



APPLICATION FORM

PAF3 | Dealing Services

Create tomorrow.
Start today.

Platform | Investment | Treasury



PRODUCT APPLICATION FORM

PAF3 | Dealing Services/Kinesis



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

1 Applicant Details

First Applicant	Title <input type="text"/>	Second Applicant	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 **Execution Only** **Kinesis** (Complete Section 5)

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

Portfolio Reporting Currency Sterling (default currency)

No. of Planned Receipts and Withdrawals

Average Value of Receipts and Withdrawals

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 9 with regards to their details, and Section 10 in the Declaration ensuring that you indicate who you are assigning as your Investment Manager and in what capacity.

My appointed Intermediary or Investment Manager has requested 10% drop reporting to assist with their MiFID II requirements.

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: Trade-Ex A
 Trade-Ex B
 Trade-Ex C

Alternative approved dealing services tariff:

5 Kinesis Details (NOTE: For clients investing in Kinesis)

Initial Instructions (Please indicate required contract structure below)

<input type="text"/>	<input type="checkbox"/> CFD	<input type="checkbox"/> Option CFD	<input type="checkbox"/> Spread Bet	<input type="checkbox"/> Structured Note	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> CFD	<input type="checkbox"/> Option CFD	<input type="checkbox"/> Spread Bet	<input type="checkbox"/> Structured Note	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> CFD	<input type="checkbox"/> Option CFD	<input type="checkbox"/> Spread Bet	<input type="checkbox"/> Structured Note	<input type="text"/> %
<input type="text"/>	<input type="checkbox"/> CFD	<input type="checkbox"/> Option CFD	<input type="checkbox"/> Spread Bet	<input type="checkbox"/> Structured Note	<input type="text"/> %

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6 Source of Funds

Please indicate the origin(s) from where you are funding your account: Cash Asset Transfer Both

6.1 Cash Transfer Details

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

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.

6.2 Asset Transfer Details

Please state the details of the assets you are sending to fund your new account below:

Value of Asset Transfer

Tick what the asset value is at time of transfer:

Market Value Book Cost

Please provide details of where the Asset Transfer is coming from:

Company Name

Company Address

Contact Name Contact Number

Contact E-mail

NOTE: A current valuation must be sent in with the application form which states the book costs of each asset to be transferred. If the book costs are not provided for the individual assets then the current market value will be used instead.

7 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, then please provide the address of property and date of sale.

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

8 Intermediary Details

This section should only be completed by Intermediaries.

Enter appropriate details here - avoid supplying information on separate sheets.

Intermediary/Company Name	<input type="text"/>		
Capital International Group Intermediary No.	<input type="text"/>	Remuneration Code	<input type="text"/>
<small>All terms must be agreed with Capital International Group in advance.</small>			
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	LinkedIn Address	<input type="text"/>
E-mail Address	<input type="text"/>		
<small>All terms must be agreed with Capital International Group in advance.</small>			
Corporate Action Notification E-mail Address if different to above E-mail	<input type="text"/>		

Intermediary Declaration

Please confirm you have met with this client. *Meeting a customer is not limited to in person face to face contact. It also includes the use of visual communication mediums over the internet, such as full motion video conferencing. A non-visual medium such as a telephone call does not qualify as meeting the customer.*

YES NO

Signature

Date

I confirm that:

- (i) I am the appointed regulated financial adviser for the above named client; and
- (ii) I have discussed the risks and suitability of this investment with my client within their overall investment portfolio; and
- (iii) The client has confirmed that they understand these risks and wish to proceed with the investment. I am not aware of any information that would lead me to believe that the client does not understand and accept these risks.

9 Investment Manager Details

This section should only be completed by the Investment Manager.

Enter appropriate details here - avoid supplying information on separate sheets.

Investment Manager Name	<input type="text"/>		
Capital International Group Investment Manager No.	<input type="text"/>	Remuneration Code	<input type="text"/>
<small>All terms must be agreed with Capital International Group in advance.</small>			
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	LinkedIn Address	<input type="text"/>
E-mail Address	<input type="text"/>		
<small>All terms must be agreed with Capital International Group in advance.</small>			
Corporate Action Notification E-mail Address if different to above E-mail	<input type="text"/>		

Investment Manager Declaration

I confirm that:

- (i) I am the appointed regulated investment manager for the above named client; and
- (ii) I have discussed the risks and suitability of this investment with my client within their overall investment portfolio; and
- (iii) The client has confirmed that they understand these risks and wish to proceed with the investment. I am not aware of any information that would lead me to believe that the client does not understand and accept these risks.

Signature

Date

Important Notes

- Where the Investment Manager is not known to 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.
- For the avoidance of doubt 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.
- 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.

10 Declaration & Signatures

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).

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 9** of this application form.
- I/We understand that this Product Application Form forms part of my/our agreement with you.
- I/We confirm that I/we understand and agree to the fees and charges outlined in **Section 4** of this application form.
- I/We have received, read, understood and agree to be bound by Capital International Group Investment Services Terms of Business.
- I/We further confirm that, where appropriate, I/we have taken independent advice on the suitability of this investment within my/our overall investment portfolio.

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

Intermediary Appointment (Where you have an Intermediary or Financial Advisor.)

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 Capital International Group to: (Please indicate as appropriate)

provide information to my/our Financial Advisor and any connected party.

to accept withdrawal requests from my/our Financial Advisor. to accept dealing instructions and from my/our Financial Advisor.

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

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 Capital International Group to: (Please indicate as appropriate)

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

to accept withdrawal requests from my/our Financial Adviser.

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

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.

Authority for Joint Instructions Either to sign Both to sign

Signatures of ALL Applicants

First Applicant Signature

Print Name

Date

Second Applicant Signature

Print Name

Date

PRODUCT APPLICATION FORM

PAF3 | Dealing Services/Kinesis



Notes

PAF3001 - 21.6.19

Capital International Group

t +44 (0) 1624 654200 e info@capital-iom.com

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