 1200. For the hard of hearing and/or speech impaired please use the Typetalk service via 18001 0800 028 1200.

Cater Allen Private Bank is the name used for banking services provided by Cater Allen Limited. Registered Office: 2 Triton Square, Regent's Place, London, NW1 3AN. Registered in England number 383032. Authorised and regulated by the Financial Services Authority, except in respect of its consumer credit products for which Cater Allen Limited is licensed and regulated by the Office of Fair Trading. FSA registration number 178737. Cater Allen Limited is part of the Santander group. Cater Allen and the flame logo are registered trademarks. All deposits held with Cater Allen Private Bank are fully and unconditionally guaranteed by Santander UK plc. Calls may be recorded or monitored. www.caterallen.co.uk. Telephone 0800 028 1200.

www.caterallen.co.uk/structuredproducts

# Confirmation of Verification of Identity (Private Individual)

Introduction by an FSA-Regulated Firm

**IFA to complete**

## 1 Details of Individual (see explanatory notes below)

Full forename(s) of customer

Surname

Current address

  
  
 Postcode

Previous address if permanent residential address has changed in the last three years

  
  
 Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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## 2 Confirmation

I/We confirm that

- (a) the information in Section 1 above was obtained by me/us in relation to the customer;
- (b) the evidence I/we have obtained to verify the identity of the customer (tick only one):

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signature

Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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## 3 Details of Introducing Firm (or sole trader)

Full name of regulated firm (or sole trader)

FSA reference number

## Explanatory Notes

- A separate confirmation must be completed for each individual customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved, e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
- This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
  - those whose identity has been verified using the source of funds as evidence.
- This confirmation must carry an original signature, or an electronic equivalent.

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