

APPLICATION FORM

INVESTOR INFORMATION

Name

First Name(s)

Last Name

Telephone

(at least one is required)

Area Code / Business No.

Area Code / Mobile No.

Address

Email

Nationality

Passport / I.D. No.

Gender

☐

Male

☐

Female

Date of Birth
DD/MM/YYYY

INVESTMENT CHOICE

Currency

Amount

Investment Option:

ReFlex – Accumulate

ReFlex – Access

☐

5 Years

☐

5 Years

☐

7 Years

☐

10 Years

☐

9 Years

☐

15 Years

Required Documents

☐

Proof of Address dated within 3 months
of this application

☐

Photo Identification

Payment

☐

Bank Transfer

Other

Please make payment within 10 days of confirmation and submit payment proof to Alliance Capital Savings.

USE OF PERSONAL DATA POLICY

Alliance Capital Savings only collects personal data that it believes is relevant in connection with your Alliance Capital Savings investments. Failure to supply personal data requested on this form may result in Alliance Capital Savings being unable to provide or continue to provide client management services and/or related services or products which Alliance Capital Savings may from time to time offer or provide, or to comply with applicable laws or guidelines by applicable regulatory authorities.

For the purposes of administering your Alliance Capital Savings investment and our business relationship with you, Alliance Capital Savings shares your personal data with its employees, auditors, contractors and consultants and other parties, including its parent and affiliated companies (the "Alliance Group") who requires such information for those purposes. These include third parties that provide services to us or on our behalf the third parties that collaborate with Alliance Capital Savings in the provision of services to you.

If you wish to update, access or correct your personal data collected by Alliance Capital Savings, or otherwise have questions about Alliance Capital Savings' data protection policies and procedures, you may make such a request at any time, with your name and contract number to our Chief Compliance Officer.

DECLARATION

I/We declare that all information provided in this application form, including this declaration and any supporting documentation are complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any investment by giving written notice within 14 working days of the start date of the investment period/term.

I/We understand that in the event of any doubt about the content of any documents provided by Alliance Capital Savings or the terms of any investments provided by Alliance Capital Savings I/We should obtain independent professional advice prior to the completion of this application form.

I/We confirm that I/We have read and understood Alliance Capital Savings' explanation of the risk and consequences of being designated as a professional investor and of the right to withdraw from being so designated at any time.

I/We consent to being treated as a professional investor by Alliance Capital Savings until such as time as I/we no meet the criteria applied by Alliance Capital Savings.

I/We confirm that I/we have understood the criteria required Alliance Capital Savings in order to designate me/us as a professional investor. I/we confirm that I/we meet the criteria.

I/We understand that Alliance Capital Savings will endeavour to obtain the necessary documentation to demonstrate that I/we satisfy the criteria for designation as a professional investor. I/We acknowledge that in certain circumstances Alliance Capital Savings may require me/us to produce such documentation.

Name

First Name(s)

Last Name

Signature

Date

DD/MM/YYYY