

Arcus Application Pack: Direct, ISA, ISA transfer

This pack contains our application form to be used for direct, ISA, and ISA transfer investments.

Before completing the form, PLEASE NOTE:

You must complete all relevant sections, provide signatures and send the completed form back to the address provided before the investment deadline detailed in the Plan Brochure.

It is important to make sure you provide an up-to-date email address, as this is required to log in to our administration system and receive all communications relating to our plans. No paper correspondence will be issued to investors or their advisers for any of our Plans.





Personal Details (please comp	olete ALL fields):		
First Plan Holder		Second Plan Holder	
Title (Mr/Mrs/Miss/Ms/Other):		Title (Mr/Mrs/Miss/Ms/Other):	
Forename(s):		Forename(s):	
Surname:		Surname:	
NI Number:		NI Number:	
Permanent Address:		Permanent Address:	
Post Code:		Post Code:	
Date of Birth:		Date of Birth:	
Telephone No.:		Telephone No.:	
Email Address*:		Email Address*:	
Country of Birth:		Country of Birth:	
Place of Birth:		Place of Birth:	
Nationality:		Nationality:	
Are you resident in the UK for Tax	Purposes? Yes No	Are you resident in the UK for Tax	Purposes? Yes No
Are you resident for tax purposes in	another country? Yes No	Are you resident for tax purposes in	another country? Yes No
If you answered 'yes' to the latter	question, input Country and Tax Ref.:	If you answered 'yes' to the latter	question, input Country and tax Ref:
	/		/
*A valid email address is compuls	sory, as it will be needed to access all you	r correspondence relating to the plan.	
•			
2. On behalf of a child (Applicable	for DIRECT investments only, for individu	ials under the age of 18):	
Title (Mr/Mrs/Miss/Ms/Other):		Forename(s):	
Date of Birth:		Surname:	
3. Gift from another – where the f	unds have been gifted to the applicant (n	ot applicable for ISA transfers):	
Title (Mr/Mrs/Miss/Ms/Other):		Forename(s):	
Date of Birth:		Surname:	
		Surname.	
Relationship to Plan Holder:		Data	
Signature:		Date:	
4. Source of Funds – what has crea	ated / is generating the funds being used	to open this plan?	
Accumulated Sav	ings Pensio	on Lump Sum Employment rela	red (e.g. Bonus)
Property :	Sale	Inheritance Reinvestment of I	matured funds
Transfer from another prov	ider Other ((please state)	
5. Payment Details			
	ts and income payments will be transmitte or building society within the UK Clearing :		ty account. Payments can only be
Pank / Building Conint : Name			
Bank / Building Society Name:			
Account Holder Name:			
Sort Code		Account Number:	
		Building Society Ref. / Roll Number:	

Please return this form to: Dura Capital Limited, PO Box 1233, St Albans, AL1 9HU.



6. Investment Details, Amounts (must be in whole pounds) and Fee Arrangements		
Plan Name:		
Direct Amount:		
ISA Amount (max £20,000):		
ISA Transfer Amount* (complete appendix):		
Maturity Reinvestment Amount**:		
Total to be invested (min. £3,000):		
Pay this amount to my Financial Adviser:	£	OR %
OR Fees settled directly with my Financial Advis	ser:	
	mount of fee to be le): d. Total amount is subject to n existing Arcus Plan and wo	change as the ISA transfer amount is approximate. ould like to reinvest the proceeds into this plan, please enter the amount you wish
Please submit the 'TOTAL AMOUNT' (above) to	Dura Capital Limited by bank	transfer to the details below, once you receive instructions from us via email:
Bank Name:	HSBC Bank	
Client Money Account Name:	Dura Capital Ltd	
Sort Code:	40 – 02 – 50	
Account Number:	71426273	
IBAN:	GB85MIDL40025071426	
Payment Reference (MANDATORY):	Please use the reference	number provided in the email from our administrators
If paying by cheque, please make payable to Duclose date).	ıra Capital Limited (please n	ote cheque applications should be received 5 working days before the offer
8. Data Protection – use of your data		
you with services you request from us, manage	your accounts, make decision nts. For further details of ho	th the Data Protection Act 1998. We may use your personal data to provide ns, detect and prevent fraud, for analysis and assessment, and to ensure that w Dura Capital Limited uses your information, please read our Data Protection
I / We do not wish to receive marketing materi	al by post and telephone	
By signing this form you agree that we can use updated from time to time.	and disclose your informatio	on in the ways described in our Data Protection Statement, as amended or



9. Declaration

Applicable to direct investment applicants only

I declare that: as set out in the Personal Details section, I am 18 years of age or over, and either: (a) resident in the UK for tax purposes and that I am not acting on behalf of a Non-UK tax resident; or (b) resident of the Isle of Man, Guernsey or Jersey.

Applicable to all ISA applicants* / ISA Transfer applicants

I apply to subscribe for an ISA for the 2025/26 tax year, reinvest my cash ISA or stocks and shares ISA proceeds, or to transfer an existing ISA from another ISA manager.

* For deposit-backed plans, you are investing in a Cash ISA. For all other plans, you are investing in a Stocks and Shares ISA.

I declare that:

- All subscriptions made, and to be made, belong to me.
- I am 18 years of age or over.
- I have not subscribed, and will not subscribe, more than the overall subscription limit in total to a cash ISA, stocks and shares ISA, an innovative finance ISA and a Lifetime ISA in the same tax year.
- I am resident in the United Kingdom for tax purposes or, if not UK tax resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving oversees), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Dura Capital Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I have read and understood the ISA Terms and Conditions.

For all applicants

I declare that:

- I am neither in the United States nor a U.S. Person (as defined in Regulation S under the U.S. Securities Act of 1933, as amended, or as defined in the U.S. Internal Revenue Code of 1986, as amended).
- I have read and understood the Key Information Document and Plan brochure(s), including Plan risks and selling restrictions, and the Terms and Conditions under which the Plan(s) will be managed.

I authorise Dura Capital Limited:

- To hold my cash subscription, ISA investments, direct investments, interest and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of ISA investments.
- Upon my written request to transfer or pay to me any amounts, as determined in accordance with the Terms and Conditions of my Plan(s), realised on or deriving from, as the case may be, ISA investments and/or direct investments including all rights and proceeds in respect of such ISA investments or direct investments.
- To supply me with a periodic statement.

I/We agree to comply at all times with any request from Dura Capital Limited to provide additional information and or documentation related to my/our tax status within the timescale specified by Dura Capital Limited in its request.

You agree that your monies will be used to purchase securities issued by the relevant Issuer, as specified in the Plan brochure.

You acknowledge that the Plan Manager will only provide an annual statement on the value of your Plan(s).

Once you have read the above, please sign in Section 10 (below).

10. Your signature	e (please copy sheet for additional Signatories)		
First Plan Holder:			
Signature:		E II No	
_		Full Name:	
		Date:	
L			
Second Plan Holde	or·		
Jecona Fian Hola	51.		
Signature:		Full Name:	
		Tun Nume.	
		Date:	

Please return this form to: Dura Capital Limited, PO Box 1233, St Albans, AL1 9HU.



11. Adviser Section			
Name of Registered Individua	l:		
Name of Company:			
Address:			
		Post Cod	e:
Telephone Number:			
Email Address*:			ail address will be used to access our
Are you a member of a netwo	rk? Yes	NO I	ition system, therefore we recommend mail address that all relevant members
If Yes, are you:	Directly authorised: An authorised		am have access to, if appropriate.
Name of network:			
Financial Services Register Re			
Principal's Financial Services F	Register Reference (if applicable):		
Please tick ONE of the follow	ing to confirm.		
This was an advised sale	This was a non-advised sale	with appropriateness	
I declare that the information s the applicant.	stated in the application has been complete	d to the best of my knowledge and belief ar	nd I have agreed any adviser charge with
I have provided the investor w	ith a Plan Brochure and Key Information Do	cument.	
I confirm that all dealings with obligations under Dura capital		dance with the requirements of the FCA Ha	ndbook and in accordance with my
documentation, I have assess	ed the suitability of this product with res		ance with the guidance set out in the Plan wes and circumstances. Where conducting d circumstances.
experience to be deemed com	·-	d confirm that where I have given advice, I l to an applicant's circumstances and investm	
•	cuments to be provided in Braille). I will inf	nas any specific vulnerabilities you think we orm Dura Capital by calling 0330 678 1111 c	· ·
Tick to confirm declaration at	pove		
Verification of Identity			
I confirm that:			
The information was obtained	by me in relation to the customer(s);		
The evidence I have obtained sector issued by the JMLSG in		eets the standard evidence set out within	the guidance Notes for the UK Financial
		his application and have retained copies o pital may request at any time and may rel	-
Tick to confirm declaration ab	pove		
Authorised		Full Name:	
Signatory:		Date:	
		Job Title:	

