ELECTIVE PROFESSIONAL CLIENT STATEMENT

I declare that I wish to be treated as an "elective professional client", as defined at section 3.5.3 of the Conduct of Business Sourcebook (COBS) in the Financial Conduct Authority (FCA) Handbook, in respect of the prospective purchase of Cap-It Certificates only.

Warning

I confirm that I am aware of the protections I will lose as a result of being classified as an elective professional client.

(i)   I understand that being designated as an "elective professional client" means that I may lose the right of access to the Financial Ombudsman Service.

(ii)   I understand that I will be eligible to receive financial promotions in relation to non-mainstream pooled investments including Cap-It Certificates.

(iii)   I understand that I may have no right to seek compensation from the Financial Services Compensation Scheme.

(iv)   I accept that I may not be able to rely on certain provisions in relation to financial promotion that are specified in COBS.

(v)   I accept that the investments to which any promotions relate may expose me to a significant risk of losing all the money or other property invested.

I am aware that it is open to me to seek advice from someone who is authorised under the Financial Services and Markets Act 2000 and who specialises in advising on investments of this kind.

I accept that I can lose all my property and other assets from making investment decisions based on financial promotions.

Confirmation

I acknowledge that the assessment of my knowledge through the Eligibility Test gives Cap-It Financial Limited reasonable assurance, considering the nature of the transactions involved, that I can make my own investment decisions and that I understand the risks involved in the purchase of a Cap-It Certificate.

By signing this statement for an elective professional client, I agree:

(i)   to the above statement;

(ii)   that I will be classified as an elective professional client pursuant to the COBS; and

(iii)   that I will save a copy of this statement for my records.

Name

Signature

Date