

EMERGING MARKETS KICK-OUT PLAN 3 APPLICATION FORM

For extra applications (for example, for your husband, wife, partner or friend), simply photocopy this form or download a copy from our website - www.meteoram.com



1. YOUR DETAILS

Title (Mr, Mrs, Miss, Ms):

Surname:

Full first names: Date of birth:

Permanent home address:

Postcode: Country:

Phone number: E-mail address:

For joint applications **in direct investments only**, please fill in the details of the joint application here.

Title (Mr, Mrs, Miss, Ms):

Surname:

Full first names: Date of birth:

For **direct investments only**, on behalf of a child (not aged 18 or over), please fill in the child's name here.

Full name:

Date of birth:

2. NATIONAL INSURANCE NUMBER

Do you have a National Insurance (NI) number?: **Yes** **No**

If 'Yes', please write it here. You should be able to find your NI number on a payslip, form P45 or P60, letter from the HM Revenue and Customs, letter from the Benefits Agency, or pension order book.

1st Applicant	2nd Applicant
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3. COUNTRY OF RESIDENCE FOR TAX PURPOSES

Country:

4. INVESTMENT

Direct Investment: £
(minimum £10,000)

Total Investment: £

Please make your cheque payable to **Meteor Asset Management Limited Client Account**. If you are sending us a building society cheque, it should be payable to **Meteor Asset Management Limited Client Account (ref: your name)**.

If you send money by telegraphic transfer, the details you require are:

Meteor Asset Management Limited Client Account, HSBC Bank plc, P.O. Box 105, 33 Park Row, Leeds LS1 1LD. Sort code: 40-27-15. Account number: 93666182.

5. PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

Please indicate if you would like access to our web-based services (if so, please make sure you have provided your e-mail address in 1. above) Yes No

6. HAVE YOU RECEIVED FINANCIAL ADVICE?

We recommend that all customers seek financial advice to help establish whether this investment fits with their circumstances and financial objectives.

Have you received financial advice relating to this investment?

- Yes**, I have received advice from (name of firm)
- No**, I haven't received financial advice.

If you have received advice, please proceed to Section 7.

If you have not taken financial advice please answer the following questions so that we can assess whether the plan is appropriate for you.

1. Please indicate if you have ever held

- Any investment where the capital and investment returns are variable and are based on the performance the underlying securities, such as equities, commodities, indices, corporate bonds
- A structured product (a fixed term investment such as the one you are applying for)

2. Do you understand that that the amount of any investment return and the return of capital at maturity will depend on the performance of your investment and you may get back less than your original investment at maturity? Yes No

3. Do you understand that the plan is designed to be held for the full investment term and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested? Yes No

4. Have you re-read the '**Is this product right for me**' page of the brochure to make sure that you are happy that all of the 'yes' statements relating to the nature of the investment are appropriate to you? Yes No

7. DECLARATION AND AUTHORITY

Applicable to Direct Investment Applicants only: I declare I am 18 years of age or over and that I am not, or acting on the behalf of, a resident of the United States; and that I will not assist any person who is so resident to acquire securities in the Plan. Further I agree to inform you immediately should I become a resident of the United States. I confirm adherence to the requirements contained in the Terms and Conditions.

For all Applicants: I authorise Meteor Asset Management Limited: to hold my cash subscription, Direct investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.

I have read the Emerging Markets Kick-Out Plan 3 brochure and Terms & Conditions and accept the terms under which my investments will be managed. I declare that this application form has been completed to the best of my knowledge and belief. I understand that Meteor Asset Management Limited does not provide investment advice and confirm that I either do not require such advice or have received advice on this investment from an independent Financial Adviser as shown above.

Signature:

2nd signature:

Date:

Date:

Note: When you have filled in and signed this application form, please return it to your Financial Adviser or to **Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD.**

FOR FINANCIAL ADVISER'S USE ONLY

Financial Adviser:

Special instructions re investment:

FSA number:

Name of adviser:

Prevention of money laundering

I can confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'. I have enclosed signed copies of the documentary evidence with this certificate. I have seen the original documents and any that need a signature were already signed.

Signed on behalf of the above: