



Dear Client,

To enable us to better understand you and your investment goals, please complete the following questionnaire, in full. It is only by our gaining a clear understanding of your financial goals, that we will be better able to provide an exemplary service for you. The more we understand your circumstances and financial goals, the more able we will be in customizing a successful portfolio for you.

At Carter Sinclair we are committed to providing a secure and private service for all personal information submitted to us. The personal and private information you impart is guaranteed our protection.

Please complete the Investor Information Section provided.

Yours sincerely,

Charles Montrose
CEO
Carter Sinclair Limited



Carter Sinclair
Account Form Information

Dear Valued Client,

Welcome to Carter Sinclair's team of investment professionals.

As a global provider of financial products and services, Carter Sinclair plays an important role in meeting the needs of a broad client base, comprising individuals, families, small businesses, large corporations and institutions.

At Carter Sinclair, we will increasingly invest in high-growth markets. The successful execution of this strategy is underpinned by continued efficient reallocation of capital through redeploying the capital we generate in mature markets to high-growth businesses.

Carter Sinclair remains focused on creating value for its clients, and rewarding them with a better return on investment than the average of our peers in the financial sector over the long term.

For further information, please visit our website at www.carter-sinclair.com where you will find a full range of products and services to suit your needs.

Yours sincerely,

Charles Montrose
CEO
Carter Sinclair Limited

Carter Sinclair Account No.

Carter Sinclair Consultant

Individual

Joint

Trust

Corporate

Joint Account Holders please download and complete a separate Account Form

CLIENT INDIVIDUAL DETAILS

Title

First

Middle name

Surname

Name of Secondary Account Holder (if applicable)

Title

First

Middle name

Surname

Residential Address

Residential Phone No

Residential Fax No

Personal Mobile No

Personal Email address

CLIENT BUSINESS DETAILS

Occupation/Title

Company name

Company Address

Company Phone No

Company Fax No

Ext no

Company Mobile No

Company Email address

Please tick your preferred Mailing address for Statement, Mail & Confirmations

Residential

Office

Other

Please tick your preferred choice of phone communication

Residential

Office

Mobile

INVESTOR PROFILE

Do you have an account with a Financial Mgmt Company or local brokerage? Yes / No

Do you have an online account? Yes / No

Do you track your investments online? Yes / No

Your financial requirements are? Growth / Income

Are you? Conservative/ Moderate / Aggressive

Your Investment time frame. Please tick

Up to 1 year 1 – 3 years 3 – 5 years 5 years and above

Rate your Investment Experience. Please tick

None Limited Good Extensive

Do you Invest. Please tick

Local International Both

Which of the following Investments do you currently have? Please tick

Stocks Hedge Funds Private Equity Funds Bonds Cash ISA
 High Interest Savings Managed Funds Other Cash Deposits Tax Free Savings Acc PEPs
(Managed by a Fund Manager)

Your Net Income. Please tick

0 – 100,000 100,000 – 500,000 500,000 – 1 million 1 million and above 5 million and above

Net Worth. Please tick

0 – 100,000 100,000 – 500,000 500,000 – 1 million 1 million and above 5 million and above

Are you a Director or Chief Executive Officer of a Publicly Traded Company? Yes / No

What is the name of the Company? (If applicable)

Do you travel regularly overseas? Yes / No

Most frequent destinations (If applicable)

BANKING INSTRUCTIONS

Please be advised in the interests of security a separate Banking letter will be sent to you upon receipt of this Account Form.

ACCOUNT DECLARATION

Please insert full name and sign and date this account form.

I _____ confirm that the information provided in this document is accurate and complete and that I am capable of making transactions with the knowledge of the associated risks and that these transactions are in accord with my investment objectives.

This Account can be terminated at any time by Carter Sinclair, or by the client within a thirty (30) day period in written form by registered mail, said period to commence upon actual receipt of notice by the party not originating said termination. After the expiration of said period, Carter Sinclair is duty-bound to deliver to the client the proceeds of any sales made on a best efforts basis or the applicable share certificate.

I confirm that I will inform in writing or notify Carter Sinclair of any change of address or contact details.

Signature

Date