

Due Diligence Form

DDF2 | Trust Accounts

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Platform | Investment | Treasury



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"/>
E-mail Address	<input type="text"/>		
Name of Regulator (if applicable)	<input type="text"/>	Regulator Ref No.	<input type="text"/>

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 Trustee Details

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

First Trustee	Title	<input type="text"/>	Second Trustee	Title	<input type="text"/>
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 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	[P]rotector or [E]nforcer	P	E	Title
Surname <input type="text"/>	<input type="text"/>	Surname <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>			

Is there a Protector or Enforcer appointed?

Please delete as appropriate

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"/>
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

Surname

Forename(s)

Other/Former Name(s)

Second Beneficiary

Title

Surname

Forename(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. 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.

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 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
<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>
Print Name	Print Name
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Date	Date
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

9 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 Trust Deed.
- I/We have provided a certified copy of all deeds of appointment and retirement from date of settlement.
- 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 Trustees minutes authorising the opening of the account with 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.
- I/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
- Senior Civil Servant
- Police Officer
- Customs Officer
- Actuary
- Accountant
- Banker
- Embassy
- Consulate
- Lawyer/Advocate
- Notary
- Director/Manager/Secretary of Isle of Man regulated firm

Due Diligence Form

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Notes

Capital International Group

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DDAF2V1 - Issue date: 19.10.20

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Start today.**

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