

Section 5 Discretionary Fund Manager Details (if applicable)

Firm Name	<input type="text"/>		
Registration Number	<input type="text"/>	Address	<input type="text"/>
Regulatory Body	<input type="text"/>		
Principal Contact	<input type="text"/>	Post Code	
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>

Section 6 Scheme Fees

s615(6) LIMITED

Initial Fees	<input type="text" value="0.00 %"/>	or	<input type="text" value="£ Nil"/>	Annual Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>
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PITMANS TRUSTEES LIMITED

Initial Fees	<input type="text" value="0.00 %"/>	or	<input type="text" value="£ Nil"/>	Annual Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>
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PLATFORM ONE LIMITED

Initial Fees	<input type="text" value="0.00 %"/>	or	<input type="text" value="£ Nil"/>	Annual Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>
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FINANCIAL ADVISER

Initial Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>	Annual Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>
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DISCRETIONARY FUND MANAGER

Initial Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>	Annual Fees	<input type="text" value=" %"/>	or	<input type="text" value=" £"/>
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Section 7 Employer declaration

As Employer we hereby appoint the Trustee indicated above to act as Trustee of a S615(6) Scheme ("the Scheme") for the benefit of the members of the Scheme ("the Members") and agree to their terms of business supplied with this application form.

We, the Employer, request that the benefits arising from both contributions and/or transfer values be provided for the benefit of the Members within the Scheme and in consideration of its acceptance we undertake to be bound in all respects by the rules of the Scheme in force from time to time.

A Trust Deed has been issued with this application, which the Employer will be required to sign to set up the scheme on irrevocable trusts.

We hereby confirm that membership to the Scheme will only be offered to employees who are eligible to join the Scheme. We further confirm that the employees qualify to receive contributions in accordance with the Scheme Rules and that we will pay contributions to the Scheme as shown in this application and separate contribution schedule.

We hereby confirm that we will notify the Trustee when an Employee no longer qualifies to receive contributions in accordance with the Scheme Rules.

We understand that the range/scope of investments permitted under the Scheme may be altered by Statute or by any changes in the interpretation of any Statute. In the event that any investment held in the Scheme no longer qualifies as a permitted investment then the Trustee will give all necessary instructions for such an investment to be disposed of following notification of non-compliance.

We authorise the appointments of;

- The Financial Adviser indicated above as our Financial Adviser to provide the risk assessment and personal identity verification for each Member of the Scheme. The Financial Adviser will be responsible for all statutory and other documentation to be provided to both the Employer and Members.
- The Discretionary Fund Manager (if applicable) indicated above to provide asset allocation advice to the Scheme in accordance with the risk profile supplied by the Financial Adviser from time to time.
- Platform One Limited to provide custody of assets and trading account administration for the investments made by the Discretionary Fund Manager.
- S615(6) Limited to provide guidance to the Trustee in relation to HMRC policy and legislation for S615(6) Schemes.

We agree to the remuneration of each of the above appointed firms as set out in the 'scheme fees' section 6 on page 2.

We understand that legislation may change in the future and the tax advantages as an Employer or for the Members may be changed by HMRC or UK legislation at any time in the future or in the country that the employee is seconded to. For the avoidance of doubt we confirm that the Trustee has not provided any tax or financial advice.

We declare that to the best of our knowledge and belief the statements made in all sections of this application (whether in handwriting or not) are true and complete.

We have read and understood the declarations set out above and accept their terms.

Data Protection

I understand that the personal information provided to the Trustee will be processed in accordance with the Data Protection Act 1998.

I agree that employee personal information may be used for the administration of the S615(6) Scheme and for business analysis. I understand that, if necessary, the Trustee will pass employee details to regulatory authorities or other parties as may be required by law or to provide verification of employee identity.

I also agree to employee personal information being passed to:

- Such of the scheme trustee advisers as I notify to the Trustee.
- Such other third parties as may be necessary in connection with the provision and administration of the S615(6) scheme, including the Trustee's professional advisers.

Section 8 Signatures

Signature on behalf
of the company

Position

Date

Full Name

Signature on behalf
of the company

Position

Date

Full Name