

1. Personal Details

This information will be recorded and used by Nomura for the purpose of HR managing all aspects of your employment with Nomura, in accordance with Nomura's data protection policy and other relevant policies in place from time to time. This use will include specific HR purposes, such as in connection with Business Continuity Management procedures. For that purpose, Nomura may transfer your personal data to third parties who may provide services to Nomura and may transfer the information outside of the European Economic Area to a country which does not have equivalent data protection laws. If such transfers are made, Nomura takes steps to ensure that appropriate security measures are always applied to the processing of your personal data.

Title	<input type="text"/>		
First Name	<input type="text"/>	Middle Name/s	<input type="text"/>
		Surname	<input type="text"/>
Previous Names (if any)	<input type="text"/>		Preferred Name <input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Address Line 1	<input type="text"/>		
Address Line	<input type="text"/>		
Address Line	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>
UK National Insurance Number	<input type="text"/>		

If you have previously held, or are currently in an FCA regulated role, please confirm your Individual Reference Number in the field alongside. This can be found on the FCA Register, accessible via fca.org.uk. If this does not apply to you, please state N/A.

2. Contact Details

Contact details provided will be kept confidential. Please provide contact telephone numbers and place them in the order in which you would prefer these numbers to be called.

In addition please ensure you provide e-mail address(es) through which Nomura can contact you. We advise caution in relation to use of employer email addresses as they may be subject to monitoring.

Contact Telephone / Mobile 1	<input type="text"/>	e-mail address	<input type="text"/>
Contact Telephone / Mobile 2	<input type="text"/>	Alternative e-mail	<input type="text"/>
Contact Telephone / Mobile 3	<input type="text"/>		

3. External Relationships

Please note that you may be required to provide additional information on commencement of your employment in relation to any internal and external relationships.

i) List any relationships with external parties (including any directorships you hold and connections to Public Officials).

☐ Not applicable

Company Name	Department	Position Held	Relationship

ii) List any relationships with known Nomura clients or service providers.

☐ Not applicable

Company Name	Department	Position Held	Relationship

4. Internal Relationships

List any relationships with other Nomura employees (including temporary and contract employees).

☐ Not applicable

Company Name	Department	Position Held	Relationship

5. Education & Professional Qualifications

Please provide details of all UK and/or overseas higher education and professional qualifications, including dates and country of qualification. It is necessary to make sure that this data is recorded accurately and in full including, in all cases, dates of study and qualifications awarded or not awarded.

☐ Not applicable

University / College Name	Qualification Obtained	Date From (MM/YY)	Date To (MM/YY)	Award Date (MM/YY)	Grade	Country of Study

Professional Memberships/Qualifications

Please indicate the professional bodies of which you are a member, stating membership number and when that membership expires/expired. Additionally, within this section please state professional qualifications, state when these were taken and whether you were successful in gaining them. Please ensure that the bodies are listed in full and that initials are not used, as these may not be unique.

☐ Not applicable

Award Name / Description	Awarding Body	Date Awarded (MM/YY)	Expiry Date (MM/YY)	Certificate or License Number	Country of Issue

6. Pension Protection

Have you opted for Pension Protection against the Lifetime Allowance?

The Enhanced or Fixed Pension Protection was granted by HMRC to Individuals who:

- Felt that they already had enough pension savings, and
- Either already had pensions worth more than the standard lifetime allowance or expected them to be worth more than this by the time they come into payment

If you have answered 'Yes' to the above question, Nomura may ask for a copy of your HMRC certificate. Please note that Auto-Enrolment may result in the loss of enhanced or fixed protection so you should consider your position carefully when selecting your benefits upon joining.

If you are unsure seek independent financial advice.

7. Citizenship / Visa Details

This section must be completed by all candidates, including UK Nationals.

A scanned copy of the photo page of your passport and Visa/Right to Work in the UK (if applicable) must accompany this form.

Citizenship

Country	Status	Passport Number	Issue Date	Expiry Date	Issuing Country

Do you require a work permit/visa to take up employment in the UK?

