



Omnium Trading Account - Execution Only

Corporate Account Application Form

Thank you for choosing Omnium Investment Platform.

The Omnium Trading Account – (Execution Only) is designed for Financial Advisors and their clients, who are comfortable making their own investment decisions individually or with their Financial Advisor. Omnium Investment Platform will not provide financial advice and can only receive instructions from the Financial Advisor. The account allows investment in shares, funds and exchange traded funds (ETF's).

Before the account is opened, it is important that the Financial Advisor has taken time to read and understand all of the account opening information provided to ensure that the Omnium Trading Account-(Execution-Only) is suitable for the beneficiary.

In order to comply with the Criminal Justice (Money Laundering and Terrorist Financing) (Amendment) Act 2018 (and as may be amended from time to time) we are required to verify the identity of each new Financial Advisor and beneficiary. It is important to note that we will not be able to open an account unless the correct documents have been received.

We would ask you to read this form carefully, complete, sign, enclose the appropriate Identification documents and return it to Omnium Investment Platform at Suite 1, The Mall, Beacon Court, Sandyford, Dublin 18.

WARNING: The value of your investment may go down as well as up. You may lose some or all of your invested capital. This account does not constitute investment advice.

1. Financial Advisor Details

Name of Legal Entity: _____

Country of Incorporation: _____

Legal Entity Identifier: _____

Nature and Purpose of Entity: _____

Registered Office address: _____

MiFID Professional Categorisation: Professional Eligible Counterparty

2. Financial Advisor Contact Details

Position: _____

Name: _____

Email Address: _____

Daytime Phone Number: _____

Mobile Phone Number: _____

You must provide a daytime phone number and mobile phone number. These will be used to contact you in the event of a problem with a trade.

3. Beneficiary Details

Please provide the following information about the Company you are acting for:

Company Name: _____

Company Address: _____

Country of Incorporation: _____

Registration / LEI Number: _____

IMPORTANT WARNING: A client who is classed as a professional client will be treated less favourably than a retail client and will therefore receive less regulatory protection.

Professional clients do not benefit from the Investor Compensation Scheme.

4. Directors/Authorised SignatoryDetails

Director/Authorised Signatory (1)

Title: _____

First Name: _____

LastName: _____

Home Address: _____

Email Address: _____

Daytime Phone Number: _____

Mobile Phone Number: _____

Date of Birth: _____

Country of Birth: _____

Country of Residence: _____

PPS No: _____

Are you a US Citizen or Green Card Holder?

Yes No

Country of Tax Residence (please provide ALL countries in which you are a tax resident):

Director/Authorised Signatory (2)

Title: _____

First Name: _____

LastName: _____

Home Address: _____

Email Address: _____

Daytime Phone Number: _____

Mobile Phone Number: _____

Date of Birth: _____

Country of Birth: _____

Country of Residence: _____

PPS No: _____

Are you a US Citizen or Green Card Holder?

Yes No

Country of Tax Residence (please provide ALL countries in which you are a tax resident):

5. Shareholder and Beneficial OwnerDetails

A beneficial owner is any person or entity who holds 25% or more of the company's shares or voting rights.

Shareholder/Beneficial Owner (1)

Title: _____

First Name: _____

LastName: _____

Date of Birth: _____

Home Address: _____

Nationality: _____

% Holding: _____

Shareholder/Beneficial Owner (2)

Title: _____

First Name: _____

LastName: _____

Date of Birth: _____

Home Address _____

Nationality: _____

% Holding: _____

5. Shareholder Details Continued**Shareholder/Beneficial Owner (3)**

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Home Address: _____

Nationality: _____

% Holding: _____

Shareholder/Beneficial Owner (4)

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Home Address _____

Nationality: _____

% Holding: _____

Shareholder/Beneficial Owner (5)

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Home Address: _____

Nationality: _____

% Holding: _____

Shareholder/Beneficial Owner (6)

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Home Address _____

Nationality: _____

% Holding: _____

6. Politically Exposed Persons(PEP)

Has anyone identified above now or in the last 12 months been;

- a head of state, head of government, government minister or deputy or assistant government minister
- a member of parliament
- a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal
- a member of a court of auditors or of the board of a Central Bank
- an ambassador, charge d'affairs or high-ranking officer in the armed forces
- a close associate of any of the above
- an immediate family member of any of the above

 Yes No*If YES, please provide further detail.*_____

7. Please indicate source of wealth AND source of funds for this investment

Source of Wealth

Please indicate how the company's wealth was accumulated.

- Company Profits
- Property Investment
- Sale of Business
- Other - please specify

Source of Funds

Please indicate the source of your initial transfer for this investment.

