

Supplementary application form Jersey and Luxembourg regulated funds

Please return to:

Ashburton (Jersey) Limited
PO Box 239
IFC1
The Esplanade
St Helier
Jersey
JE4 8SJ
Channel Islands

Please complete and return with the full application form.

Application details (please use BLOCK CAPITALS)

Applicant 3

Are you an existing Ashburton client? (tick as appropriate & detail client number, if existing)

Yes No Client number (e.g. C_12345) C _____

What is your relationship to applicant 1?

Title Last name Forename Middle name(s) Former/maiden names
| | | | |

Date of birth Town / City Nationality / Dual nationality (if held)
| | |

Country of domicile Country of birth
| |

If you are resident outside your country of birth, do you still have any financial connection with your country of birth? Yes No

If yes please provide details:

Residential address (PO Box is not acceptable)

Town Country Postcode
| | |

What type of document are you using to verify your residential address? (e.g. utility bill) What is the issue date of the document you are using to verify your residential address? (dated within the last 3 months)
| |

Correspondence address, if different to above

Town Country Postcode
| | |

Home telephone number (including country code and area code) Mobile number (including country code and area code)
| |

Email address
|

Application details (please use BLOCK CAPITALS) (continued)

Tax: Please indicate ALL countries in which you are resident for the purposes of that country's income tax. If more than one country, please list each country separately.

Country	Tax or personal identification number*

*Where a country does not issue a Tax Identification Number a "functional equivalent" may be used. This is, for example, a social security number or national insurance number, or personal identification number or a resident registration number

US Green Card holder Yes No **US Citizen** Yes No

Please detail what type of document you are using to verify your identification (e.g. passport)

What is the number of the identification document?

Place of issue of your identification document Issue date of your identification document Expiry date of your identification document

Employment details

Employed Self-employed Retired (Please provide details of last employment)

Other: please provide further details _____

Name of employer _____ Employer's business _____

Job title / position held _____ Length of service _____

Have you, a family member or close associate ever been a Politically Exposed Person (PEP)?

Yes No

Have you ever been entrusted with a prominent public function?

Yes No

Have commission or consultancy fees ever been a source of wealth?

Yes No

If you have answered yes to any of the questions above, please provide a full explanation. Further documentary evidence may be required. (Please continue on a separate piece of paper if required)

Applicant 4

Are you an existing Ashburton client? (tick as appropriate & detail client number, if existing)

Yes No Client number (e.g. C_12345) C _____

What is your relationship to applicant 1?

Title Last name Forename Middle name(s) Former/maiden names
| | | | |

Date of birth Town / City Nationality / Dual nationality (if held)
| | |

Country of domicile Country of birth
| |

If you are resident outside your country of birth, do you still have any financial connection with your country of birth? Yes No

If yes please provide details:

Residential address (PO Box is not acceptable)

Town Country Postcode
| | |

What type of document are you using to verify your residential address? (e.g. utility bill)

What is the issue date of the document you are using to verify your residential address? (dated within the last 3 months)

Correspondence address, if different to above

Town Country Postcode
| | |

Home telephone number (including country code and area code)

Mobile number (including country code and area code)

Email address

Application details (please use BLOCK CAPITALS) (continued)

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Place of issue of your identification document Issue date of your identification document Expiry date of your identification document

Employment details

Employed Self-employed Retired (Please provide details of last employment)
 Other: please provide further details

Name of employer Employer's business

Job title / position held Length of service

Have you, a family member or close associate ever been a Politically Exposed Person (PEP)?

Yes No

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Yes No

Have commission or consultancy fees ever been a source of wealth?

Yes No

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