

## Overseas Resident Trading Account Application Pack

Thank you for choosing to open a Computershare Trading Account. Should you have any queries about completing your account application, please contact our Customer Services Team on +44 (0) 870 707 1606.

### Completing your Application

There are four separate forms in this pack, the instructions below advise you which forms you should complete and return to us.

- 1. Overseas Resident Trading Account Application Form**  
**ALL applicants must complete the two-page form.**
- 2. Confirmation of Verification of Identity – EU Residents**  
**Required for ALL EU Residents. To be completed and verified by an EU Regulated Financial Services Firm.**
- 3. Confirmation of Verification of Identity – Non-EU Residents**  
**Required for ALL Non-EU Residents. To be completed and verified by a non-EU Regulated Financial Services Firm.**
- 4. W-8BEN Form**  
**Only complete this form if you wish to trade in US Securities.**

Before completing your application, please ensure you have read our Terms of Service, available to download from [www.computershare-sharedealing.co.uk](http://www.computershare-shared dealing.co.uk)

Please then print off the forms that are relevant to you, and ensure they are signed, verified and completed in full before returning them to us at:

**Computershare New Account Applications  
Exchange Court  
Duncombe Street  
Leeds  
LS1 4AX  
UK**

# Overseas Resident Trading Application Form

If your permanent residential address is outside the UK, please use this form and the enclosed Verification of Identity form to apply for a Trading Account.

## How to complete this form: Please use BLOCK CAPITALS. All sections are mandatory

- Please complete and return this form and the relevant Verification of Identity form and endorsed copies of two forms of identity documentation (please see section 2), Note the Verification of Identity form must be completed by a Regulated Financial Intermediary.
- Please read the Computershare Investor Services Plc Customer Terms of Service before completing the form and ensure that you sign (X) and date the Declaration in section 5.
- Should you require any help completing this form, please do not hesitate to call us on +44 870 707 1606.
- If you are an existing Computershare Investor Services Plc customer, please enter your Customer Account Number here:

## 1 About yourself

### First applicant details

Title	<input type="text"/>
Forename	<input type="text"/>
Middle name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>
Nationality	<input type="text"/>
Country of residence	<input type="text"/>
Mother's maiden name	<input type="text"/>
Home phone no. inc std	<input type="text"/>
Work phone no. inc std	<input type="text"/>
Mobile phone no.	<input type="text"/>
Email address <sup>†</sup>	<input type="text"/>
Tax Identification No.*	<input type="text"/>

\*If this is not known, please complete the following

Place (Town & Country) of birth	<input type="text"/>
Country of Taxation **	<input type="text"/>
National Insurance No. (if applicable)	<input type="text"/>

\*\*For the applicant making the application.

### First applicant address

<input type="text"/>	Postcode
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Residence Type	Homeowner – owned outright	<input type="checkbox"/>
	Homeowner – subject to mortgage	<input type="checkbox"/>
	Tenant <input type="checkbox"/>	Living with relatives <input type="checkbox"/>
Time at current address	Years <input type="text"/>	Months <input type="text"/>

### Employment status (please tick as appropriate)

#### First applicant

<input type="checkbox"/> Full time employment	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Part time employment	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Self employed	<input type="checkbox"/> Student
<input type="checkbox"/> Retired	<input type="checkbox"/> Armed Forces

Employer's name

### Joint applicant details

Title	<input type="text"/>
Forename	<input type="text"/>
Middle name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>
Nationality	<input type="text"/>
Country of residence	<input type="text"/>
Home phone no. inc std	<input type="text"/>
Work phone no. inc std	<input type="text"/>
Mobile phone no.	<input type="text"/>
Email address <sup>†</sup>	<input type="text"/>
Tax Identification No.*	<input type="text"/>

\*If this is not known, please complete the following

Place (Town & Country) of birth	<input type="text"/>
Country of Taxation **	<input type="text"/>
National Insurance No. (if applicable)	<input type="text"/>

Please tick this box if you would like to receive news and email information on other products and services offered by Computershare Investor Services Plc of other members of its Group of companies by email or SMS. You may unsubscribe from this service at any time by contacting us on +44 870 707 1606.

