Sanlam Bond Account Opening Form (Platform)

Postcode:



For clients opening a Seven Investment Management (7IM) account for a Sanlam provided bond

PLEASE PRINT CLEARLY IN BLOCK CAPITALS IN ALL SECTIONS	
Section 1 – Bond holder details	Daytime Tel:
Please provide details of the main contact for this account.	Email:
Title: Mr/Mrs/Miss/Ms/Other: First Name(s):	Please tick one of the following only: You confirm that your Financial Adviser will be acting for you on ar advisory basis. You confirm you have agreed with your Financial Adviser that each investment instruction for your account will be the result of prior discussions with you and your instruction or agreement.
Surname:	OR
Section 2 – Illustration reference number Please insert the illustration number that accompanies this application, this can be found at the bottom of the illustration. Sanlam illustration reference:	You confirm that your Financial Adviser will be acting for you on a full discretionary basis. This means that you have delegated all decisions making to your Financial Adviser. You confirm that you have agreed with your Financial Adviser that they will make investment decisions for your account including (but not limited to) decisions to buy or sell investments, without any specific consultation with you.
Suitain Rash alon reference.	Financial Adviser confirmation and signature:
	By signing below, the Financial Adviser:
Please make sure this reference is the same on both the Sanlam Onshore Bond application form and the 7IM application form. Also, the application will be processed in line with the terms of the illustration, so please	 confirms that this form correctly reflects the basis of the Financial Adviser's appointment for the account, and that all instructions given by the Financial Adviser will be in accordance with the terms of their appointment;
Section 3 — Financial Adviser Details You hereby name and appoint the Financial Adviser firm named below to be your agent:	 confirms that it has all authorisations necessary under legislation and regulation to act as appointed and will remain so authorised. The Financial Adviser will notify 7IM of any changes to their authorisation including any disciplinary action taken against them, relevant to this appointment.
Name of firm:	Signed by an authorised signatory of the Financial Adviser named above
Full Name of adviser:	
	Name*
Address:	Date*
City:	
County: (or country if not UK)	

Section 4 - Financial Adviser Fees

You ag	ree to your Financial Adviser receiving an ongoing payment of:
Fixed	value £
OR per	rcentage value %
Please only.	e confirm who you would like to facilitate the payment, tick one box
	Sanlam (the payment will be made from the Bond). OR
	7IM (the payment will be taken from your 7IM account).
	Please provide your 7IM account number.

Section 5 – **Bondholder(s) Declaration and Signature**

Please sign in the spaces below.

Regulations require us to confirm the identity and address of all our clients. Where possible, we will carry out an electronic check of the personal data you have provided. Where we are unable to verify your identity electronically, we may request additional documentation.

You declare that:

- you have appointed the firm named in this form as your Financial Adviser, and that this appointment shall continue in relation to the account;
- you acknowledge that 7IM will share information with your Financial Adviser in accordance with the provisions on data protection in the 7IM Terms and Conditions:
- your Financial Adviser may give instructions as your agent on your behalf; and
- you authorise 7IM to rely and act on any request, communication or instruction from your Financial Adviser without obtaining any further confirmation from you. You acknowledge and agree that you will be responsible for and bound by such request, communication or instruction and any resulting transaction. In the case of withdrawal instructions, you understand that payments will be made to the bank account that we have on our records. The authority you have granted shall be fully effective until 7IM receives written notice of the revocation of this authority. All deals executed by 7IM before our receipt of written revocation of this authority shall be binding.
- · You apply to open an account with 7IM for your bond;
- You acknowledge that your bond will be administered by Sanlam;
- You understand that this bond is offered without advice from 7IM, and confirm that you have sufficient experience and understanding to enter into this agreement on that basis or that you have taken advice from a Financial Adviser and wish to proceed;
- This application form has been completed to the best of your knowledge and belief; and
- You agree to the 7IM Terms & Conditions and Fees and Charges provided to you.

Please ensure you have read the 7IM Terms & Conditions and Fees and Charges provided to you carefully before signing this application form. If there is anything you do not understand, please ask for further information.			
Your signature(s) is/are required for the completion of this form			
Applicant One Signature	Applicant Two Signature		
Name*	Name*		
Date*	Date*		

PLEASE RETURN ALL PAGES OF THIS FORM TO SEVEN INVESTMENT MANAGEMENT, 55 BISHOPSGATE, LONDON EC2N 3AS

For office use only			
Account No:	Adviser's Initials:		