If yes, do you currently hold a work permit/visa?

Typically proof that an individual is allowed to work in the UK would be a UK/ European Economic Area Country Passport or National Identity Card. However there are many other documents (or combination of documents) which may be provided. Full details may be found in the UK Border Agency guidelines on the www.ukba.gov.uk website.

8. Emergency Contact Details

Please ensure you provide information for two emergency contacts and indicate next of kin (if applicable). In providing this information you confirm that you have notified these individuals that you have shared their personal information with us so that we may contact them in the event of an emergency.

Primary Contact

Full Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Next of Kin	<input type="text"/>

Secondary Contact

Full Name	<input type="text"/>
Relationship	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Next of Kin	<input type="text"/>

9. Declarations

I have read, understood and answered all questions accurately and truthfully and will notify Nomura in the event of any changes to that information. I understand that the information will be processed for the purposes of my application for a role at Nomura and for any subsequent employment with Nomura and may be transferred outside the European Economic Area. I have provided proof of right to work in the UK (by mail or by scanned attachment), where applicable.

Print Name	<input type="text"/>	Department	<input type="text"/>	Date	<input type="text"/>
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10. Acknowledgement and Undertaking

TO: Nomura International plc and/or the Nomura Company by whom I am currently or from time to time employed ("Nomura")

ATTENTION: Compliance Department, Angel Lane

I have received, read and understood the following documentation (together being the Nomura Staff Compliance Documentation referred to in your Conditional Offer of Employment):

- Market Abuse Policy
- Personal Account Dealing Policy
- Anti Money Laundering Policy
- Outside Business Interests Policy
- Conflicts of Interest Policy
- Confidentiality and Information Barriers Policy
- Business Gift, Business Entertainment and Donations Policy

(When you join Nomura it is also important that you ensure you familiarise yourself with the firm's Compliance Manual which also sets out a number of other important Compliance policies and procedures which employees are required to comply with. This can be found via the Compliance page on the Nomura intranet.)

I undertake to observe and comply with the provisions, policies and procedures set out or referred to in the above documents and any additions to them or amendments or replacement of them which may be made from time to time.

I further undertake to observe and comply with Part V of the Criminal Justice Act 1993 in its present form or as it may be amended or replaced in the future.

I understand that I am obliged to read and familiarise myself with all such amendments and replacements to the provisions, policies and procedures set out or referred to in the above document or any statutory provisions referred to therein with which Nomura may supply to me from time to time.

I acknowledge that the above undertakings apply at all times throughout my period of employment with Nomura and undertake to abide by them during such period.

I further acknowledge that the provisions of the Confidentiality Policy survive beyond the period of my employment with Nomura and I undertake to observe and comply with those provisions subsequent to any termination of my employment.

I accept that the acknowledgements and undertaking agreed to in this document form part of my contract of employment with Nomura and that I shall be also bound by any further policies and/or procedures issued or notified to me from time to time for the purpose of ensuring compliance with statutory or regulatory provisions applicable to any part of the Nomura Group.

I understand that any failure to comply with and/or breach of the undertaking contained herein may amount to gross misconduct and entitle Nomura to terminate my employment forthwith and may further render me liable to criminal and/or civil penalties (including fines and/or imprisonment).

Print Name

Department

Date

11. Fitness & Propriety

Section 1

1.01a Have you ever been convicted of any offence (whether spent or not and whether or not in the United Kingdom):

i. involving fraud, financial crime, theft, false accounting, offences against the administration of public justice (such as perjury, perverting the course of justice and intimidation of witnesses or jurors), serious tax offences or other dishonesty or

ii. relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection, money laundering, market manipulations or insider dealing?

1.01b Are you the subject of any current criminal proceedings?

1.01c Have you ever been given a caution in relation to any criminal offence?

1.02 Have you any convictions for any offences (whether spent or not and whether or not in the United Kingdom) other than those in 1.01 above (excluding traffic offences that did not result in a ban from driving or did not involve driving without insurance)?

1.03a Have you, ever had a County Court Judgment (CCJ) or other judgement debt, whether satisfied or not and whether discharged or not, in the United Kingdom or elsewhere?
Have you had:

i) more than 2 CCJs or judgment debts?

ii) more than £1,000 in total of CCJs or judgment debts?

1.03b Are you aware of:

i) any proceedings that have begun, or anybody's intention to begin proceedings against you for a CCJ or other judgment debt?

ii) more than one set of proceedings, or anybody's intention to begin more than one set of proceedings that may lead to a CCJ or other judgment debt?

iii) anybody's intention to claim more than £1,000 of CCJs or judgment debts in total from you?

1.04 Do you have any current judgment debts (including CCJs) made under a court order still outstanding, whether in full or in part?

1.05 Have you ever failed to satisfy any such judgment debts within one year of the order being made?

1.06a Have you ever filed for bankruptcy, or are you, or have you ever been, the subject of any bankruptcy proceedings or a bankruptcy restrictions order or undertaking, or proceedings for the sequestration of your estate?

1.06b Have you ever entered or are in the process of entering into an agreement in favour of the your creditors, for example a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed)?

1.07 Do you have any outstanding financial obligations arising from regulated activities, which you have carried out in the past (whether or not in the United Kingdom or overseas)?

(In the case of advisers, this will include any outstanding liabilities arising from commissions paid for the sale of packaged products that have lapsed.)

1.08 Have you **ever** been found guilty of carrying on any unauthorised *regulated activities* or been investigated for the possible carrying on of unauthorised *regulated activities*?

1.09 Are you, or have you **ever** been, the subject, or interviewed in the course, of an investigation into allegations of misconduct or malpractice in connection with any business activity?

1.10 Have you **ever**, (whether or not in the *United Kingdom*) -

a) been refused entry to, or been dismissed, suspended or requested to resign from, any profession, vocation, office or employment, or from any fiduciary office or position of trust whether or not remunerated?

b) been the subject of any proceedings of a disciplinary nature (whether the proceedings have concluded, or have resulted in any finding against you)?

c) been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

d) been disqualified from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?

e) been the subject of a disqualification direction under section 59 of the Financial Services Act 1986 or a prohibition order, under section 56 of the Financial Services and Markets Act 2000, or received a warning notice that such a direction or order be made?

f) been found in breach of either the Individual Conduct Rules or the Senior Manager Conduct Rules as prescribed by the FCA and/or PRA?

1.11 In relation to activities regulated by the FCA and/or PRA or any other regulatory or professional body, have:

i. you or

ii. any company, partnership or unincorporated association of which you have been a controller, director, senior manager, partner or company secretary, during your association with that entity and for a period of three years after you ceased to be associated with it, ever –

a) been refused, or had revoked, withdrawn, restricted or terminated, any licence, authorisation, registration, notification, membership or other permission granted by any such body?

b) been investigated, criticised, censured, disciplined, suspended, expelled, fined, or been the subject of any other disciplinary action by any such body, government body, court or Tribunal, whether publicly or privately?

c) resigned whilst under investigation by, or been required to resign from, any such body? decided, after making an application for any licence, authorisation, registration, notification, membership or other permission granted by any such body, not to proceed with it?

d) been the subject of any civil action which has resulted in a finding against you or it by a court or any settlement in civil proceedings?

e) been the subject of, or interviewed in the course of, any existing or previous investigation or disciplinary proceedings, by any such body (including a previous regulator), clearing houses and exchanges, or government bodies or agencies?

f) been the subject of any justified complaint relating to regulated activities?

g) contravened any of the requirements and standards of the any such body (including a previous regulator), clearing houses and exchanges, or government bodies or agencies?

1.12 Has any company, partnership, or unincorporated association of which you are or have been a controller, director, senior manager, partner, or company secretary, in the United Kingdom or elsewhere, at any time during the your involvement or within one year of such an involvement –

- a) been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with its creditors?
- b) been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?
- c) been investigated or been involved in an investigation by an inspector appointed under companies or any other legislation, or required to produce documents to the Secretary of State, or any other authority, under any such legislation?
- d) been convicted of any criminal offence, censured, disciplined or publicly criticised, by any inquiry, by the Takeover Panel or any governmental or statutory authority or any other regulatory body (other than as already indicated under 1.11(b) above)

1.13 Are you aware of any other information which may be relevant to Nomura's assessment of your fitness and propriety to perform your role?

Supplementary information - Section 2

2.0 Use this section to provide details where your answer to any questions in Section 1 was YES. Identify clearly which questions are being answered.

Question:	Information:

Acknowledgement and Undertaking - Section 3

I acknowledge that the information collected in this form has been collected by Nomura for the purposes of compliance with regulatory requirements relating to my proposed role with Nomura. I confirm that the information in this form is accurate and complete to the best of my knowledge and belief. To the extent that after this date, anything changes such that the information in this form is false, incorrect, misleading or misrepresented, I will notify Nomura in writing as soon as possible.

Print Name Department Date

12. Outside Business Interest Conflicts of Interests

The purpose of this form is to identify and manage potential conflicts of interests prior to candidate's commencing employment at Nomura.

Please note, should you join Nomura, it remains your responsibility to declare your Outside Business Interests ("OBI") in the OBI system, within four weeks of joining.

Please complete the details below:

Candidate Name	
Hiring Manager	
Department	
Employment Status e.g. permanent, contractor, etc.	

The OBI policy covers outside business activities and investments in private entities such as:

- Director or Non-Executive Director
- Partner
- Company Secretary / Trustee / Executor / Guardian / Conservator
- Advisor
- Any Private investments (e.g. private equity, peer-to-peer lending)
- Volunteer work for charitable, educational or civic organization
- Governmental or political position
- Ongoing work as lecturer / speaker

12.1. OBI/OBA Details

Use this section to provide details of OBI/OBA. Please complete a form for each applicable OBI/OBA

Position/Investment Held

Name of Organisation

Address & website
of Organisation

Company Number and Country of
Incorporation

Is it a regulated services entity or does entity provide financial services?

Yes ☐ No ☐

Type of Organisation (please select)

Private company / Private Equity ☐
 Publicly-traded company ☐
 Governmental or regulatory body ☐
 Charitable, educational or civic organisation ☐
 Consultancy ☐
 Investment platform ☐
 Other (please provide details): ☐

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Main activities of Organisation
(e.g. sector, purpose etc)

Time commitment to your role (to include within working hours)
(Hours per calendar month) and remuneration details

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Please state your financial interest
(local currency and %) in the company, if applicable

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Commencement date of OBI/OBA

To your knowledge, is the organization currently a client of Nomura or is expected to become a client in the future?

Yes ☐ No ☐

To your knowledge, is the organization currently a vendor of Nomura or is expected to become a vendor in the future?

Yes ☐ No ☐

To your knowledge, is the organization expecting to go public within the next 12 months?

Yes ☐ No ☐

Any other relevant information

12.2. Acknowledgement and Undertaking

I acknowledge that the information collected in this form has been collected by Nomura for the purposes of compliance relating to my proposed role with Nomura. I confirm that the information in this form is accurate and complete to the best of my knowledge and belief. To the extent that after this date, anything changes such that the information in this form is false, incorrect, misleading or misrepresented, I will notify Nomura in writing immediately.

Print Name

Department

Date

13. Health Assessment Form

Please take the time to read this form thoroughly before answering any of the questions

As part of the Nomura's recruitment process you are required to complete this assessment form.

Please DO NOT add any additional medical or health information to this form, other than the information requested below.

Once your assessment form has been completed and returned to HR it will be retained in your employee file held within HR.

If you have answered Yes" to any of the questions on the assessment form it will be sent to the Corporate Health Department for assessment by the Occupational Health Advisor (OHA) or Occupational Health Physician (OHP). Following receipt of your assessment form the OHA will contact you to obtain further information regarding your health.