### Joint applicant address

<input type="text"/>	Postcode
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Residence Type	Homeowner – owned outright	<input type="checkbox"/>
	Homeowner – subject to mortgage	<input type="checkbox"/>
	Tenant <input type="checkbox"/>	Living with relatives <input type="checkbox"/>
Time at current address	Years <input type="text"/>	Months <input type="text"/>

#### Joint applicant

<input type="checkbox"/> Full time employment	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Part time employment	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Self employed	<input type="checkbox"/> Student
<input type="checkbox"/> Retired	<input type="checkbox"/> Armed Forces

Employer's name

**Employer's address**

Postcode
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No. of years in current employment

YY / MM
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**Employer's address**

Postcode
----------

No. of years in current employment

YY / MM
---------

**2 Identification and Status Verification (ALL applicants to complete this section).**

Documents – Please submit with your application, the Verification of Identity form which must be completed by a regulated EU or equivalent Financial Intermediary, for example your bank. Please note that the bank's sort code must be clearly visible when the documentation is stamped. The Intermediary must also copy and endorse the two forms of identification, which you are required to submit, one of which must be your passport or driving licence (with photo). Please do not submit original identification documentation. Sending these documents separately will delay your application.

**Bank/Building Society details**

	First Applicant		Joint Applicant
Bank/Building Society	<input style="width: 100%;" type="text"/>	Bank/Building Society	<input style="width: 100%;" type="text"/>
Branch	<input style="width: 100%;" type="text"/>	Branch	<input style="width: 100%;" type="text"/>
Account holder name	<input style="width: 100%;" type="text"/>	Account holder name	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	Account number	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
Sort code	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	Sort code	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>

**3 Setting up Your Account:****Holding your shares electronically – Nominee Service**

Your Trading Account will feature a Nominee Service, which means your shares will be held electronically, The Cash Management Service (CMS) Account is directly linked to your Trading Account, so as you trade, any related funds are automatically debited or credited to your account. Should you wish to access your account online call us on +44 (0)870 707 1606. Your login password will be sent via the post. Please tick this box  to receive administration messages by post, alternatively they will be received electronically

**Existing Share Holdings**

To transfer any existing certificated share holdings to your new account, please complete the details below. Once we have received this information, we will send the necessary transfer forms for you to check, sign and return to us with your share certificate(s).

Please do not send any share certificates now. Continue on an additional sheet of paper if necessary.

Name(s) as shown on the share certificate	Name of stock and type (please enter full company name eg. Marks & Spencer PLC, followed by the type of security eg. Ord 25p)	No. of shares to transfer	No. of shares on certificate	Original purchase price per share
				£
				£
				£

Note: The information entered here must be exactly the details on the share certificate(s) and the company's register. If the certificate holder's name is spelt incorrectly, please give the incorrect spelling. The owner of this Nominee Account must be the same holder of the share certificate(s) being transferred.

**4 Funding your account**

Please specify your preferred funding option from the list below.

Stock transfer     Stock deposit     Cheque payment (minimum £100)

I enclose a cheque for £

Please make your cheque payable to Computershare Investor Services Plc.

**5 Declaration (please read and sign this section)**

To open a Computershare Investor Service Plc Account and receive Banking Services all applicants must read and complete the relevant sections below. Before signing the Declaration you should ensure that you have read and understood the Computershare Investor Services Plc Customer Terms of Service.

- I/We confirm that I/we have read and understood the Computershare Investor Services Plc Customer Terms of Service, and agree to be bound by their terms.
- I/We confirm that I/we have read and consent to the use of my/our personal information as set out in clause 20 of the Computershare Investor Services Plc Customer Terms of Service.
- I/We understand that by submitting this form, I am/we are indicating my/our consent to receiving marketing information as set out in clause 20.2 of the Computershare Investor Services Plc Customer Terms of Service unless I/we have indicated an objection to receiving such information by ticking the following box.  
**First applicant**       **Joint applicant (if applicable)**
- I/We confirm that I am/we are 18 years of age or over and agree that the information in this form is true and correct to the best of my/our knowledge and beliefs.
- I/We will undertake to notify you promptly of any changes to the details supplied.
- I/We confirm that this Account is not to be used for or on behalf of anyone other than the applicant(s), without disclosure to Computershare Investor Services.

**First applicant signature**

**Joint applicant signature**

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Date 

D	D	M	M	Y	Y	Y	Y
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# Confirmation of Verification of Identity

## Private Individual

### Verified by an EU Regulated Financial Services Firm

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

Forename(s)

Surname

Current address

  

Postcode

Previous address if individual has changed address in the last three years

  

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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#### 2 Confirmation (to be completed by a member of the verifying firm)

I/we confirm that

- the information in section 1 above was obtained by me/us in relation to the customer;
- the evidence we have obtained to verify the identity of the customer meets the requirements of our national money laundering legislation that implements the EU Money Laundering Directive, and any relevant authoritative guidance provided as best practice in relation to the type of business or transaction to which this confirmation relates;
- where the underlying evidence taken in relation to the verification of the customer's identity is held outside the UK, in the event of any enquiry from UK law enforcement agencies or regulators, copies of the relevant customer records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

Signed

Name

Position

Date

D	D	M	M	Y	Y	Y	Y
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#### 3 Details of Verifying Firm

Full name of regulated firm

Jurisdiction

Name of regulator

Regulator reference number

Regulated firm's stamp

#### 4 Explanatory Notes

- A separate confirmation must be completed for each 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 adoption of our national legislation that implements the EU Money Laundering Directive; or
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the EU Money Laundering Directive.
- This confirmation must carry an original signature, or electronic equivalent.

