



Appointing a fund adviser to your account DSA

ADVISOR		
Name:		
E-mail:		



You should use this form to appoint a fund adviser to a Dominion Capital Strategies Limited ("DCSL") Account. The form must be completed by the applicant(s), or the account owner(s) where the account has already started, and the adviser. Each applicant, or account owner must check that this form is completed correctly and must sign to Approve it. Any error or omission may delay the implementation of your instructions.

Account number:		
Account owner 1		
	1 × 1 + 1 + 1 + 1	
Account owner 2		

# 1

### **CUSTOMER AGREEMENT**

FOR COMPLETION BY THE APPLICANT(S) OR ACCOUNT OWNER(S)

#### APPOINTMENT OF FUND ADVISER

Declaration made by each applicant or account owner.

I / we confirm that I / we am / are legally entitled to effect any of the options contained in the account Terms & Conditions. This instruction will apply to all of the assets held in my / our account I / we appoint the fund adviser detailed on page 1 to act in the following capacity

#### **DISCRETIONARY AUTHORITY**

I / we understand that the fund adviser has complete discretionary authority over , without consulting me / us, To make all investment decisions in respect of all of the assets of my / our account.

I / we authorise DCSL to act upon the asset dealing instructions of the fund adviser I / we appoint the fund adviser, as detailed in the appointment form, to act on my / our behalf in respect of the account.

I understand that the fund adviser is not acting on behalf of DCSL.

I / we acknowledge and agree that this confirmation is to enable DCSL to comply with its regulatory duties as an Authorised business in Guernsey.

I / we understand that this is not, and should not be construed as, any endorsement of the fund adviser and DCSL does not warrant the fund advisers suitability or regulatory credentials I / we agree that DCSL is not responsible for any loss or liability to this account arising from this appointment.

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I/We confirm that I/we understand that if Dominion Capital Strategies Limited becomes aware that a fund adviser:

- (a) has been refused membership by, or has been expelled from, a professional organisation; or
- (b) is under investigation by, or has been the subject of disciplinary action by a regulatory authority; or
- (c) has or is carrying out activities in a manner which could prejudice or be harmful to DCSL's reputation; then

DCSL reserves the right to cease to act on the instructions of the fund adviser, with immediate effect and DCSL will inform me/us of the fact.

I/We understand I/we must notify DCSL of any changes which affect this appointment, or the authority of the fund adviser. I/We understand that DCSL will continue to accept instructions from the fund adviser, unless and until I/we advise of a change to this appointment or you receive instructions confirming changes from the fund adviser.

I/We understand that I/we can terminate the appointment of the fund adviser by giving notice in writing to the fund adviser and to DCSL, at DCSL Head Office, of the termination of this appointment. The termination will not affect any transactions already carried out or for which binding instructions have been given directly, or indirectly.

## A Account owner signature

Signature:		<u>                                     </u>					 	 		 		 						 					_
Print name:	<u> </u>	<u>                                       </u>	<u> </u>			 <u> </u>		 <u> </u>	 <u> </u>	 <u>:</u>	<u> </u>	 <u> </u>	<u> </u>	 		<u> </u>	<u> </u>	:	_				
Signature:		<u>                                       </u>			1	 1	 	 - 1	 1	 		 i						 	<u> </u>			!	
Print name:			<u> </u>									!	1				:						

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### ACCEPTANCE OF APPOINTMENT

FOR COMPLETION BY THE FUND ADVISER

This authority enables me to provide investment instructions to DCSL and I confirm that I have the agreement of the applicant(s)/account owner(s) to issue asset dealing instructions on their behalf.

Everyone listed in the authorised signatory list presented to DCSL will be authorised to place instructions with us on behalf of your company.

## B Advisor signature

Advisor/Company nam	ne:																						
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Print name:	L																			 		 	_=
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Print name																							

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