



# DUE DILIGENCE FORM

DDF3 | Corporate Accounts

Create tomorrow.  
Start today.

Platform | Investment | Treasury



# DUE DILIGENCE FORM

## DDF3 | Corporate Accounts

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

### 1 Company Name

### 2 Company Details

Trading Name(s)

Please confirm below the nature of the business activity that generates the source of wealth.

Country of Incorporation

Date of Incorporation

Place of Domicile

Incorporation Number

Directors of the Company must complete the following details with the registered address. 'Care Of' & PO Box addresses are not acceptable

Registered Address

Principal Place of Business

Postcode

Postcode

Name of Regulator (if applicable)

Regulator Ref No.

Primary Contact

Contact Number

E-mail Address

#### Applicant Correspondence Address

Postcode

Preferred Contact Method  Mail / E-mail / Telephone

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.

### 3 Company Bank/Building Society Account Details

**Please complete this section with your banking details.**

These will be used to fulfil our regulatory requirements but distributions and withdrawals can be made directly to your bank or building society account.

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. 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, Capital International Group will not accept responsibility for any loss incurred by the applicant.

### 4 Director Details

If there are more than the allocated number of applicants, then please submit a separate sheet.

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

Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

First Director		Title	Second Director		Title
Surname	<input type="text"/>	<input type="text"/>	Surname	<input type="text"/>	<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"/>	
Percentage of Shareholding	<input type="text"/> %		Percentage of Shareholding	<input type="text"/> %	
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"/>	
Occupation	<input type="text"/>		Occupation	<input type="text"/>	
Employer	<input type="text"/>		Employer	<input type="text"/>	

### 5 Director Account Security & Access

When contacting 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 Director		Second Director	
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.

# DUE DILIGENCE FORM

## DDF3 | Corporate Accounts



Where the below detailed persons are not the Ultimate Beneficial Owners then please submit details on a separate sheet and provide a structure chart detailing all layers of ownership, management and control.

### 6 Shareholder/Beneficial Owner Details

If there are more than the allocated number of applicants, then please submit a separate sheet.  
To be completed by all persons holding more than 25% of shares, if necessary submit on separate sheet.  
Where the Shareholder/Beneficial Owner(s) are corporate entities, please utilise the personal fields to provide the corporate equivalent.

First Shareholder/Beneficial Owner	Title	Second Shareholder/Beneficial Owner	Title
Surname		Surname	
Forename(s)		Forename(s)	
Other/Former Name(s)		Other/Former Name(s)	
Percentage of Shareholding	%	Percentage of Shareholding	%

**This section must be completed with the known permanent residential address for each named party. 'Care Of' & PO Box addresses are not acceptable.**

Address		Address	
Postcode		Postcode	
Contact Number	H / W / M	Contact Number	H / W / M
E-mail Address		E-mail Address	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Nationality		Nationality	
Passport No.		Passport No.	

**If the Beneficial Owners have retired then please indicate this along with description of previous occupation.**

Occupation		Occupation	
Employer		Employer	

### 7 Declaration You must sign 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 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 my/our agreement with you;
- I/We agree that the information contained within this application form is true and accurate;
- I/We agree to notify Capital International Group of any changes to the information provided on this form.

**Unless you were introduced by an Intermediary, if you wish Capital International Group to use your personal information to tell you of other products and services which they believe may be of interest to you, then you must consent to your personal information being used in this way by putting an X in this box.**

### Signatures of ALL Applicants

First Signature	Second Signature
Print Name	Print Name
Date	Date

Create tomorrow.  
Start today.

### 8 Checklist

- I/We have fully completed this application form.
- I/We have signed and dated the application form.
- I/We have provided a certified copy of the Certificate of Incorporation.
- I/We have provided a certified copy of the Memorandum and Articles of Association.
- I/We have provided a certified copy of the current members/shareholder register.
- I/We have provided a certified copy of the current officers/directors register.
- I/We have provided a certified copy of the Authorised Signatory List.
- I/We have provided a copy of the Structure Chart detailing group/associated entities.
- I/We have provided a certified copy of the Board minutes authorising the opening of the account with Capital International Limited.
- I/We have provided a certified copy of a valid piece of photographic ID per Director, Ultimate Beneficial Owner, all Shareholders who control 25% or more of the shares and Authorised Signatories i.e. current passport or driving licence.
- I/We have provided a certified copy of a valid piece of residential address verification per Director, Ultimate Beneficial Owner, all Shareholders who control 25% or more of the shares and Authorised Signatories 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
- Senior Civil Servant
- Police Officer
- Customs Officer
- Actuary
- Accountant
- Banker
- Embassy
- Consulate
- Lawyer/Advocate
- Notary
- Director/Manager/Secretary of Isle of Man regulated firm



