

# Share Plan Application Form

## Mandatory fields marked with\*

To open a Witan Wisdom Share Plan please complete and sign this application form and return it to Witan Wisdom, PO Box 10550, Chelmsford CM99 2BN. Please read this form in conjunction with the Witan Wisdom Key Features & Terms and Conditions. If you already have a Witan Wisdom account, please advise us at the end of Section 1.

### 1. Your personal details – please use CAPITALS

Your title\* Mr  Mrs  Miss  Ms  Other title

Your last name\*

Your first name\*

Email address

Mother's maiden name\*  
(This is required for security purposes)

Your date of birth\*

Your permanent home address\* House Number  Postcode

Address details

Daytime telephone number\* (please include extension number if appropriate)

Place of birth

Nationality

If you are an existing Witan Wisdom customer please enter your account number:

Please note all correspondence will be sent to the first named account holder.

### 2. Joint applicant details (if applicable)

Your title Mr  Mrs  Miss  Ms  Other title

Your last name

Your first name

Email address

Mother's maiden name

Your date of birth

Your permanent home address House number  Post code

Address details

Daytime telephone number (please include extension number if appropriate)

Place of birth

Nationality

### 3. IFA (Independent Financial Adviser) Use Only

IFA FSA code

Initial Commission  % (0% or 3%)

4. Banking details – Please complete this so we can make payments direct to your bank account

Name(s) of account holders(s)\*

Name of bank/building society\*

Branch sort code\*  Bank/building society account number\*

5. Your preferences\*

- I would like dividends to be: Reinvested  or Paid out  (to my nominated bank account)
- I would like to receive the Annual and Half Year Reports: By post  By email notification

6. Your instructions\*

Stock name in full\*

Value £  Lump Sum Value £  Regular Sum

---

Stock name in full\*

Value £  Lump Sum Value £  Regular Sum

---

**Total Value £**  **Lump Sum** (Minimum £500)  **Regular Sum** (Minimum £100)

Please include a cheque for this amount made payable to Witan Wisdom Client a/c. Your bank account will be debited on the 15th day of the month or next working day thereafter.

**For Regular Sum** – Please advise frequency of payments required: Monthly  or Quarterly

7. Direct Debit Details – Please complete this to set up regular payments (must be same as section 4)

<b>Witan Investment Services Limited</b>		<b>Instruction to your bank or building society to pay by Direct Debit</b>			
Please fill in the form and send to: Witan Wisdom, PO Box 10550, Chelmsford CM99 2BA.					
<b>Name and full postal address of your bank or building society</b>					
To: The Manager		Bank/building society			
Address					
Postcode					
<b>Name(s) of account holder(s)</b>			<b>Service user number</b>		
<input type="text"/>			<input type="text" value="698441"/>		
<b>Branch sort code</b>			<b>Bank/building society account number</b>		
<input type="text"/>			<input type="text"/>		
<b>Signature(s)</b>			<b>Reference</b>		
<input type="text"/>			<input type="text"/>		
<b>Date</b>			<b>Instruction to your bank or building society.</b>		
<input type="text"/>			Please pay Witan Investment Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Witan Investment Services Limited and, if so, details will be passed electronically to my bank/building society.		
Banks and building societies may not accept Direct Debit Instructions for some types of account.					
DDI5					

8. Declarations\*

**I/we declare that**  
 I am/we are over 18 years of age and wish to open a Witan Wisdom Share Plan as indicated in this application form.  
 I/we agree to be bound by the Witan Wisdom Key Features & Terms and Conditions which form part of this application form.  
 I/we have retained a copy of the Witan Wisdom Key Features & Terms and Conditions for my/our own records.  
 I/we permit Witan Investment Services Limited to submit the data provided by me/us in this application to Experian or any other third party used by Witan Investment Services Limited for the purposes of database searching to verify my/our identity and prevent fraud. A record of the search will be retained.

<b>Signature*</b>	<b>Date*</b>
<input type="text"/>	<input type="text"/>
<b>Joint applicant (if any) Signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

I/we agree Witan Investment Services Limited may also contact me/us about other services and products which may be of interest. (If you do not want to be contacted, you can write to us at any time).

**I/we do not want to be contacted**  (please mark a cross in the box)