

APPLICATION FORM

PAF3 | DEALING SERVICES



Product Application Form

PAF3 | Dealing Services

Please complete **all** fields
as missing information
will cause delays when
processing your application

1 Applicant Details

First Applicant	Second Applicant
Title <input type="text"/>	Title <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Forename(s) <input type="text"/>	Forename(s) <input type="text"/>
Trust Name <input type="text"/>	
Company Name <input type="text"/>	

2 Type of Service Confirmation

Service Decision	<input checked="" type="checkbox"/> Execution Only
	<input checked="" type="checkbox"/> Full Nominee

Attention is drawn to the fact that as an Execution Only client the regulatory protections afforded to you under the Isle of Man Financial Services Act 2008 Financial Services Rulebook are less than those afforded to a client receiving advice.

3 Investment Details (Please complete all sections)

Investment Amount	<input type="text"/>
Investment Currency	<input type="text"/> Sterling (default currency)
No. of transactions per year	<input type="text"/>
Average transaction value	<input type="text"/>
<input type="checkbox"/>	I am looking to invest into a Model* managed by a third party Investment Manager

Important Note

* If you have appointed an Investment Manager for the purpose of managing your investments in a discretionary managed model then you must ensure that your Investment Manager completes **Section 8** with regards to their details, and **Section 9** in the **Declaration** ensuring that you indicate who **you** are assigning as your Investment Manager and in what capacity.

4 Dealing Services | Standard Tariffs

Please select a dealing tariff from those outlined below

Please refer to our Dealing Services Standard Tariffs for further information:	<input type="checkbox"/> Trade-Ex 25
	<input type="checkbox"/> Trade-Ex 35
	<input type="checkbox"/> Trade-Ex 50

Alternative approved dealing services tariff:

5 Source of Funds

Please state the bank/building society details that you are sending monies to fund your new account from

Bank/Building Society Name	<input type="text"/>		
Branch	<input type="text"/>		
Branch Sort Code	<input type="text"/>		
Account Currency	<input type="text"/>	GBP / USD / EUR / Other	Please indicate as appropriate
Account Name	<input type="text"/>		
Account Number or IBAN	<input type="text"/>		
SWIFT/BIC Code	<input type="text"/>		

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your bank or building society branch.

6 Source of Wealth

Please indicate the underlying source of your wealth, e.g. if your wealth is derived from salary/bonus please give an indication of your annualised salary.

In certain circumstances, it is necessary to perform additional or Enhanced Due Diligence on our applicants for business. This may include, but not be limited to, documents to support the source of wealth.

I/We confirm that the source of my/our wealth represented by the funds to be held in this account derive from:

Description	Amount/Value	Description	Amount/Value
Business Profits	<input type="text"/>	House/Property Sale	<input type="text"/>
Life Savings	<input type="text"/>	Pension Settlement	<input type="text"/>
Salary/Bonus	<input type="text"/>	Inheritance	<input type="text"/>
Business Share/Sale	<input type="text"/>	Other	<input type="text"/>

Please provide further details of where the funds being invested were derived from and how they were accrued
e.g. if your wealth is derived from a House/Property Sale – address of property and date of sale.

Please confirm the geographical sphere of the activity in which you conduct your business/occupation:

7 Intermediary Details

This section should only be completed by Intermediaries.

Please enter the appropriate details here and avoid supplying information on separate sheets.

Intermediary/Company Name	<input type="text"/>	Company Stamp/Details
Capital International Group Intermediary No.	<input type="text"/>	
Contact Name	<input type="text"/>	
Telephone Number	<input type="text"/>	
E-mail Address	<input type="text"/>	
All terms must be agreed with the Capital International Group in advance.		
Please state the relevant remuneration code		<input type="text"/>
Any other relevant information	<input type="text"/>	

8 Investment Manager Details

This section should only be completed by the Investment Manager.

Please enter the appropriate details here and avoid supplying information on separate sheets.

Investment Manager Name	<input type="text"/>	Company Stamp/Details
Capital International Group Investment Manager No.	<input type="text"/>	
Contact Name	<input type="text"/>	
Telephone Number	<input type="text"/>	
E-mail Address	<input type="text"/>	
All terms must be agreed with the Capital International Group in advance.		
Please state the relevant remuneration code		<input type="text"/>
Any other relevant information	<input type="text"/>	

Important Notes

- Where the Investment Manager is not known to the Capital International Group, or any of its member companies, then we will require a completed and signed Investment Manager Agreement from them prior to us acting on any of their instructions. (Separate form available on request)
- Investment Managers can operate in one of two ways:
 1. Model Managers can only give instructions on the models they manage and are directly assigned to, but not the associated client portfolios.
 2. Portfolio Managers can be assigned directly to client accounts for the purposes of managing the assets held on account by client(s).
- Investment Managers are not authorised to make any withdrawals from your accounts which they manage unless they are also your appointed intermediary on the account. In any event withdrawals are only ever paid directly to an account in your name as previously defined by you at **Section 5** above
- For the avoidance of doubt the Capital International Group and any of its member companies are under no liability or have any responsibility to monitor the investment activity or advice of your Investment Manager.
- The Capital International Group and any of its member companies accept no liability in respect of any error made by your Investment Manager during the course of them providing their services to you in the provision of any instruction to us in connection thereto.

9 Declaration & Signature

I/We understand that the information I/we provide on this application form, and any additional information supplied, will be processed in accordance with the Capital International Group's, and those of its member companies where applicable, data protection statement(s).

By signing below, I/we confirm that I/we have received the relevant documentation and advice relating to this investment, and Terms which I/we accept. I/We declare that:

- ☐ I/We am/are 18 years of age or over.
- ☐ I/We agree that the information contained within this application form is true and accurate.
- ☐ I/We confirm I/we have read and understood the Notes at the end of **Section 8** of this application form
- ☐ I/We understand that this Product Application Form forms part of our agreement with you.
- ☐ I/We confirm that we understand and agree to the fees and charges as indicated in **Section 4** of this application form.
- ☐ I/We have received, read, understood and agree to be bound by the Capital International Group Investment Services Terms of Business.

If you have not received all of the aforementioned documentation relating to the Capital International Group Trade-Ex Brochure, or do not fully understand the product offering then please contact your Financial Adviser or us immediately.

Intermediary Appointment (Where you have an Intermediary or Financial Adviser)

I/we declare that I/we have appointed:

Contact Name

Company Name of

as my/our Financial Adviser in relation to this account, and authorise the Capital International Group to: (Please indicate as appropriate)

☐ provide information online to, ☐ accept dealing instructions and ☐ accept withdrawal requests from my/our Financial Adviser.

Correspondence Options ☐ I/We wish all correspondence to be made available to my/our Financial Adviser.

Investment Manager Appointment (Where you have an Investment Manager)

I/we declare that I/we have appointed:

Contact Name

Company Name of

as my/our Investment Manager in the capacity as ☐ Model Manager and/or ☐ Portfolio Manager (as defined in **Section 8**)

in relation to this account, and authorise the Capital International Group to: (Please indicate as appropriate)

☐ provide information online to and ☐ accept dealing instructions from my/our Investment Manager.

Correspondence Options ☐ I/We wish copies of statements to be made available to my/our Investment Manager.

Unless you were introduced by an Intermediary, the Capital International Group may use your personal information to tell you of other products and services from within the Capital International Group of Companies, which they believe may be of interest to you.

If you do not wish for your personal information to be used in this way, please put an X in this box. ☐

Authority for Joint Instructions ☐ Either to sign ☐ Both to sign

Signatures of ALL Applicants

First Applicant Signature

PLEASE SIGN HERE

Print Name

Date

Second Applicant Signature

PLEASE SIGN HERE

Print Name

Date



Isle of Man | Head Office

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South Africa Office

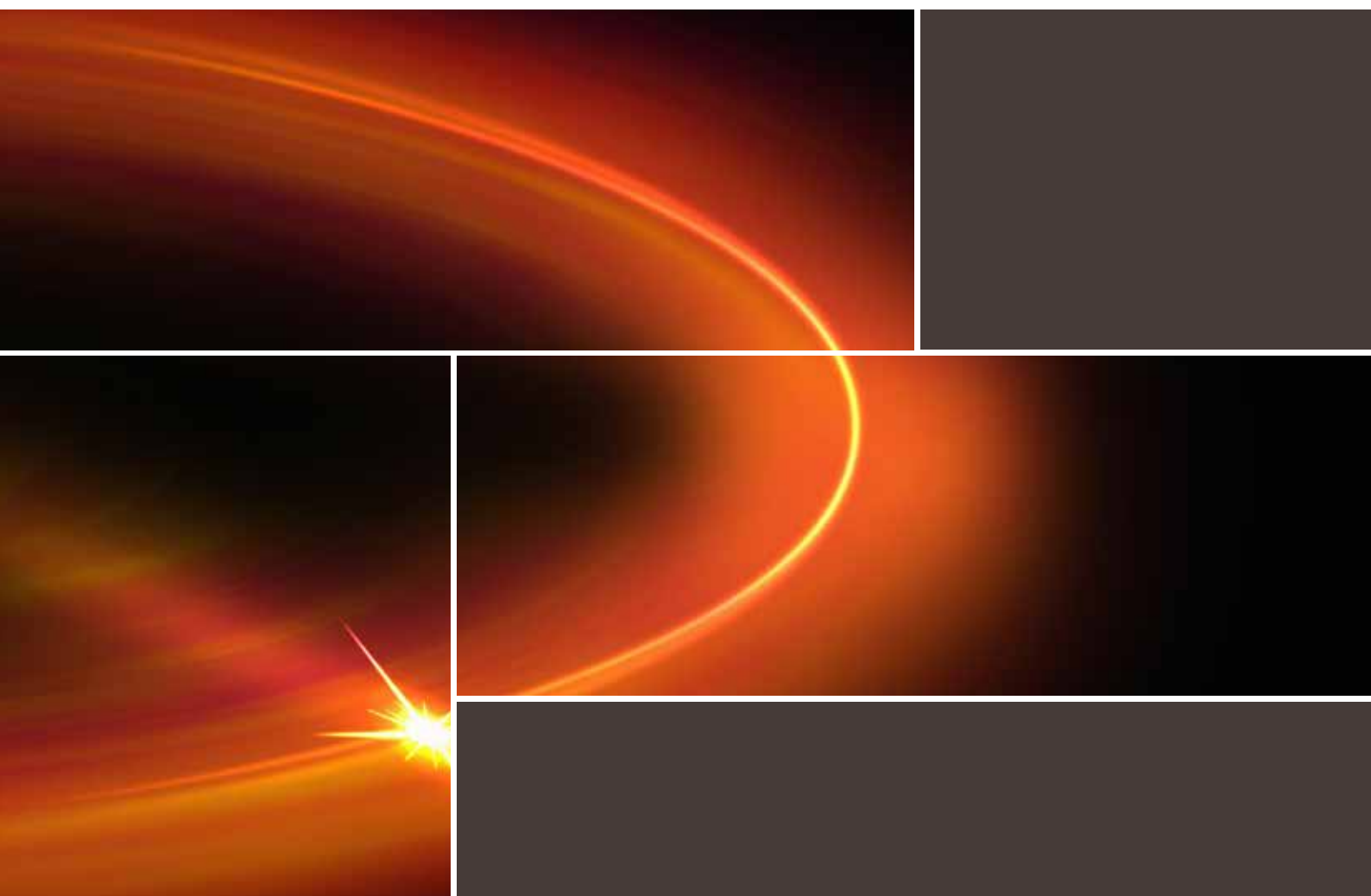
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Regulated activities are carried out on behalf of the Capital International Group by its licensed member company
Capital International Limited is licensed by the Isle of Man Financial Services Authority
Capital International Limited is a member of the London Stock Exchange
Registered Address: Capital House, Circular Road, Douglas, Isle of Man, IM1 1AG