Please return the completed and signed Application Forms to: Dura Capital Limited, PO BOX 1233, St Albans, AL1 9HU

If you have difficulty in reading our literature, please call us on 0330 678 1111. We can supply this in a range of formats including large print, audio & Braille.

Please return this form to: Dura Capital Limited, PO Box 1233, St Albans, AL1 9HU.



APPENDIX: ISA TRANSFER INSTRUCTIONS

Please complete this page if you are transferring an existing ISA into the Plan. If you are transferring ISAs from more than one ISA Manager, please photocopy this page and complete for each ISA Manager.

If your intended transfer includes the transfer of current year ISA subscriptions, you must transfer the full amount for the current year.

Do not send this page to your existing ISA Manager. Instead, please ensure it is included with the rest of your completed application form, and we will arrange the transfers with your existing ISA Manager.

Your Details		Your Existing ISA Manager	
Title (Mr/Mrs/Miss/Ms/Other):		Company Name:	
Forename(s):		Address:	
Surname:			
NI Number:			
Permanent Address:		Postcode:	
		Contact Name:	
		Contact Email:	
Post Code:			
Date of Birth:			
Email Address:			
ISA Account References:		Approx. transfer amount (if trai	nsferring in full, write 'FULL')
Shares ISA account(s), in cash. Plo	ease encash / sell all investments and t	Dura Capital Limited in relation to the to transfer my entire ISA portfolio value to	Dura Capital Limited.
In addition, please forward any re	equests for valuations, transaction repo	rts or any other information as deemed r	necessary in relation to my account(s).
I understand that any fees in relat	tion to this transfer are to be taken fron	n my account with the existing ISA Mana	ger.
•	ed will be unable to accept these addition	r any future dividends or tax reclaims, tog onal amounts if they are not included in t	•
This form constitutes my request	to Dura Capital limited to accept the tra	ansfer of my ISA and to act as my ISA mai	nager.
Signature:		Full Name:	
		Date:	

Note to current ISA manager: Dura Capital is able to receive ISA transfers even if the transfer amount entered on this instruction does not match the records held by you.



Application checklist:

0	Check you (the adviser) and the investor have completed all relevant sections and provided signatures.
0	Make sure you send the completed form back to Dura Capital Limited, PO Box 1233, St Albans, AL1 9HU before the investment deadline detailed in the Plan Brochure, preferably by registered post to make sure it arrives.
0	Make sure you have Terms of Business in place with us.
What hap	ppens next:
0	Completed application forms will be processed by our Administration Team within 24 hours of receipt.
0	The investor will receive an email with our bank details requesting payment. This will include the reference to use when making the electronic payment so that we can match it to the application. Please check spam and junk email folders to make sure this email is not missed.
0	Once the payment has cleared, it will be allocated to the client's account within 24 hours.
0	Once allocated, investors will receive an email from noreply@support.duracapital.co.uk containing log in details to our online investment porta (it is therefore very important that an up-to-date email address is provided on the completed application form).
0	If this is the first time that the financial adviser has submitted a paper application, they will also receive an email with log in details.
0	Both the investor and the adviser should follow the instructions to log in to the online portal, where all further communications will be securely shared. No communications will be sent via post (with the exception of the Adviser Fee Statement).

If you have any questions about the application process, please contact our Administration Team by emailing admin@support.duracapital.co.uk or calling 0330 678 1111.