

## Form C

### Application to receive a copy of the Qualified Investor Register (QIR) in accordance with rules 5.4.8 and 5.4.9 of the Prospectus Rules

#### Information

The information on the Qualified Investor Register (QIR) is designed to facilitate the issue of securities without the requirement to publish a prospectus under the EU Prospectus Directive (2003/71/EC).

It is not to be used for any purpose other than determining whether an investor is a Qualified Investor, and making an offer of securities to the Qualified Investor, in connection with an offer of securities to the public by you.

You must also ensure that the information is kept secure and not disclosed by you or your agent to any other person.

Persons whose names appear on the QIR have certified that they meet the criteria to qualify as Qualified Investors under the Prospectus Directive. Individuals can remove themselves from the QIR at any time and the FSA is only responsible for the accuracy of the QIR at the time it is sent out. If an investor removes themselves from the register within 31 days of you receiving a copy the FSA will send you another copy.

For individuals, the following information will be shown on the QIR: name, QI unique reference number and contact address (can be of individual's representative or adviser) or broker identification. For Small and Medium Enterprises (SMEs) the QIR will show: company name, QI unique reference number, contact name and registered office address.

To receive a copy of the register please fill out the details below and send this form to the Register Team, FSA, 25 The North Colonnade, Canary Wharf, London, E14 5HS.

There is an administration charge to be paid to receive the QIR.

- To receive a one off copy of the register, please enclose a cheque for £25 plus VAT.
- To be placed on a year's subscription to receive monthly copies of the QIR, please enclose a cheque for £150 plus VAT.

Cheques should be made out to Financial Services Authority.

The QIR is provided on a spreadsheet (MS Excel 97) and sent out via email only. It is essential, therefore, that you provide us with the email address that we should send the QIR to.

We need all the information requested below to grant your application for the QIR.

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please tick the appropriate selection:

- One off copy at £25 plus V.A.T
- Annual Subscription for monthly copy of QIR at £150 plus V.A.T

Please remember to enclose the correct payment made out to Financial Services Authority to avoid delays to the processing of your application.

**Disclaimer** (to be signed by a Director or Company Secretary)

I/we confirm that I am/we are an issuer/offeror of securities and that I/we understand that the data found on the Qualified Investor Register must not be used by me/us (or my/our agents) for any purpose other than:

- 1) determining whether an investor is a Qualified Investor; and/or
  - 2) making an offer of securities to a Qualified Investor,
- in connection with an offer of securities to the public by me/us.

I/we understand that the Qualified Investors do not consent to the information being used by me/us (or my/our agent) for any purposes other than set out in those set out above or being disclosed to any other person by me/us or my/our agent (without the express prior consent of the qualified investor).

I/we understand that if information is used by me/us (or my/our agent) for any other purpose or disclosed by me/us (or my/our agent) to any other person I/we may be in breach of the Prospectus Rules or section 348 of FSMA (contravention of which may result in a fine or imprisonment or both).

I/we also understand that the investors on the register have certified that they meet the criteria for being a Qualified Investor.

I/We also accept that the FSA may disclose information to other public authorities, such as other securities regulators, for the purposes of the performance of the FSA's, or their, functions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Subscriber Number (to be completed by FSA): \_\_\_\_\_