



1. 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 compul	sory, as it will be needed to access all you	ur correspondence relating to the plan.				
2. On behalf of a child (Applicable	for DIRECT investments only, for individual	uals under the age of 18):				
Title (A.A.) A. a. (A.A.) A. (A.A.)		J				
Title (Mr/Mrs/Miss/Ms/Other):		Forename(s):				
Date of Birth:		Surname:				
2.6:4:4:	founds have been eithed to the conditions (ant anniliant la familia tuan afama).				
3. Gift from another – where the i	funds have been gifted to the applicant (r	not applicable for ISA transfers):				
Title (Mr/Mrs/Miss/Ms/Other):		Forename(s):				
Date of Birth:		Surname:				
Relationship to Plan Holder:						
Signature:		Date:				
. 0						
4 Source of Funds , what has ero	ated / is generating the funds being used	to open this plan?				
		to open this plan:				
Accumulated Sav	- -	on Lump Sum Employment relat				
Property		Inheritance Reinvestment of I	natured 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			
Bank / Building Society Name:						
Account Holder Name:						
Sort Code		Account Number:				
		Ruilding 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:					
2024/25 ISA Amount (max £20,000)*:					
2025/26 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 Advi	ser:				
TOTAL AMOUNT TO BE PAID TO DURA CAPITA	L LIMITED (this must				
be the sum of the Totals to be invested + the amount of fee to be paid to your Financial Adviser (where applicable):					
*Please note the earlier application deadline for 2024/25 ISA investments of 4th April 2025. **Approximate value of all ISAs being transferred. Total amount is subject to change as the ISA transfer amount is approximate. *** If you have been notified of the maturity of an existing Arcus Plan and would like to reinvest the proceeds into this plan, please enter the amount you wish to reinvest. Please also advise of your matured Arcus Plan Number here:					
7. Payment Details Please submit the 'TOTAL AMOUNT' (above) to	Dura Capital Limited by bar	k transfer to the details below	w, 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:	GB85MIDL40025071426273				
Payment Reference (MANDATORY):					
If paying by cheque, please make payable to Dura Capital Limited (please note cheque applications should be received 5 working days before the offer close date).					
8. Data Protection – use of your data					
Dura Capital Limited is committed to processing your data in accordance with the Data Protection Act 1998. We may use your personal data to provide you with services you request from us, manage your accounts, make decisions, detect and prevent fraud, for analysis and assessment, and to ensure that we comply with legal and regulatory requirements. For further details of how Dura Capital Limited uses your information, please read our Data Protection Statement on our website www.duracapital.co.uk or ask for a printed copy.					
I / We do not wish to receive marketing material by post and telephone					
By signing this form you agree that we can use updated from time to time.	and disclose your informat	on in the ways described in o	ur 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 2024/25 and/or 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.

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.
- For 2024/25 ISA investments only, I have not subscribed and will not subscribe to another ISA of the same type (Cash or Stocks and Shares) in the same tax year that I subscribe to this ISA.
- 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 signatur	e (please copy sheet for additional Signatories)		
First Plan Holder:			
Signature:		Full Name:	
		Date:	
Second Plan Hold	ler:		
Signature:		Full Name:	
		Date:	

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

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





11. Adviser Sectio	on					
Name of Register	red Individual:					
Name of Compan						
Address:	•					
					Post Cod	de:
Telephone Numb	er:					
Email Address*:					* This ema	ail address will be used to access our
Are you a membe	er of a network?	Yes		No		ation system, therefore we recommend
If Yes, are you:		Directly authorised: An	authorised	representative:	_	email address that all relevant members am have access to, if appropriate.
Name of network	c :				or your te	an nave access to, it appropriate.
Financial Services	s Register Ref:				=	
Principal's Financ	cial Services Regis	ter Reference (if applicable):			=	
·	_					
Please tick ONE	of the following t	o confirm.				
This was an advis	sed sale	This was a non-advise	d sale with a	appropriateness	\neg	
I declare that the the applicant.	information state	d in the application has been co	mpleted to t	he best of my know	rledge and belief a	nd I have agreed any adviser charge with
I have provided th	ne investor with a	Plan Brochure and Key Informat	ion Docume	nt.		
	_	nvestor have been carried out in rrent Terms of Business.	n accordance	e with the requirem	ents of the FCA Ha	indbook and in accordance with my
documentation, I	have assessed t		ith respect t	to the customer's i	nvestment objecti	ance with the guidance set out in the Plan ives and circumstances. Where conducting and circumstances.
experience to be	deemed compete		ability to an		-	have the necessary knowledge and nent objectives, and that the applicant
•	eeds (e.g. docum	e client named in this application ents to be provided in Braille). I			•	need to be aware of, or additional or emailing
Tick to confirm de	eclaration above					
Verification of Ide	entity					
I confirm that:						
The information w	vas obtained by r	ne in relation to the customer(s);			
The evidence I hav Sector issued by t			er(s) meets	the standard evide	nce set out within	the guidance Notes for the UK Financial
		tity checks on all parties releva entation, which I understand D	-	•	-	of the completed Verification of Identity ly on.
Tick to confirm do	eclaration above					
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/M	1s/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 Reference	es:	Approx. transfer amount (if tran	sferring in full, write 'FULL')
Shares ISA account(s),	r existing ISA Manager to act on instructions from , in cash. Please encash / sell all investments and ward any requests for valuations, transaction repo	transfer my entire ISA portfolio value to	Dura Capital Limited.
I understand that any	fees in relation to this transfer are to be taken from	m my account with the existing ISA Manag	er.
	hat my existing ISA Manager will be responsible for apital Limited will be unable to accept these additito me directly.		•
This form constitutes r	my request to Dura Capital limited to accept the tr	ansfer of my ISA and to act as my ISA man	ager.
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.