The information provided by you to Corporate Health will:

Be retained by the Corporate Health Department and be used to assist you in your employment and enable a full assessment to be made about your health and the work planned for you to determine:

- i) If your role could adversely impact on your health.
- ii) If any special health assessments are required to determine whether you require any special support for you to undertake your role.
- iii) If any specific adjustments are required to the workplace as detailed under the Equality Act 2010

Please be aware that you may be asked to attend an appointment to see either the OHA and/or the OHP before commencement of your employment.

A decision on any work modifications or work adjustments in relation to your role will be given to your manager and Human Resource Advisor (HRA) by the OHA/OHP following this assessment.

SECTION 1

Job title	<input type="text"/>	Department	<input type="text"/>
Manager	<input type="text"/>		

SECTION 2 - TO BE COMPLETED BY CANDIDATE

Surname	<input type="text"/>	First name(s)	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
Address Line 1	<input type="text"/>		
Address Line	<input type="text"/>		
Address Line	<input type="text"/>		
City/County	<input type="text"/>	Country	<input type="text"/>
		Postcode	<input type="text"/>
Phone 1	<input type="text"/>	e-mail address	<input type="text"/>
Phone 2	<input type="text"/>		

Do you currently have any medical conditions or a disability, whereby you have taken more than 4 continuous weeks off work?	<input type="text"/>
Do you currently take any long-term medication prescribed by your GP or Specialist?	<input type="text"/>
Do you need any special aids/adaptations/adjustments to assist you at work, whether or not you have a disability?	<input type="text"/>
Do you have any medical conditions which affect your normal day to day activities?	<input type="text"/>
Do you have any health concerns which may have been caused by or made worse by your work?	<input type="text"/>
Are you currently having or are you waiting for any new medical treatment or investigations of any kind?	<input type="text"/>

If your response to any of the questions set out in numbers 1 to 6 changes from a NO to a YES before you commence work with Nomura you are required to contact the Corporate Health Department to provide an update.

Recording Data and Data Protection

In accordance with the EU General Data Protection Regulation 2016/679 ("the GDPR") and any local data protection laws and regulations in respect of the processing of personal data, the Company will process, record and store the information contained in this health assessment form and any other information contained in your corporate health records pertaining to you in any safe and secure format necessary to facilitate its use in accordance with the Employee Privacy Notice which is in the Employee Handbook.

Print Name	<input type="text"/>	Department	<input type="text"/>	Date	<input type="text"/>
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Declaration by the applicant

I declare that to the best of my knowledge and belief that the answers to the above questions and my health details are true and accurate. I accept that in the event of it is subsequently being shown that medical information has not been disclosed by me, or that the information provided has been misleading or false, I could become liable to disciplinary proceedings, which may include dismissal.

Print Name	<input type="text"/>	Department	<input type="text"/>	Date	<input type="text"/>
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In some circumstances it may be necessary to obtain detailed medical reports from your medical advisors, in which case your specific written consent will be requested.

The Access to Medical Reports Act 1988 gives individuals the right to have access to any medical report requested for employment purposes from their medical practitioner. All medical information received by the Corporate Health Department is treated in the strictest confidence and only advice concerning suitability for employment and any suggested adjustments to your role is passed on to any other person.

Please ensure that you have completed this questionnaire fully and that you have signed the declaration. Failure to do so will delay confirmation of your employment.

14. Bank Details

Use this form to notify your bank/building society details to Payroll

Personal details

Full Name	<input type="text"/>	Division/Department	<input type="text"/>
Company	<input type="text"/>		
Date effective	<input type="text"/>		

Bank/building society details

Please pay my salary/expenses into the following account:

Sort code (6 digits only)	<input type="text"/>	Account number (8 digits only)	<input type="text"/>
Building society roll number	<input type="text"/>	Account in the name of	<input type="text"/>
Bank/building society name	<input type="text"/>	Branch name	<input type="text"/>
Branch address	<input type="text"/>		
Postcode	<input type="text"/>		

Print Name	<input type="text"/>	Date	<input type="text"/>
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Please check that all the necessary information has been provided