

Personal Information

PLEASE COMPLETE IN BLOCK LETTERS

Title: Surname:

Forename(s):

Permanent residential address:

Post code:

IFDS FS Account Number:

Subscription Details

I wish to subscribe £ to my IFDS FS Self Select ISA and enclose a cheque for that sum made payable to "IFDS Financial Services – a/c my name". e.g.: **IFDS Financial Services a/c John Smith**

Note: the maximum ISA subscription limit for the 2008/09 tax year is £7,200.

Declaration

I declare that:

- All subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than £7,200 in total to a Cash ISA and a Stocks & Shares ISA in the same year;
- I have not subscribed, and will not subscribe, to another Stocks & Shares ISA in the same tax year that I subscribe to this Stocks & Shares ISA;
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the

- United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform IFDS Financial Services Limited if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- I have read and accept the Terms and Conditions applicable to this application;
 - The information I have supplied is complete and correct to the best of my knowledge and belief and I agree to inform IFDS Financial Services Limited in writing of any change in my circumstances affecting any of the information on this Additional Subscription Form.

Applicant signature

X

Date

Authorised Investment Manager

Name of Firm:

Investment Manager's Name:

FSA Regulatory Number:

I/we confirm that:

I/we will perform all suitability and appropriateness tests required by regulation in respect of transactions performed for this Applicant, and will inform the Applicant of the results of those tests.

Signed for and on behalf of (name of firm as above):

By (Name and signature of Investment manager, as above):

Date:

X