

Portman Associates

Terms of Business Application

This form is for persons wishing to act as "Introducers" to Investments administered by PortmanAssociate.

Please answer all questions and complete in English in black ink using BLOCK CAPITALS.

Where a section does not apply please state "not-applicable".

Please ensure that all copy documents relating to individuals in this application are certified by a solicitor/bank manager/accountant/notary public in accordance with the Anti Money Laundering guidelines. Individuals may not certify their own documents. Please do not hesitate to contact Portman Associates should you require any further information.

Once completed please return to:

Portman Associates

Pearse Hughes

Phone: +353 1 495 2633

Mobile: +353 87 963 1748

E-mail: pearse@portman-associates.com

1 List here the names of the Funds administered by Portman Associates I to which you are proposing to introduce business.

2 Full trading name of your business:

If registered under a different name, please state the full registered name:

3. Legal status of your business:

Please tick correct box and state the year the business was established.

Status		Year established
Company	<input type="checkbox"/>	_____
Partnership	<input type="checkbox"/>	_____
Sole Trader	<input type="checkbox"/>	_____
Other *	<input type="checkbox"/>	_____

* Please provide further details here

4 Registered/Principal address (please include post code)

5 Address for correspondence (if different from above)

6 Telephone number:

(include international dialling code)

7 Fax number:

(include international dialling code)

8 E-mail address:

9 Website address:

(include international dialling code)

10 Who will be the principal contact(s) within your business for correspondence?

Name Name

Position Position

11 Principal details and verification documents

If the business is constituted as a Company or Partnership, please state the full name, home address, position and professional body membership of each of the Directors or Partners (if necessary please continue on a separate sheet).

Name	Address (incl Post Code)	Position / Member of professional body

Verification documents required by us:

Sole Trader

Please provide a certified copy of your passport together with an original or certified copy of a document confirming your residential address. This can be an account statement from a recognised bank, credit card statement (not store cards), a mortgage statement from a recognised lender, a utility bill or a rates or council tax bill not more than 3 months old. Mobile telephone bills are not acceptable.

Partnership

- > Please provide a certified copy of the current passports of two partners together with an original or certified copy of a document confirming the residential address of each of those two partners (for details of acceptable documents see 'Sole Trader' section above).
- > An original or a certified copy of the authorised signatory list for the Partnership, containing the full printed names and sample signatures of those people you wish to authorise to certify client documents on behalf of the partnership.

Company

- > Please provide a certified copy of the current passports of two directors together with an original or certified copy of a document confirming the residential address of each of those two directors (for details of acceptable documents see 'Sole Trader' section above).
- > A certified copy of the Company's Certificate of Incorporation.
- > An original or a certified copy of the Company's authorised signatory list, containing the full printed names and sample signatures of those people you wish to authorize to certify client documents on behalf of the Company.

Certification of Identification documents

A certifier must be a suitable person, such as a lawyer, accountant, a notary public, a member of the judiciary, a Consular Official at a British Embassy or Consulate or a serving Police Officer. The certifier should sign and date the copy document (printing his name clearly in capitals underneath), state that it is a true copy of the original and clearly indicate his position or capacity and contact telephone number.

We should be sent a document with the original certification.

Certification should state at least:

Certified True Copy	
A B Smith	Date _____
Director	
Portman Associates	
XXXXXXXX XXXXXXXX	

12 Please provide the name and address of at least two regulated organisations with whom you currently conduct business and have agreed Terms of Business in place together with a note of the period for which these have been held.

Also provide the name(s) and contact details (including email address if available) of your primary contact(s) within these organisations.

13 Is your business a member of, or authorised/registered/licensed by any regulatory/professional body or trade association?

If "yes", please specify name of authorising body, licence number and country.

14 Have you or any other Partner, Director, Manager, Agent, employee or company with which you have been associated with been expelled from or refused membership of Regulatory or Professional Associations? If yes, please give full details:

15 Have you or any other Partner, Director, Manager or Agent ever been, or are you now, party to any legal proceedings either Civil or Criminal? If yes, please give full details:

16 Have you or any other Partner, Director, Manager, Agent or company with which you have been associated been declared bankrupt or taken any act of insolvency such as compounding with your creditors, or gone into liquidation or receivership.

If yes, please give full details:

17 Have you or any Partner had any agency, terms of business or appointed representative status with any insurance, investment or other company cancelled or declined? If yes, please give full details:

18 Please give details of any Professional Indemnity Insurance held.

19 Bank account details (for payments of commission and reference purposes, if required)

Bank:

Address:

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Sort Code:

Account Currency:

Account Name:

Account Number:

Account Reference:

Declaration:

I/We declare that the information given or referred to in this application for terms of business with Portman Associates is true and complete to the best of my/our knowledge and belief.

I/We accept that the Introducer (and each of its directors/partners and employees) agrees to be bound by the "The Portman Associates Terms of Business" (as amended from time to time).

I/We agree that Portman Associates may make such relevant searches and checks (including in regard to credit worthiness) on this firm and its owners/principal(s) as it sees fit and hereby authorise any bankers to release any such information as maybe requested by the Company in relation to any application for Terms of Business.

To be signed by a Director(s), Sole Trader or all Partners, as appropriate

Signature Position

Print name Date

Signature Position

Print name Date

Signature Position

Print name Date

Signature Position

Print name Date

IMPORTANT

Any person or persons signing this application should ensure they are properly authorised to sign a binding contract on behalf of the business organisation concerned. Please note that your Terms of Business with Portman Associates will not commence until your application has been approved and the International Terms of Business document (which will be issued to you on approval of your application) has been signed by you and returned to Portman Associates.