- Bank Deposit Account
- Saving Account
- Transfer from other Investment Provider
- Other – please specify

8. Bank Details (This should be the nominated Bank Account you wish funds to be transferred to)

Bank Name: _____

Bank Address: _____

Account Name: _____

IBAN: _____ BIC: _____

Beneficiary Declaration and Consent

By signing this declaration page you agree to the following:

- I/We confirm that my/our Financial Advisor, detailed in Section 1 above is authorised to act on my/our behalf.
- I/We confirm that my/our Financial Advisor has provided, explained and I consent to the Pershing Securities International Limited terms of business 'The Pershing Agreement'.
- I/We are not a US person(s) for the purposes of US Federal income tax and that I/we are not acting for, or on behalf of, a US person. A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes or you become a US citizen or a resident, you must notify us within 30 days.
- I/We acknowledge that information contained in this form may be reported to tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.
- I/We understand that Omnium can only accept instructions from my/our Financial Advisor, detailed in Section 1, above.
- I/We confirm that my/our Financial Advisor, detailed in Section 1 above is authorised to act on my/our behalf.
- I/We confirm the details provided in Sections 3, 4, 5, are complete and accurate and I/we undertake to notify my/our financial advisor immediately should any of the information change.
- I/We consent to the Financial Advisor charges detailed below, to be deducted in addition to Omnium charges as detailed in the fee sheet provided.
- I/We acknowledge that Omnium will not owe any duty to advise on the merits, suitability or appropriateness of any transaction or series of transaction entered into and that services will be provided on 'execution only' basis.
- Where I have requested that an order be executed in an instrument admitted to trading on a Regulated Market 'RM' or Multilateral Trading Facility 'MTF', then I acknowledge that PSL may execute such order outside an RM or MTF in accordance with PSL's execution policy and I hereby give my consent to such execution.

Director Name/Authorised Signatory:

Director Name/Authorised Signatory:

Director/Authorised Signature:

Director/Authorised Signature:

Date(dd/mm/yy):

Date(dd/mm/yy):

Financial Advisor Charges

Initial Charge: ____%

Annual Management charge: ____%

The initial charge is based on the opening account balance. The above percentage is deducted prior to any transactions.

The annual management charge is based on the value of the account and applied monthly in arrears.

Financial Advisor Declaration and Consent

By signing this declaration page you are applying to open a Omnium Trading Account – (Execution-Only) and agree to the following:

I/We have carefully read, acknowledge, understand and consent to the terms of the Omnium ‘Terms of Business’ document which I have been presented with. I/We hereby agree that by signing this acknowledgement that I/we will be bound by all terms and conditions contained in the following documents:

- Omnium Trading Account-(Execution-Only) Application Form
- Omnium Terms of Business, including all appendices and schedules
- Omnium Fee Schedule
- Pershing Terms of Business

I/We confirm that we have met the beneficiary detailed in section 3, I/we have explained the above documents and confirm that the services to be provided are suitable for the beneficiary.

I/We confirm the details provided in the Omnium Trading Account-(Execution-Only) Application Form are a complete and accurate record of all information relevant and necessary to allow to provide an execution only service to me/us.

I/We acknowledge that Omnium will arrange for a nominees account to be opened with Pershing Securities International Limited on my/ our behalf for the beneficiary detailed in Section 3.

I/We acknowledge, understand and accept that Omnium will not accept any instructions from the persons detailed in Section 4, above.

By opening this account and signing below, the account owner represents and warrants that he/she/it is not a US Person for the purposes of US Federal income tax and that he/she/it is not acting for, or on behalf of a US person. A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status change or you become a US citizen or a resident, you must notify us within 30 days.

I/We confirm we have the legal capacity and authority to open this account and to sign on behalf of the entity listed in Section 1.

Financial Advisor Name:

Financial Advisor Signature:

Date (dd/mm/yy):

Financial Advisor Name:

Financial Advisor Signature:

Date (dd/mm/yy):

Anti-Money Laundering and Tax Requirements

Company

Please enclose a *certified copy* of the following:

- Certificate of Incorporation
- Memorandum and Articles of Association
- Copy of share register
- Authorised signatory list with specimen signatures (on company headed paper)
- List of current Directors
- Proof of Bank Account in Section 8. (Redacted statements will not be accepted however; account balances and transactions may be covered up on statement provided).
- W8-BEN-E (if investing in US securities) – Provided separately to this form.
- Entity Self-Certification for FATCA and CRS – Provided separately to this form.

Proof of Address

Please enclose a *certified copy* of one of the following for each Director/Authorised signatory:

- Utility Bill (for example, electricity, gas, water or phone bill) – dated within the last 6 months
- Financial Statement from a regulated financial institution such as a Bank – dated within the last 6 months
- Social Insurance Documents – dated within the last 12 months
- Current household / motor insurance documents (policy or renewal notice only) – dated within the last 12 months
- Revenue Commissioners – Current Balancing Statement, C2 Tax Credit or Notice of Determination of Tax Credit – dated within the last 12 months
- Current local authority document (for example, refuse collection bill or water charge bill) – dated within the last 6 months
- Motor-Tax Renewal Form – dated within the last 12 months; or
- Current Health Insurance Policy (only) – dated within the last 12 months

Note: we are unable to accept e-statements.

Proof of Identity

Please enclose a *certified copy* of One of the following for each Director/Authorised signatory:

- Current Passport
- Current full Irish/UK driving licence; or
- Current National Identitycard

Note: The copy document must be in date and all details must be clearly visible including the photograph and expiry date. Please do not send your original documents as we are unable to accept responsibility for the safe return of same.

Omnium will advise the Legal Entity in Section 1 if further documentation is required.

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