

Country:

Postcode:



Novia GIA Individual or Joint Equity Transfer Authority

Notes for completion of this Equity Transfer Authority

We're currently rebranding from Novia to Wealthtime. You'll notice that some of our products and services still use the name Novia while we're transitioning over to the new name. So don't worry if you see both Wealthtime and Novia names in our documents. Wealthtime is a trading name of Novia Financial plc.

You can sign this form digitally. Once completed, simply log in to Adviser Zone and send it to us via secure email. If you don't have access to our selected electronic signature providers, please sign the declaration on page two using a blue or black pen and scan the form before sending it to us by secure email. Alternatively, you can send the form by post to Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.

Share/EPIC Code:	This is the standard share trading code as registered on the London Stock Exchange.
Name of share:	This is the full name of the share as registered on the London Stock Exchange. Please include security type and denomination.
Registered name of holding:	The full name of the holder as listed at the Share Registry and shown on the Contract Note(s).
Number of shares:	The number of shares you are transferring to your Stockbroker Account
Additional documents req	uired
Certified:	If the shareholding being transferred is certificated, we will require the original certificate(s) and completed attached CREST transfer form.
CREST:	If the share being transferred is registered on CREST, please provide a recent statement showing all details of the shareholding you wish to transfer
Broker:	If the share being transferred is held with a broker, a nominee or direct with registrars, please ensure you also provide us with your full account and contact details.
New Stockbroker Ac	count
lf a Stockbroker Account is red	quired, please fill out and submit a Stocktrade Registration form.
Equity Transfer Auth	ority
(please complete one auth	ority for each broker)
Registered name of holding: [
Registered Address	
House number/name:	
Street name:	
District:	
Town/city:	
County:	



Please provide any previous addresses which are still registered against any Investments you are transferring in this application.

Previous address one	Previous address two					
House number/name:	House number/name:					
Street name:	Street name:					
District:	District:					
Town/city:	Town/city:					
County:	County:					
Country:	Country:					
Postcode:	Postcode:					
Investor Details						
Registered holder one						
Mr Mrs Other	Male Female					
Surname:	Date of birth (dd/mm/yyyy):					
Forename(s):						
National Insurance number (if known):						
Registered holder two						
Mr Mrs Other	Male Female					
Surname:	Date of birth (dd/mm/yyyy):					
Forename(s):						
National Insurance number (if known):						
Registered holder three						
Mr Mrs Other	Male Female					
Surname:	Date of birth (dd/mm/yyyy):					
Forename(s):						
National Insurance number (if known):						



Registered hold	ler fo	uг															
Мг	Игѕ		Miss		Other					Ma	ale	F	-em	ale			
Surname:							Date	of birtl	h (dd/r	ոm/չ	/ууу):						
Forename(s):	Forename(s):																
National Insurance	National Insurance number (if known):																
Equity Transf (please complete																	
Name and addr	ess o	of eac	ch brol	кег													
Manager name:																	
House number/nan	ne:																
Street name:																	
District:																	
Town/city:																	
County:																	
Country:																	
Postcode:																	
Account number registered with the broker:																	
Shares to be tra																	
Please use this sect You may transfer ar	tion to	supp															
Share/EPIC code	inclu		hare (fu security tion)				Name of holder	of regis	stered		umbe share	(k	ertii olea: ck)		CRE (plea tick)	ase	
										+							



Equity Transfer Authority (continued)	
Please transfer outstanding cash to Wealthtime as part of t	his equity transfer
I/We authorise the broker shown on this Authority to provide W it may require, and to transfer the assets detailed above to the	-
 I/We authorise Wealthtime to submit this transfer authority to tand for the broker to execute the transfer with immediate effect 	-
 I/We confirm that the transfer of the assets below will not affect from or among the existing holders and is not for consideration 	_
• If I/we sign this declaration by electronic signature, I/we confirm	m that this method of signature
is my/our agreement to be bound as if signed by my/our manu	script signature.
Power of Attorney Authorisation	
I/We hereby appoint Wealthtime as my/our attorney in responsive my/our attorney to do on my/our behalf, all things necessary on this form into the name of its nominee, Novia (Net) Nom grant this power in my/our capacity as trustee this power sh Trustee Act 1925, only remain valid for a period of 12 month	y to transfer ownership of the asset(s) listed inee Limited. I/We confirm that where I/we nall, in accordance with Section 25(5) of the
Account details	
Account number registered with the broker:	
Registered holder one	
Name (please print):	
Date (dd/mm/yyyy):	
Signature:	
Witness signature is only required where you are granting Powe	r of Attorney authorisation
Witness name (please print):	
Date (dd/mm/yyyy):	
Signature:	
House number/name:	
Street name:	District:
Town/city:	County:
Country:	Postcode:



