

Client Registration Form

Personal Details

Full Name _____

Date of Birth _____

Nationality _____

Contact Details

Address _____

Post Code _____

Telephone Landline _____ Mobile _____

Email _____

Intended investment vehicles (for example, trust, pension scheme, family member)

Name _____

Relationship to client _____

Name _____

Relationship to client _____

Name _____

Relationship to client _____

Business and investment history

The information in this section helps us with Financial Services Authority compliance rules

Have you previously invested in any of the following? Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Private companies where the investment was direct, not via a fund | <input type="checkbox"/> Limited Partnerships or companies holding commercial or residential property |
| <input type="checkbox"/> Venture Capital Trusts (VCTs) | <input type="checkbox"/> Hedge Funds |
| <input type="checkbox"/> Enterprise Investment Scheme (EIS) funds | <input type="checkbox"/> Private Equity Limited Partnerships |
| <input type="checkbox"/> Enterprise Investment Scheme (EIS) individual companies | |

Business and investment history (continued)

Business & professional background

Current and previous directorships

Approximate net worth

How did you find out about Connection Capital?

Are you interested in underwriting opportunities?

Yes

No

Signing and dating this registration form indicates that you have read, understood and accepted Connection Capital's client terms & conditions.

Signature

Date

Please return to Connection Capital LLP, 4 Park Place, London SW1A 1LP