#### 5 Before returning the form

Before you return the Confirmation of Verification of Identity form, please ensure the sections above have been completed by a regulated UK/EU or equivalent registered financial intermediary who at the time of completion has also certified one of the following for proof of address and proof of identity:

##### Proof of Address

A certified copy of the original (dated within the last 6 months):

Bank statement

Public utility bill

##### Proof of Identity

A certified copy of the original:

Driver's licence (with photograph)

Passport

# Confirmation of Verification of Identity

## Private Individual

### Verified by a Non-EU Regulated Financial Services Firm

(which the receiving firm has accepted as being from an equivalent jurisdiction)

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

Forename(s)

Surname

Current address

  

Postcode

Previous address if individual has changed address in the last three years

  

Postcode

Date of birth

#### 2 Confirmation (to be completed by a member of the verifying firm)

I/we confirm that

- the information in section 1 above was obtained by me/us in relation to the customer;
- the evidence we have obtained to verify the identity of the customer meets the requirements of our local law and regulation.
- where the underlying evidence taken in relation to the verification of the customer's identity is held outside the UK, in the event of any enquiry from UK law enforcement agencies or regulators, copies of the relevant customer records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

Signed

Name

Position

Date

#### 3 Details of Verifying Firm

Full name of regulated firm

Jurisdiction

Name of regulator

Regulator reference number

Regulated firm's stamp

#### 4 Explanatory Notes

- A separate confirmation must be completed for each 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 adoption of our national legislation that implements the EU Money Laundering Directive; or
  - those whose identity has not been verified by virtue of the application of a permitted exemption under the EU Money Laundering Directive.
- This confirmation must carry an original signature, or electronic equivalent.

#### 5 Before returning the form

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##### Proof of Address

A certified copy of the original (dated within the last 6 months):

Bank statement

Public utility bill

##### Proof of Identity

A certified copy of the original:

Driver's licence (with photograph)

Passport

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

> **For use by Individuals only**  
 > Section references are to the Internal Revenue Code  
 > For additional information on the completion of this form see the instructions  
 > An original completed form must be returned to us (faxes are NOT acceptable)  
**General Instructions – This form may be completed only by or for a non resident alien individual. If you are a U.S. citizen or an alien resident in the United States for tax purposes, do not use this form. Instead use Form W-9.**

**PART 1: IDENTIFICATION OF BENEFICIAL OWNER (see instructions)**

1. Name of individual that is the beneficial owner	2. Country of incorporation or organization
	<b>NOT APPLICABLE</b>

3. Type of beneficial owner:

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Complex trust
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Government
<input type="checkbox"/> Partnership	<input type="checkbox"/> Estate	<input type="checkbox"/> International organization		

4. Permanent residence address (street, apt or suite no.) **DO NOT USE A P.O. BOX OR IN CARE OF ADDRESS**

City or town, state province (include postcode where appropriate)

Country (do not abbreviate)

5. Mailing address (if different from your permanent residence)

City or town, state or province (include postcode where appropriate)

Country (do not abbreviate)

6. US Taxpayer Identification No. if required (see instructions)	7. Foreign Tax No.	8. Account No.
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN <div style="border: 1px solid black; width: 150px; height: 15px;"></div>	<div style="border: 1px solid black; width: 200px; height: 15px;"></div>	<div style="border: 1px solid black; width: 200px; height: 15px;"></div>

**PART 2: CLAIM OF TAX TREATY BENEFITS (if applicable)**

9. **I certify that (tick all that apply)**

a  The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country

b  If required, the US taxpayer identification number is stated on line 6 (see instructions)

**PART 3: CERTIFICATION**

**Under the penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:**

1. I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
  2. The beneficial owner is not a US person
  3. The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
  4. For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-US person and, if applicable, obtain a reduced rate of withholding.**

**PART 4: SIGNATURE**

Signature of beneficial owner (or individual authorised to sign for beneficial owner)	Capacity in which signing (if not beneficial owner)

Date

D	D	M	M	Y	Y	Y	Y
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# Help for completing the Form W-8BEN.

We request that the Form W-8BEN be completed before you trade or hold US incorporated stocks or securities. Correct completion of this form enables you to take advantage of any US tax treaty, where applicable, which may lead to preferential withholding tax rates being applied to income paid.

A tax treaty is an agreement between two countries that sets out, amongst other matters, the withholding tax rates that will be applied when income is paid between the two jurisdictions.

The US currently deducts 30% tax from income payments where no Form W-8BEN has been filed. However, if a valid form is filed and the applicant is UK resident for example, a lower rate of 15% withholding tax may be applied to dividend income and no tax would be withheld on interest income.

Even where there is no US tax treaty that you can take advantage of, the form is still a requirement for US Internal Revenue Service regulatory reporting. The form is a declaration of foreign status, showing that you are not a US person.

These notes are to provide information to help you complete a Form W-8BEN. They should be read alongside the official IRS Instructions for Form W-8BEN available at WWW.IRS.GOV. The form should not be completed with white ink or any correction fluid or tape. If this is used the form will be rejected.

W-8BEN	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding
<b>Part I</b>	<b>Identification of Beneficial Owner</b> For payments other than those for which a reduced rate of withholding is claimed under an income tax treaty, the beneficial owner of income is generally the person who is required under U.S. tax principles to include the income in gross income on a tax return. A person is not a beneficial owner of income, however, to the extent that person is receiving the income as a nominee, agent, or custodian, or to the extent the person is a conduit whose participation in a transaction is disregarded. In the case of amounts paid that do not constitute income, beneficial ownership is determined as if the payment were income
<b>Question</b>	<b>Information</b>
1	Enter the full name of the individual or organisation of the applicant
4	Enter the permanent residential address.  Your permanent residence address is the address in the country where you claim to be a resident for purposes of that country's income tax. If you are giving Form W-8BEN to claim a reduced rate of withholding under an income tax treaty, you must determine your residency in the manner required by the treaty. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you are an individual who does not have a tax residence in any country, your permanent residence is where you normally reside. If you are not an individual and you do not have a tax residence in any country, the permanent residence address is where you maintain your principal office  This does not include PO Box, Care of or any other mailing type addresses
4	Country should be completed without any abbreviations used. Applicants that would enter England, Scotland, Wales or Northern Ireland should enter United Kingdom. Jersey, Guernsey and Isle of Man are not apart of the United Kingdom
5	A mailing contact address can be offered here. If you use a mailing address in the United States, you need to submit (1) a copy of your most recent passport or other government issued identity card containing your photograph, and (2) a written explanation of why you use a U.S. address. You should sign and date the explanation. If the passport or other identity card was issued more than three (3) years ago, and you are claiming treaty benefits, you also need to submit a recent utility bill (or a medical bill or a bank statement) with your foreign home address
5	Country should be completed without any abbreviations used. Applicants that would enter England, Scotland, Wales or Northern Ireland should enter United Kingdom. Jersey, Guernsey and Isle of Man are not apart of the United Kingdom
6	If the applicant has a US taxpayer identification number it should be entered here and the relevant box ticked. Where relevant, please provide a written explanation on a separate piece of paper (signed and dated) as to the reasons for the SSN, ITIN or EIN
7	Only complete if one is held
8	This can be the account number or any other relevant reference
<b>Part II</b>	<b>Claim of Tax Treaty Benefits</b>
<b>This section should only be completed if the applicant is resident in country that has a tax treaty with the United states. Tick the relevant boxes</b>	
9a	Country should be completed without any abbreviations used. Applicants that would enter England, Scotland, Wales or Northern Ireland should enter United Kingdom. Jersey, Guernsey and Isle of Man are not apart of the United Kingdom
9b	<b>Only tick this if question 6 above has been answered</b>
<b>Part IV</b>	<b>Certification</b>
Please sign and date and if relevant enter in which capacity you are signing in. Capacity examples include; beneficial owner, power of attorney, parent and guardian	

## Important Information

- This is for information purposes only.
- We cannot give tax advice.
- If advice is required please consult a professional tax advisor or the IRS.
- Tax treaty rates do not override your actual tax liability for the country you reside in, but any tax withheld maybe deemed off settable.
- If you do not feel that the Form W-8BEN is appropriate, please visit [WWW.IRS.GOV](http://WWW.IRS.GOV) and review the other Form W-8 series available. Each form will have a corresponding instruction guide to help you understand the usage and completion of the form.