# **Certificated Dealing Application Form**

# PILLING & Co

## **INSTRUCTIONS**

Please complete this form using BLOCK CAPITALS in black ink.

Send signed paper forms, identification documentation and a cheque if required to:

Pilling & Co, Henry Pilling House, Booth Street, Manchester, M2 4AF.

Send signed scanned / photographs (all pages of the form) to: <a href="mailto:info@pilling.co.uk">info@pilling.co.uk</a> or your usual Pilling contact.

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PERSONAL DETAILS		
Title	First Name(s)(in full)	
Surname	Existing Pilling Account Number	
Date of Birth / /	National Insurance Number	
Permanent Residential Address		
	Postcode	
Primary Telephone	Secondary Telephone	
Email Address <sup>1</sup>		
<sup>1</sup> If you have provided an email address, your account receive an email with instructions to activate your of the sound of the sound in the sound i		
IDENTIFICATION		
Please provide two different forms of identification,	one from List A, and a second from either list:	
<ul> <li>List A</li> <li>Valid full UK Passport <sup>2</sup></li> <li>Valid full UK Driving Licence <sup>2</sup></li> <li>Recent evidence of entitlement to a State or Local Authority-funded Benefit</li> <li>HMRC Demand / Statement / Notification</li> </ul>	<ul> <li>List B</li> <li>Current Council Tax Demand letter or Statement</li> <li>Current Bank Statement <sup>3</sup></li> <li>Current Credit/Debit Card Statement <sup>3</sup></li> <li>Utility Bill from the last three months <sup>3</sup></li> </ul>	
<sup>2</sup> Certified copies are acceptable and must be prepared by a Bank, Solicitors or Post Office.	<sup>3</sup> Not printed from internet.	
BANK DETAILS		
Please provide your bank details below.		
Account Name		
Account Number	Sort Code	

FUNDS	
How would you like to provide funds? (please all that apply)	
☐ I enclose a cheque made payable to 'Pilling & Co'.	
$\square$ I have/will make a bank transfer payment for £ to fund this service 4.	
<sup>4</sup> Payments should be made payable to: HSBC Bank / Pilling & Co Client Free Money / Account Number: 83692450 / Sort Code: 40-05-30 Please use your client account number as reference, or your name if you are a new client.	)
Source of Funds (i.e. employment, pension, asset sales etc.)	
I expect to trade times per week/month/quarter/year (please delete as appropriate)	
INVESTMENTS	
For your funds to be invested straight away, please write below your investment choice(s) and the amoun be put into each stock/security.	t(s) to
Name of Stock/Security Quantity or Value (£)	KID 5
	Ш
For Investment Trust purchases investors must confirm that they have read the Key Information Docum (KID) before we can proceed with the investment. Please tick to confirm you have read the KID.	ent
NON-UK RESIDENCY	
I confirm that I am not a US person, resident or green card holder. If you are resident for tax purposes in a c other than the UK <sup>6</sup> please tell us here:	ountry
<sup>6</sup> UK in this definition excludes Isle of Man, Jersey, Guernsey, Gibraltar and other Crown dependencies.	

continue overleaf...

### **DECLARATIONS**

- ✓ To the best of my knowledge, the information provided in this form is accurate. I will inform Pilling & Co of any changes that may affect this information.
- ✓ I have read, understood, and agree to the terms of this service as outlined in the General Terms & Conditions of Business. I acknowledge that these terms may be updated to reflect regulatory changes.

### **AUTHORISATIONS**

I authorise Pilling & Co Stockbrokers Ltd:

- ✓ To temporarily hold my cash, interest, dividends, and any other rights or proceeds from those investments and any other cash.
- ✓ To temporarily deposit certificated stocks / securities and hold them in CREST, in the name of St Anns Square Nominees Limited in order to complete my instruction(s).

PLEASE SIGN HERE		
Name	Signature	Date//

**Please Note:** For us to accept instructions on this account from a third party (*e.g. spouse, partner etc.*) please enclose a third party authority form with this form, unless a third party authority is already in place.