DUE DILIGENCE FORM

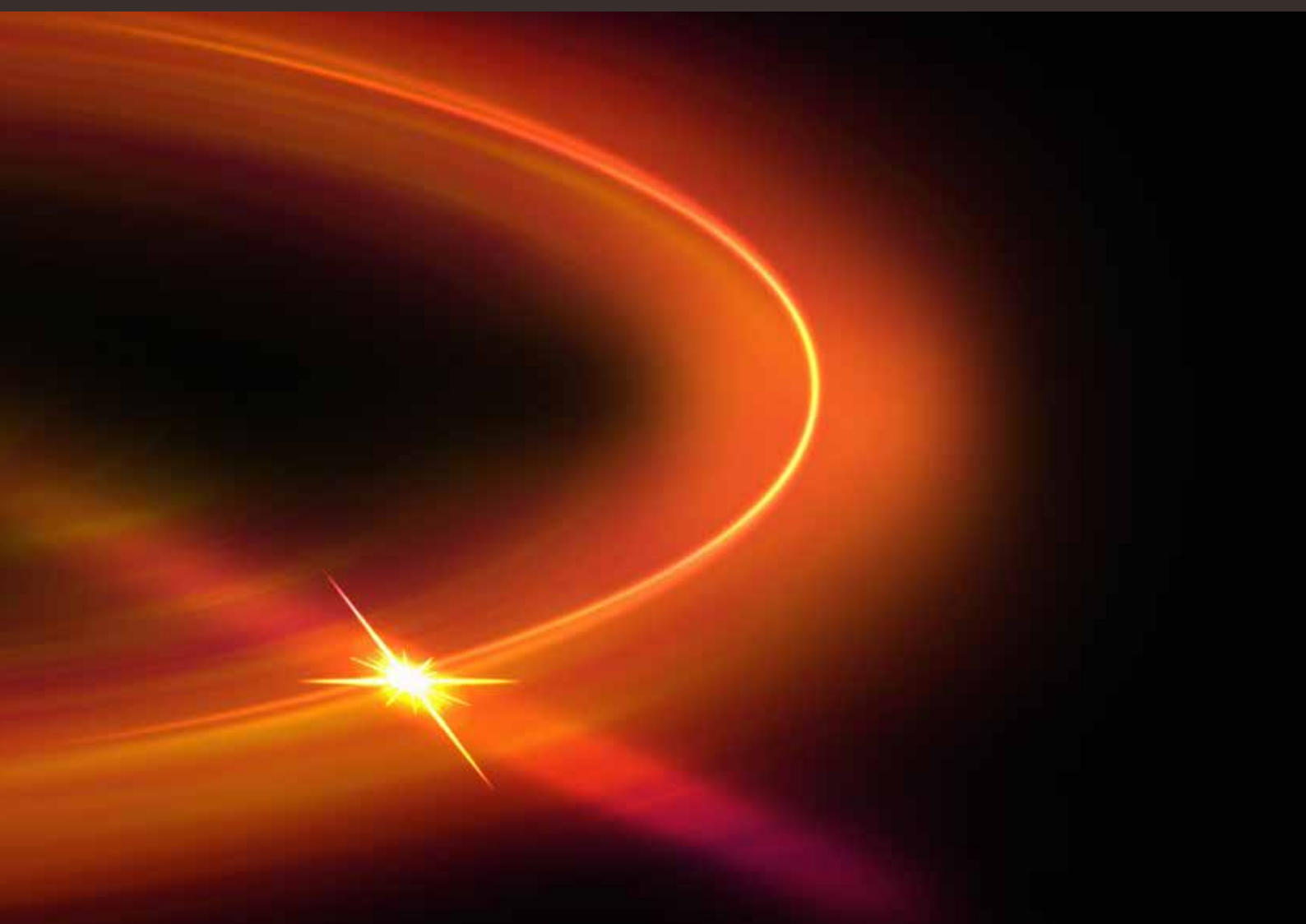
DDF2 | TRUST ACCOUNTS

Our Vision

The Capital International Group exists to improve lifestyles through increased prosperity

Our Values

We seek to achieve this through the enduring values of innovation, integrity and excellence



Due Diligence Form DDF2 | Trust Accounts

Please complete **all** fields
as missing information
will cause delays when
processing your application

1 Trust Name

2 Trust Details

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable

Address	<input type="text"/>	Type of Trust	<input type="text"/>
Postcode	<input type="text"/>	Date of Establishment	<input type="text"/>
Purpose of the Trust - e.g. asset protection, provision for children	<input type="text"/>		
Any Identification Number - e.g. Tax ID, VAT No, Charity Registration	<input type="text"/>		
Primary Contact	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>		
Name of Regulator (if applicable)	<input type="text"/>	Regulator Ref No.	<input type="text"/>

Applicant Correspondence Address

<input type="text"/>	Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only. NOTE: If you require correspondence to be sent to your Financial Adviser then please complete the relevant section of the Product Application Form.
<input type="text"/> Postcode	
Preferred contact Method <input checked="" type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone	

3 Trustee Details

Where the Trustees are corporate entities, please utilise the personal fields to provide the relevant information

First Trustee	Title	Second Trustee	Title
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>	Forename(s)	<input type="text"/>
Other/Former Name(s)	<input type="text"/>	Other/Former Name(s)	<input type="text"/>

This section must be completed with the Trustees permanent residential address. 'Care Of' & PO Box addresses are not acceptable

Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/> H/W/M	Contact Number	<input type="text"/> H/W/M
E-mail Address	<input type="text"/>	E-mail Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Passport No.	<input type="text"/>	Passport No.	<input type="text"/>

You must complete the above details with your current occupation - if you have retired then please indicate this along with previous occupation

Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>

4 Trustee Account Security & Access

When contacting the Capital International Group by telephone you may be asked to identify yourself.

To assist us in this regard, please provide us with a codeword of your choice. In case you cannot remember at the time of the call, we have provided space for a codeword prompt to help remind you, i.e. 'Where is your place of birth?'

First Trustee		Second Trustee	
Codeword	<input type="text"/>	Codeword	<input type="text"/>
Codeword Prompt	<input type="text"/>	Codeword Prompt	<input type="text"/>

If you are linked to multiple accounts with us, one codeword prompt and codeword will be used for all accounts where you have the authority to act

5 Settlor/Protector Details

If more than the allocated number of Settlers/Protectors, then please submit on a separate sheet

Where the Settlor and/or Protector are corporate entities, please utilise the personal fields to provide the relevant information

Settlor		Title		Is there a Protector or Enforcer appointed?		Yes / No	
[P]rotector or [E]nforcer		P	E	Please delete as appropriate		Title	
Surname	<input type="text"/>	Surname	<input type="text"/>				
Forename(s)	<input type="text"/>	Forename(s)	<input type="text"/>				
Other/Former Name(s)	<input type="text"/>	Other/Former Name(s)	<input type="text"/>				

This section must be completed with the Settlor / Protector's permanent residential address. 'Care Of' & PO Box addresses are not acceptable

Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Passport No.	<input type="text"/>	Passport No.	<input type="text"/>

If the Settlor / Protector has retired then please indicate this along with the description of previous occupation

Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>

6 Known Beneficiary Details

If there are more than allocated number of known beneficiaries, then please submit on separate sheet

First Beneficiary	Title	Second Beneficiary	Title
Surname		Surname	
Forename(s)		Forename(s)	
Other/Former Name(s)		Other/Former Name(s)	
This section must be completed with the Known Beneficiary's permanent residential address. 'Care Of' & PO Box addresses are not acceptable			
Address		Address	
Postcode		Postcode	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Nationality		Nationality	
Passport No.		Passport No.	

7 Bank/Building Society Account Details

Please complete this section with your banking details

Not only will these be used to fulfil our regulatory requirements but distributions and withdrawals can be made directly to your bank or building society.

Bank/Building Society Name			
Branch			
Account Currency	Please indicate as appropriate	GBP / USD / EUR / Other	Branch Sort Code
Account Name			
Account Number or IBAN		SWIFT/BIC Code	

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank or Building Society branch. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. The Capital International Group does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, the Capital International Group will not accept responsibility for any loss incurred by the applicant.

8 Declaration & Signature

You must sign and date the form below

I/We understand that the information I/we provide on this application form, and any additional information supplied, will be processed in accordance with the Capital International Group's, and those of its member companies where applicable, data protection statement(s).

I/We declare that:

- I/We am/are 18 years of age or over
- I/We agree that this Due Diligence Form forms part of our agreement with you
- I/We agree that the information contained within this application form is true and accurate
- I/We agree to notify the Capital International Group of any changes to the information provided on this form

Unless you were introduced by an Intermediary, the Capital International Group may use your personal information to tell you of other products and services which they believe may be of interest to you.

If you do not wish for your personal information to be used in this way, please put an X in this box. ☐

Signatures of ALL Trustees

First Signature	Second Signature
PLEASE SIGN HERE	PLEASE SIGN HERE
Print Name	Print Name
Date	Date

9 Checklist

- ☐ I/We have fully completed this application form
- ☐ I/We have signed and dated the application form
- ☐ We have provided a certified copy of the Trust Deed
- ☐ We have provided a certified copy of all deeds of appointment and retirement from date of settlement
- ☐ We have provided a certified copy of the Authorised Signatory List
- ☐ We have provided a copy of the Structure Chart detailing group/associated entities
- ☐ We have provided a certified copy of the Trustees minutes authorising the opening of the account with the Capital International Group
- ☐ I/We have provided a certified copy of a valid piece of photographic ID per Trustee, Settlor, Protector, Enforcer and Authorised Signatory, i.e. current passport or driving licence
- ☐ We have provided a certified copy of a valid piece of residential address verification per Trustee, Settlor, Protector, Enforcer and Authorised Signatory, i.e. bank statement or utility bill. This can be no more than six months old.

Notes

All document certifications must be dated and accompanied by the signatories printed name, position and contact details and include the text:
"I certify this is a true copy of the original"

And in the case of photographic identification:

"I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned"

Suitable certifiers are restricted to the following:

- | | | | | |
|------------------------|-------------------|-------------|-------------------|--|
| ■ Judge | ■ Customs Officer | ■ Banker | ■ Lawyer/Advocate | ■ Director/Manager/Secretary of Isle of Man regulated firm |
| ■ Senior Civil Servant | ■ Actuary | ■ Embassy | ■ Notary | |
| ■ Police Officer | ■ Accountant | ■ Consulate | | |



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The regulated activities are carried out on behalf of the Capital International Group by its licensed member companies
Capital International Limited, Capital Financial Markets Limited, Capital Treasury Services Limited and Capital Fund Services Limited
are all licensed by the Isle of Man Financial Services Authority
Capital International Limited is a member of the London Stock Exchange
Registered Address: Capital House, Circular Road, Douglas, Isle of Man, IM1 1AG