Registered holder t	two		
Name (please print):			
Date (dd/mm/yyyy):			
Signature:			
Witness signature is on	nly required where you are granting Power of	Attorney authori	isation
Witness name (please print):			
Date (dd/mm/yyyy):			
Signature:			
House number/name:			
Street name:		District:	
Town/city:		County:	
Country:		Postcode:	
Registered holder t	three		
Name (please print):			
Date (dd/mm/yyyy):			
Signature:			
Witness signature is on	nly required where you are granting Power of	Attorney authori	isation
Witness name (please print):			
Date (dd/mm/yyyy):			
Signature:			
House number/name:			
Street name:		District:	
Town/city:		County:	
Country:		Postcode:	



Registered holder f	four		
Name (please print):			
Date (dd/mm/yyyy):			
Signature:			
Witness signature is on	ly required where you are granting Power of A	ttorney authorisation	
Witness name (please print):			
Date (dd/mm/yyyy):			
Signature:			
House number/name:			
Street name:		District:	
Town/city:		County:	
Country:		Postcode:	

If you require this document in an alternative format please contact us.

Wealthtime is a trading name of Novia Financial plc. Novia Financial plc is a private limited company registered in England and Wales. No. 06467886. Registered office: Cambridge House, Henry St, Bath, BA11JS. Novia Financial plc is authorised and regulated by the Financial Conduct Authority. FCA Number 481600.

WT-GIJSA-0923 Page 6 of 7

CREST Transfer

Above this line for registrar's use

	Counter location stamp	Barcode or reference	
		SDRN	
	Above this line for completion k	by the depositing system-user only	
lame of undertaking	Consideration money		Certificate(s) lodged with registrar (To be completed by the registrar)
Description of security			
Please complete form in BLOCK CAPITALS	Number of shares or other sect	urity in words	Figures
lame of registered older(s) should be iven in full. The ddress should be iven where there is nly holder.	In the name(s) of		Description (if any)
the transfer is not nade by the registered older(s), insert also ne name(s) and apacity (e.g. xecutor(s) of the erson(s) making ne transfer			Balance certificate(s) required
sign here	I/We hereby transfer the above security name(s)of the system-member set out entries be made inthe undertaking's own Signature(s) of transferor(s) 1. 2.	below and request that the necessary	Stamp of depositing system-user
Please	3.4.A body corporate should execute this train accordance with applicable statutory	ansfer under its common seal or otherwise requirements.	Date
ull name(s) of the erson(s) to whom the ecurity is transferred such person(s) must be system member.			Participant ID
รรุงเติก เกิดเกิมติ.			Member account ID
deference to the	RESTCo Limited is delivering this transfer at th	e direction and on behalf of the depositing system-use	er whose stamp appears herein and does not in any

Reference to the registrar in this form means the registrar of registration agent of the undertaking, not the registrar of Companies at Companies House.

RESTCo Limited is delivering this transfer at the direction and on behalf of the depositing system-user whose stamp appears herein and does not in any manner or to any extent warrant or represent the validity, genuineness or correctness of the transfer instructions contained herein or the genuineness of the signature(s) of the transferor(s). The depositing system-user by delivering this transfer to CRESTCo Limited authorises CRESTCo Limited to deliver this transfer to registration and agrees to be deemed for all purposes to be the person(s) actually so delivering this transfer for registration.

This form should be used only for a transfer of a certificated unit of a security to a CREST member to be held by a CREST member in uncertificated form.

It should not be used for conversion of a unit held by a CREST member into uncertificated form.

The CREST rules requires that this form be used for the transfer of a unit of a certificated security to a CREST member to be held by that member in uncertificated form. Any such transfer on this form is exempt from stamp duty.