Use this form to apply for The Local Authorities' Property Fund account



Account application form

! Important information

Please read before completing this form.

Please ensure that you have read the Scheme Information and Key Information Document (**KID**) for the Local Authorities' Property Fund (**Fund**) located at **www.ccla.co.uk** before completing this application form. All applicants should sign the necessary declarations in Section 3. Only those investors who are tax exempt and meet the minimum investment criteria may invest in the Fund.

The minimum permitted initial investment in the Fund is £25,000. Thereafter, additional investments should be for a minimum of £10,000.

The space provided in Section 7 should be used to add more information on any section or disclose any support requirements.

Please call our Client Services Team on freephone **0800 022 3505** if you have any questions about this form or would like to discuss any additional support needs. Please note that telephone calls are recorded. If being completed by hand, please use black ink and write in BLOCK CAPITALS.

All pages of this form should be returned to CCLA, PO Box 12892, Dunmow, Essex CM6 9DL.

If you are an existing client with CCLA, please contact Client Services to request an additional account form.

Section 1 Your organisation Date (dd/mm/yyyy) 1.1 Organisation name 1.2 Account name (subtitle of account, if applicable) 1.3 Organisation's office address - This address will be registered for correspondence Postcode Daytime telephone number

1.5 Correspondence preferences Please tick one option

Email - sent to the correspondent's email address.

Post - sent to the office address (section 1.3).

Statments will be produced quarterly at the end of March, June, September and December.

1.6 What is the intended purpose of the investment with CCLA?

What is the intended frequency of transactions on the account? 1.7

Section 2 Nominated bank details

All income and withdrawals will be paid to the nominated bank account (no third party payments will be undertaken).

Nominated bank account details: 21

Bank name	
Account name	
Sort code	Account number

Please send one of the following to verify the bank account: an original paying-in slip, an original cheque marked 'void' or a certified copy of a bank statement confirming the bank details above. The certification must be carried out by one of the following:

- representative of an FCA or EU equivalent regulated firm (e.g. bank manager)
- solicitor/lawyer
- chartered accountant
- notary
- any CCLA Investment Management Limited employee.

The professional certifying the bank statement should:

- be a different person from anyone named on the form
- · not be related, in a relationship or living at the same address to any person named on the form
- · write 'Certified to be a true copy of the original seen by me' on the document
- sign and date the document
- · print their name under the signature and add their occupation, address and telephone number.

Section 3 Directors' (or equivalent) authorisation

This section must be read, completed and signed by a minimum of two and up to four directors (or equivalent) of the local authority who have control and management over its affairs.

Please consult an intermediary if you require investment advice.

Client categorisation

To invest in the Fund you must either request to be treated as an elective professional client (and CCLA must agree to this) or we will categorise you as a retail client if you have solicited independent financial advice and this has concluded that the Fund is suitable for you.

Conflicts of interest

CCLA operates a Conflicts of Interest Policy to ensure that our clients are treated fairly. Our policy seeks to avoid circumstances which we consider may give rise to potential conflicts of interest and material disadvantage to our clients.

CCLA's Conflicts of Interest Policy can be found on its website at www.ccla.co.uk.

Your personal information

Privacy Notice

CCLA's Privacy Notice sets out how CCLA complies with UK Data Protection requirements and how it processes and protects your personal information. CCLA's Privacy Notice can be found on our website at **www.ccla.co.uk**.

Communicating with you

CCLA may collect and use your personal information to bring to your attention additional products or services which may be of interest to you by email, telephone or post. Where we are required to obtain your consent to communicate with you by email or telephone or post we will do so. You have the right to ask us not to process your personal information for this purpose at any time. Please email us at clientservices@ccla.co.uk or telephone us on 0800 022 3505.

Sharing your personal information

To provide our services to you we may share your personal information with third parties including:

- those who provide administrative and operational services to us;
- to verify your identity in accordance with UK money laundering requirements. These may include credit reference agencies;
- where required by law, regulation or a court order;
- fraud and law enforcement agencies if you give us false or inaccurate information or you have made us aware that you suspect fraud; and
- HMRC or the Financial Conduct Authority.

Declarations:

On behalf of the investing organisation we agree to be bound by the terms and conditions of the Scheme and the Scheme Information constituting the Fund.

By signing the authorisation section of this application form, we the applicant, confirm that:

- The units to which this application relates are and will at all times be on behalf of the investing organisation.
- We have read and understood the contents of the Fund KID and Scheme Information.
- The investing organisation is tax exempt as it is a local authority in either England, Wales, Scotland or Northern Ireland.
- The investing organisation is eligible to invest in the Fund as outlined under the Scheme Information.
- The persons signing below are duly authorised to sign on behalf of the investing organisation.
- We shall inform CCLA of any subsequent change in the tax exempt status of the investing organisation
 and we agree to indemnify the Fund, as set out in the Scheme Information, against all losses suffered
 by the Fund as a consequence of our ineligibility to invest in the Fund.
- · The correspondent and authorised signatories for this account are known to us.
- We shall notify CCLA of any subsequent changes of directors (or equivalent), correspondent and/or authorised signatories.
- The bank account details provided in Section 2 of the application are either in the name of this local authority or its nominee.
- We understand that in the provision of this service, CCLA is executing transactions following our
 instruction and is not providing advice on the merits of transactions and in relation to which the rules
 on assessment of appropriateness and suitability do not apply. Consequently, investors do not benefit
 from the protection of the rules on assessing appropriateness and suitability provided within the FCA
 Regulations (as defined in the Scheme Information).
- · The information contained in this form is true and accurate to the best of our knowledge and belief.

Authorisation:

We authorise you to:

- · Conduct the account as instructed in this application form until you are instructed to the contrary on a mandate form.
- Accept faxed instructions that purport to be properly issued in accordance with this application form. We indemnify you against any costs or loss arising from your acting on such instructions.

If the account is to be operated by a nominee company, please send a certified copy of a list of the

authorised signatories. The list should be certified as a true copy by the directors (or equivalent). The account should be operated by: Any two of the authorised signatories Any one of the authorised signatories First director (or equivalent) Name Signature Date (dd/mm/yyyy) ▶ First director needs to complete sections 3.1 to 3.5 Second director (or equivalent) Name Signature Date (dd/mm/yyyy) ▶ Second director needs to complete sections 3.6 to 3.10 Third director (or equivalent) Name Date (dd/mm/yyyy) Signature ▶ Third director needs to complete sections 3.11 to 3.15 Fourth director (or equivalent) Name

▶ Fourth director needs to complete sections 3.16 to 3.20

Signature

Date (dd/mm/yyyy)

Middle name Surname Date of birth (dd/mm/yyyy) Position Mobile number Daytime telephone number Email address Home address Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing. Signature Date (dd/mm/yyyy)	Title	tor (or equivalent)		
Date of birth (dd/mm/yyyy) Position Mobile number Daytime telephone number Email address Home address Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.				Forename
Mobile number Email address Home address Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Middle nar	ne		Surname
Email address Home address Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Date of bir	th (dd/mm/yyyy)	Position	
Home address Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Mobile nur	nber		Daytime telephone number
Postcode Date moved to this address (dd/mm/yyyy) Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Email addı	ess		
Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Home add	ress		
Will you be the correspondent for this account? Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.				
Yes No Will you be an authorised signatory for this account? Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Postcode		Date moved	to this address (dd/mm/yyyy)
Yes No I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.			nt for this account?	
I agree to CCLA communicating with me by email, phone or post as set out in the section headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Will you b	e an authorised sig	natory for this accour	nt?
headed Communicating with you on page 4 of this Application Form. I understand that I have the right to request otherwise at any time. I confirm that to the best of my knowledge all of the above information I have provided is correct as at the date of signing.	Yes	No		
is correct as at the date of signing.	heade	d Communicating	with you on page 4 of	f this Application Form. I understand that
				of the above information I have provided
				Date (dd/mm/yyyy)

3.6	Second directo	r (or equivalent)	
	Title		Forename
	Middle name		Surname
	Date of birth (c	ld/mm/yyyy) Position	
	Mobile number		Daytime telephone number
	Email address		
	Home address		
	Postcode	Date moved to	o this address (dd/mm/yyyy)
3.7	Will you be the	correspondent for this account?	
3.8	Will you be an	authorised signatory for this account	2
0.0	Yes	No	•
3.9	headed Co		ail, phone or post as set out in the section his Application Form. I understand that
3.10		nat to the best of my knowledge all of s at the date of signing.	the above information I have provided
	Signature	s at the date of signing.	Date (dd/mm/yyyy)

3.11	Third director	(or equivalent)	
	Title		Forename
	Middle name		Surname
	Date of birth (dd/mm/yyyy) Position	
	Mobile numbe	r	Daytime telephone number
	Email address		
	Home address	;	
	Postcode	Date moved to	o this address (dd/mm/yyyy)
3.12	-	e correspondent for this account?	
	Yes	No	
3.13	Will you be an Yes	authorised signatory for this account No	?
3.14	headed Co		ail, phone or post as set out in the section his Application Form. I understand that
3.15		hat to the best of my knowledge all of as at the date of signing.	the above information I have provided
	Signature		Date (dd/mm/yyyy)

3.16	Fourth directo	or (or equivalent)	
	Title		Forename
	Middle name		Surname
	Date of birth ((dd/mm/yyyy) Position	
	Mobile numbe	er	Daytime telephone number
	Email address		
	Home address	s	
	Postcode	Date moved t	to this address (dd/mm/yyyy)
3.17	Will you be th	ne correspondent for this account?	
3.18	Will you be ar	n authorised signatory for this account No	?
3.19	headed C		ail, phone or post as set out in the section this Application Form. I understand that e.
3.20		that to the best of my knowledge all o as at the date of signing.	f the above information I have provided
	Signature	as at the date of signing.	Date (dd/mm/yyyy)

Section 4 Correspondent

4.1	Only complete this section if the correspondent has not completed Section 3. Title Forename						
	Middle name	Surname					
	Position						
	Mobile number	Daytime telephone number					
	Email address						
4.2	Will you be an authorised signatory?						
	Yes No						
4.3	I agree to CCLA communicating with me by em headed Communicating with you on page 4 of I have the right to request otherwise at any tim	this Application Form. I understand that					
4.4	I confirm that to the best of my knowledge all o is correct as at the date of signing.	f the above information I have provided					
	Signature	Date (dd/mm/yyyy)					

Section 5 Other signatories that are authorised to operate the account

5.1	Authorised signatory Title	Forename
	Middle name	Surname
	Position	
	Mobile number	Daytime telephone number
	Email address	
5.2	I agree to CCLA communicating with me by em headed Communicating with you on page 4 of I have the right to request otherwise at any time	this Application Form. I understand that
5.3	I confirm that to the best of my knowledge all o is correct as at the date of signing.	f the above information I have provided
	Signature	Date (dd/mm/yyyy)
5.4	Authorised signatory	
	Title	Forename
	Middle name	Surname
	Position	
	Mobile number	Daytime telephone number
	Email address	
5.5	I agree to CCLA communicating with me by em headed Communicating with you on page 4 of I have the right to request otherwise at any time	this Application Form. I understand that
5.6	I confirm that to the best of my knowledge all o is correct as at the date of signing.	f the above information I have provided
	Signature	Date (dd/mm/yyyy)

Please use additional sheet if required

Section 6 Checklist and documentation required

PLEASE TICK TO CONFIRM ALL OF THE DOCUMENTS ARE ENCLOSED.

For the bank account details provided under Section 2, please include one of the following:

- an original paying-in slip
- · an original cheque marked 'void'
- a certified copy of a bank statement confirming the bank details.

The certification must be carried out by one of the following:

- · representative of an FCA or EU equivalent regulated firm (e.g. bank manager)
- · solicitor/lawyer
- · chartered accountant
- notary
- any CCLA Investment Management Limited employee.

The professional certifying the bank statement should:

- · be a different person from anyone named on the form
- · not be related, in a relationship or living at the same address to any person named on the form
- · write 'Certified to be a true copy of the original seen by me' on the document
- · sign and date the document
- · print their name under the signature and add their occupation, address and telephone number.

A copy of your governing document or other evidence (such as minutes or signatory list) permitting those named in Section 3 to authorise the investment on behalf of your organisation.

Before returning this form please ensure all of the above documents are enclosed. Failure to do so will delay your application.

Section 7 Additional information and notes Please use this section to disclose any additional information or support requirements.			

Section 8 Email instructions authority

Instructions on a CCLA form, sent by email to us as a PDF, and signed in accordance with the account mandate, can be accepted if we have the relevant email instructions authority.

Please complete this section if you would like us to accept instructions by email.

! Important information

A PDF version of a CCLA form attached to your email is your instruction to us and should be sent to cclaclientservices@fnztaservices.com. Do not send the original documentation in the post and do not resend the email and/or the attachment as your instruction may be processed again. This mailbox will automatically upload the PDF for processing so any additional information contained in the body of the email will not be seen. If you have any additional information about the instruction that is not on the completed form, please send your email and PDF to our Client Services Team at clientservices@ccla.co.uk who will be happy to assist.

Authority to accept email instructions

In consideration of CCLA agreeing to accept from us, notwithstanding the terms of the relevant mandate, from time to time instructions purporting to come from us in the form of email instructions in relation to our account, we confirm and accept that CCLA does not accept responsibility for, and we will not seek to hold CCLA liable for any actions, proceedings, claims, losses, damage, costs and expenses that may be suffered or incurred as a result of CCLA accepting, or acting upon, instructions that CCLA reasonably believes have come from us, or have been given on our behalf. We accept responsibility for any losses or costs that might be incurred as a result of the cancellation of any purchase or sale of units carried out as a result of CCLA accepting, or acting upon, instructions that CCLA reasonably believes have come from us or have been given on our behalf.

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Authorised signatory name

Signature	Date (dd/mm/yyyy)
Authorised signatory name	
Signature	Date (dd/mm/yyyy)

CCLA One Angel Lane London EC4R 3AB



Freephone 0800 022 3505 clientservices@ccla.co.uk www.ccla.co.uk

CCLA Fund Managers Limited (registered in England & Wales No. 8735639), whose registered address is: One Angel Lane, London EC4R 3AB, is authorised and regulated by the Financial Conduct Authority and is the Manager of the Local Authorities' Property Fund. Local Authorities' Mutual Investment Trust is the trustee of the Fund and is registered in England & Wales as a company limited by guarantee (No. 700132) at the address above.