

MHA Caves Wealth Client Registration Form

1 Account Name (Registrant(s), Trust, Company or Pension Scheme)

2 Registrant(s) Details (or Trustee(s)/Director(s))

Surname	Surname	Surname
Name(s)	Name(s)	Name(s)
DOB	DOB	DOB
NI No.	NI No.	NI No.

Correspondence address

Copy Correspondence address (if applicable)

Postcode:

Postcode:

Tel:

Tel:

Email:

Email:

3 Bank Account Details

Account name	Sort Code	-	-	Account No.
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4 Account Type

I wish to open: A Standard Account A Managed Account



You will need to complete additional agreements in order to activate one of our Managed Services

5 MHA Caves Wealth Nominee Platform

I/We have elected to have investments held on MHA Caves Wealth Nominee Platform. I/We confirm that I/we have received the MHA Caves Wealth Nominee Platform Brochure and have read and understood the Terms and Conditions relating to the service in full.

Income distribution

With regard to income payable on my/our account I/we request the following:

Dividends are to be paid to my/our account at MHA Caves Wealth and held on deposit

Dividends are to be paid by BACS to my/our Bank Account on a monthly quarterly or half yearly basis

Scrip dividends

In some instances it is possible to take additional shares in lieu of dividends. Please select preferred option.

I/We wish to receive additional shares in lieu of dividend payments where available

I/We would like to take cash dividends in all instances

Tax services

Please provide a Consolidated Income Tax Voucher after the end of each tax year*

Please provide a Capital Gains Tax report after the end of each tax year*



* Please refer to the MHA Caves Wealth Nominee Platform Brochure for current charges

6 Account Password

For security reasons we would be grateful if you could provide an account password and password prompt

Password:

Password prompt:

(We use the password prompt to help you to remember your password in the event that it is forgotten)

7 Authorities

I/We give my/our authority for the following to be given information relating to my/our account:

I/We confirm receipt of MHA Caves Wealth Terms of Business Letter and Client Agreement (version _____).

I/We confirm that I/we have been given at least 24 hours in which to consider my/our acceptance of it.

I/We understand that MHA Caves Wealth reserve the right to undertake a credit check and I/we give consent for this.

I/We confirm we have been made aware of MHA Caves Wealth Privacy Notice and understand the nature of my/our personal data being collected and processed

I/We consent to MHA Caves Wealth providing me/us with updates and details of investment opportunities, or with articles of information, by phone email post text

Signature:

Signature:

Signature:

Print name:

Print name:

Print name:

Date:

Date:

Date:



Head Office: Lockgates House,
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mhacaves.co.uk

MHA Caves Wealth is authorised and regulated by the Financial Conduct Authority.
FCA Number 143715. Member of the London Stock Exchange.

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CAVES WEALTH