

Execution Only Personal Account Application Form

In order to establish and operate your account with us, we would ask you to please:

1. Complete the enclosed Application Form and provide the requested additional documents. For your convenience, we have attached a checklist below. Please contact your Cantor Relationship Manager for clarification or assistance if you are unsure. You may also wish to obtain independent advice prior to completing the form.
2. Consider your answers carefully. In assessing the appropriateness of your investments, we naturally rely on the information you provide us.
3. Once you receive your client account number and if you intend to purchase investments, transfer funds electronically in advance of any purchase to our custodian Pershing Securities International Limited, quoting your Cantor client account number.

Euro Bank Details

Bank Name: Barclays Bank Ireland
Account Name: Pershing Securities International Limited Client Asset Account – Hub Account
Sort Code: 990212
Account No: 45525315
BIC: BARCIE2D
IBAN: IE10BARC99021245525315
Reference: Client Name and Cantor Client Account Number (starting with DS)

Please note that unfortunately any monies sent without your Cantor client account number will have to be returned to you.

ACCOUNT SET UP CHECKLIST:

- I/We have completed the attached application form in full and have signed and dated.
- I/We have completed the attached CRS/FATCA form and have signed and dated.
- I/We have attached a current (in date) copy of my/our ID (Passport/Driving License) certified by a Garda, solicitor, or Cantor member of staff.
- I/We have attached a bank statement issued in the last 6 months with the same address and IBAN that matches that provided on the application form.
- I/We have attached a certified bill/or original copy of a bill issued in the last 6 months with the same address as provided on the application form, being one of:
 - Gas, electricity, phone or motor/home insurance certificate, tax certificate OR
 - Social Insurance document or Revenue Commissioners document

A list of permissible Anti Money Laundering documents can also be found on our website cantorfitzgerald.ie

Queries/Advice Call your Financial Advisor or your Cantor Fitzgerald Relationship Manager:
 DUBLIN: +353 1 633 3800. CORK: +353 21 422 2122. LIMERICK: +353 61 436 500
 Email queries to Client Services at ireland@cantor.com

1. Beneficial Owner(s) Details (PLEASE USE BLOCK CAPITALS)

APPLICANT

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

PPS Number

Date of Birth

Country of Residence

Nationality

JOINT APPLICANT (If applicable)

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

PPS Number

Date of Birth

Country of Residence

Nationality

2. Contact Details (PLEASE USE BLOCK CAPITALS)

APPLICANT

Home Address

Home No.

Mobile No.

Office No.

Email *

JOINT APPLICANT (If applicable)

Home Address

Home No.

Mobile No.

Office No.

Email

**This will be the lead email for account communications. An email address is required to open an account.*

3. Bank Details (PLEASE USE BLOCK CAPITALS)

Bank Name

Bank Address

Account Name

IBAN*
 BIC

**These details will be on your bank statement. Please ensure the bank statement provided as part of your identity verification matches the IBAN provided above.*

4. Source of Wealth/Funds

Please indicate how your overall wealth was accumulated.

You can indicate more than one option.

- Personal Savings
- Inheritance
- Equity/Fund Investment
- Property Investment
- Sale of Business
- Pension Fund
- Redundancy
- Other: If other please specify:

Please indicate the source of your initial transfer to Cantor.

You can indicate more than one option.

- Bank Account
- Transfer from other Investment Provider
- Pension Fund
- Other: If other please specify:

5. Knowledge & Experience (PLEASE USE BLOCK CAPITALS)

Please indicate in what capacity or service level you gained any knowledge and experience in financial markets:
(You can select more than one option if applicable)

- Execution Only:** You made all the decisions without professional advice; only market information and updates
- Advisory:** You made all the decisions with the benefit of advice from a financial advisor
- Discretionary:** You agreed account parameters and allowed an investment advisor to make decisions on your behalf without reverting to you

Please indicate your investment experience in relation to the following Financial Instruments:

None: You have no knowledge or experience investing in financial markets.

Limited You have some knowledge and experience of financial markets but limited actual trading history.

Good: You have reasonable knowledge and experience of financial markets and have traded over a number of years.

Extensive: You have good knowledge and experience and have traded consistently over the last number of years.

FINANCIAL INSTRUMENTS	KNOWLEDGE				EXPERIENCE	
	NONE	LIMITED	GOOD	EXTENSIVE	EXPERIENCE (No of Years)	TYPICAL NUMBER OF TRADES PER ANNUM
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Exchange Traded Funds (ETFs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Structured Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corporate Finance Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CFDs or Other Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

If you have indicated Limited/Good/Extensive Knowledge and Experience but have no history of transacting, please indicate how you have attained this knowledge/attained your years experience?

Relevant Professional Qualification or Experience

Do you have a relevant professional qualification? Yes No

Please list qualification(s)

Do you work as investment manager/advisor OR in Financial Services? Yes No

If yes, please provide your title

Are you a member of a relevant financial services professional body? ('i.e. ACOI, LIA, IOB, etc.) Yes No

If yes, please list the professional body

6. Target Market and Publications

Your Stated Investment Interests and Our Publications

You would like to receive the publications ticked below from our publication list and are interested in learning more about or reviewing or considering the investment types covered within these selected publications.

- Daily Market Updates:** Equity, Bond, and Macro Economic developments
- Weekly Trader:** Financial Market outlook and Equity/ETF and Bond reviews
- Monthly Talking Points Newsletter:** The latest on our services and products including structured products, funds, wealth management services and products
- Structured Products:** Details on our latest capital guaranteed or contingent capital (at risk) products
- Corporate Finance Investments:** Details on our EIS, Loan Note, and Private Equity products

7. Further Information/Special Requirements

Cantor will endeavour to accommodate the needs of clients who may have certain requirements or vulnerabilities. This is to ensure we provide an appropriate level of care to you.

Please inform us if there is any additional information you would like us to consider in order to better service you.

8. Acknowledgement

By signing this account application form, I/we hereby acknowledge that:

1. I/We have carefully read and understand the terms of the below listed documentation which I/we have had an opportunity to consider and I/we agree that I/we will be bound by all terms and conditions outlined in the these documents:
 - a) Personal Account Application Form
 - b) Execution Only, Retail Client Terms and Conditions booklet
2. The information provided in this Personal Account Application Form reflect a complete and accurate record of all information relevant and necessary to allow Cantor to provide an Execution Only service to me/us.
3. Cantor will arrange for a nominee account to be opened with Pershing Securities International Limited on my/our behalf.
4. I/We have been presented with and have had the opportunity to consider the Client Asset Key Information Document (CAKID) and I/we have carefully read, understand, and acknowledge the arrangements Cantor have in place for holding client assets and the risks associated with them.
5. I/We have been informed of all fees, commissions, and charges applicable to my/our account.
6. Electronic Communications

By opening an account with Cantor Fitzgerald Ireland, I/we consent to the electronic delivery of communications and documentation through Cantor's online portal including my/our personal details, account information, transactions, documents and communications.

If you do not want documentation issued to you electronically please tick the box below:

I/We wish to receive all communications and documentation in paper format.

Please note if you choose NOT to avail of electronic communications through our online portal charges may be incurred for paper documentation. These charges will be deducted from your account. Please see our rate card for further details.

You may receive periodic documentation in paper format not related to this consent.

7. The information provided in section 7 above will be used to enhance our service to you. Please note that any personal data provided will be processed in accordance with our Data Privacy Policy.

APPLICANT SIGNATURE

Print Name

Date Signed

JOINT APPLICANT SIGNATURE

Print Name

Date Signed

How we use your Personal Information

We collect your personal information to conduct your account opening process and to manage your account. We process your data in line with our privacy policy. For further information outlining the purposes for which personal data is collected, used, disclosed, how long it is kept, and the legal basis for processing your data, please visit <https://cantorfitzgerald.ie/privacy/>

Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

SECTION 1: Account Details

1(a): Personal Details:

APPLICANT

Title Mr Mrs Ms Miss Other

Forename(s)

Surname

Residential Address

JOINT APPLICANT

Title Mr Mrs Ms Miss Other

Forename(s)

Surname

Residential Address

SECTION 2: Declaration of Tax Residency

Name of Person	Country of Tax Residency(List all)	Tax ID Number (TIN)	If TIN not available, please indicate reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: Declaration and Undertakings

- (a) I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.
- (b) I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information under the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).
- (c) I/We certify that I/we am/are the Account Holder (or am/are authorised to sign for the Account Holder) of all the account(s) to which this form relates.
- (d) If there is a change in circumstances that affects the tax residence status of the Account Holder or causes the information contained herein to become incorrect or incomplete, I/we understand that I/we am/are obligated to inform Cantor Fitzgerald Ireland of the change in circumstances within 30 days of its occurrence and to provide a suitably updated CRS or FATCA self-certification.

Client Acceptance

APPLICANT SIGNATURE

Print Name

Date Signed

JOINT APPLICANT SIGNATURE

Print Name

Date Signed

ALL RELEVANT SECTIONS MUST BE COMPLETED