



# New Client Application Form

AAC Management is required by its Regulator to take appropriate steps to ensure we are aware of any facts about your financial position and investment objectives that we might reasonably need to know in order to assess the suitability of our advice.

We would therefore ask you to complete as much as possible of the information requested, or amend the information below, and then SIGN and RETURN this form to us. You may prefer not to disclose all the information requested, and it is your statutory right not to do so. If you decide not to disclose certain information, we will advise you on the basis of the information you do disclose unless we have so little information that we cannot advise you at all.

INTERNAL USE ONLY	
ACCOUNT NO:	BROKER CODE:
<input type="text"/>	<input type="text"/>

## Personal Details

Title:	First Name:	Middle Initials:	Last Name:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	Nationality:	National Insurance No:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### For Joint Account Only - Spouse/Partner

Title:	First Name:	Middle Initials:	Last Name:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	Nationality:	National Insurance No:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Current Address:	Home Telephone:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Business Telephone:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Mobile Telephone:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Please tick preferred contact number
Post Code <input type="text"/>	<input type="checkbox"/> Have you ever worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisaged? Yes or No
<input type="checkbox"/> If address has changed in the last 3 years please tick here	

Home Email:	Business Email:
<input type="text"/>	<input type="text"/>

Employment Status: (employed, self employed, retired, student, not working)	Time with Employer:
<input type="text"/>	Years/Months <input type="text"/>

Employer Business Name:	Employers Location:
<input type="text"/>	<input type="text"/>

Drivers License Number: If known
<input type="text"/>

Passport Number: If known
<input type="text"/>



## Financial Details

If you are applying in joint names please provide combined information for both of you in the boxes below.

Gross Annual Income:	Property Value:	Total Outstanding Mortgage & Loans:
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Regular Financial Commitments

Mortgage/Rent, Regular Household Bills etc:	If NOT Retired:	
Per Month:	Estimated Annual Income at Retirement:	and, Expected Retirement Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Bank Details

Bank:	Account Title:	Branch:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sort Code:	Account Number:	
<input type="text"/>	<input type="text"/>	

## Current Investments

Please turn to the back page to provide full details of your equity portfolio.

Approximate Value of Current Investments: (in 000's)		
Bank & Building Society	\$	*(Please specify)
National Savings	\$	<input type="text"/>
Investment Trusts & Unit Trusts	\$	<input type="text"/>
PEPs \$		<input type="text"/>
ISAs \$		<input type="text"/>
Equity Portfolio (Please detail overleaf)	\$	<input type="text"/>
Other* \$		<input type="text"/>
Estimated Total of Net Liquid Assets (Total of all above)	\$	<input type="text"/>

## Investment Objectives and Risk

Primarily to Maximise:		
Income:	Income and Capital Growth:	Capital Growth:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred Level of Risk:		
Low:	Medium:	High:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever traded Contracts For Difference (CFDs) or Spread Bet? Yes or No. If Yes with who?

Preferred Classes of Investment:				
<b>Low Risk:</b> <input type="checkbox"/> Gilts <input type="checkbox"/> Bonds <input type="checkbox"/> Investment Trusts <input type="checkbox"/> Unit Trusts	<b>Medium Risk:</b> <input type="checkbox"/> NYSE <input type="checkbox"/> NASDAQ <input type="checkbox"/> FTSE 100	<b>High Risk:</b> <input type="checkbox"/> FTSE Small Cap <input type="checkbox"/> AIM <input type="checkbox"/> Penny Shares <input type="checkbox"/> Private Equity	<input type="checkbox"/> New Issues <input type="checkbox"/> Traded Options <input type="checkbox"/> Pre IPO Issues	<b>Margin Trading:</b> <input type="checkbox"/> Futures <input type="checkbox"/> Contracts For Differences (CFDs) <input type="checkbox"/> Spread Betting



## Knowledge, Experience and Understanding of Investing in Stocks

Experience:	Inexperienced: (Never traded)	Inexperienced: (But sufficient to trade)	Limited Experience: (Upto 3 years trading)	Experienced: (Over 3 years trading)	Sophisticated: (Full understanding)
Markets in general:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Risk (e.g. AIM, Penny Shares etc):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading (e.g. Futures, CFDs etc):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Trading Style and Frequency of Trading

Please indicate how often you usually buy and sell shares and what your usual average bargain size is when investing.

No of years you have been investing in the stock market:				
<1	1 - 3	3 - 5	5 - 10	10+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Length of Time you Hold Investments:		
Short Term / 0-18 months	Medium Term / 18-36 months	Long Term / 36+ months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Number of Trades in a Year:	Average Bargain Size:
	<input type="checkbox"/> FTSE/Main Market: <input type="checkbox"/> AIM/Small Caps/Unlisted (High risk) :

If you have any restrictions on types of investment or limits which you may wish to impose and any information that you believe would be useful to us in advising you on your investments, please advise us below. If there is insufficient space, please provide detail separately.

## Client Approval

I agree that I will inform you of any change to the above information. I also agree that at all times AAC Management will advise me on the basis of the information which I have supplied above. I also understand that AAC Management will advise me on investing in shares in companies based on information that is in the public domain for those companies as far as is reasonably possible or practical. I understand that information that comes to light after receiving advice from AAC Management could adversely affect the price or liquidity of a security. I understand that performance of a security in the market is at my risk and that AAC Management are not responsible for any losses incurred as a result of any unforeseen factors affecting the performance of a security recommended by AAC Management.

By signing this document, I confirm that I have read and understood your Terms & Conditions and accept your Commission Rates.

Signature:	Joint Signature (if required):	Date:
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INTERNAL USE ONLY	
BROKER SIGNATURE:	DATE: