

# Individual Client Registration Form

## Personal Details

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Country of Residence \_\_\_\_\_

Country/countries  
of Tax Residency \_\_\_\_\_

## Contact Details

Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Correspondence Address  
(if different to above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**THIS FORM IS TWO SIDED – PLEASE TURN OVER**

**Business and investment history**

The information in this section helps us with Financial Conduct 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 professional background

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Current and previous directorships

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Approximate net worth \_\_\_\_\_

How did you find out about Connection Capital?

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**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, 3rd Floor, Woolverstone House  
61-62 Berners Street, London W1T 3NJ**