

DDF1 | Personal Accounts

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

Please Note: This form has been optimised for digital use to avoid as much paper waste as possible. Please download and save this file locally on your device that you are using and open with Adobe Acrobat.

You do not need a paid account, but you may need to configure your digital ID for signing (please follow the 'on screen' steps when using Adobe Acrobat for full details on how to do this).

Applicant Details		
If there are more than the	allocated number of applicants, then p	please submit a separate sheet.
First Applicant	Title	Forename(s)
Surname		Other/Maiden Name(s)
Date of Birth		Place of Birth
Nationality		Other Nationalities
Passport/ID No.		Country of Issue
Expiry date		Occupation / prior to retirement
Email		Employer's Name
Contact No.		Industry
	the following details with their perma Of' & PO Box addresses are not	anent Length of employment
acceptable.	or & PO Box addresses are not	Annual Salary / prior to retirement
Address		Country of employment
		Employer's Address
	Postcode	
How long have you reside		
	ed Person? If Yes, please provide deta	Postcode
Are you a Politically Expos	ed Person? II res, please provide dete	If self employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration annual turnover and net worth.
If applicable, what is the re	lationship with Second Applicant?	
Second Applicant	Title	Forenegal
Surname	Title	Forename(s) Other/Maiden Name(s)
Date of Birth		Place of Birth
Nationality		Other Nationalities
Passport/ID No.		Country of Issue
Expiry date		Country of issue

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Second Applicant (continued)	Occupation /
	prior to retirement
Email	Employer's Name
Contact No.	Industry
Applicants must complete the following details with their permanent	Length of employment
residential address. 'Care Of' & PO Box addresses are not acceptable.	Annual Salary / prior to retirement
Address	
	Country of employment
	Employer's Address
Postcode	
How long have you resided at this address?	Postcode
Are you a Politically Exposed Person? If Yes, please provide details:	If self employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration,
	annual turnover and net worth.
If applicable, what is the relationship with First Applicant?	
2. Declaration of LIC Citizanship at LIC Decidence for Tay D.	IVD C C C
2 Declaration of US Citizenship or US Residence for Tax Pr	urposes
2 Declaration of US Citizenship or US Residence for Tax Po	urposes
	urposes
First Applicant	e US for tax purposes (green card holder or resident
First Applicant Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the	e US for tax purposes (green card holder or resident
Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the under the substantial presence test) and my US federal US TIN	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows:
Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the under the substantial presence test) and my US federal	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily
First Applicant Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the under the substantial presence test) and my US federal US TIN (b) I confirm that I was born in the US (or a US territory) but	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents.
Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the under the substantial presence test) and my US federal US TIN (b) I confirm that I was born in the US (or a US territory) but surrendered my citizenship as evidenced by the attach	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents.
Please tick either (a) or (b) or (c) and complete as appropriate. (a) I can confirm that I am a US citizen and/or resident in the under the substantial presence test) and my US federal US TIN (b) I confirm that I was born in the US (or a US territory) but surrendered my citizenship as evidenced by the attach (c) I confirm that I am not a US citizen or resident in the US	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents.
Please tick either (a) or (b) or (c) and complete as appropriate. (a)	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents. for tax purposes.
Please tick either (a) or (b) or (c) and complete as appropriate. (a)	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents. for tax purposes.
Please tick either (a) or (b) or (c) and complete as appropriate. (a)	e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily ed documents. for tax purposes. e US for tax purposes (green card holder or resident taxpayer identification number (US TIN) is as follows: am no longer a US citizen as I have voluntarily

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3	Declaration of Tax Residency (other than US)				
	I hereby confirm that I am, for tax purposes, a resident in the following country(ies) and the appropriate Tax Identification Number(s) and/or National Insurance Number (for UK purposes) is as follows: Further information on the issuance rules for TINs and their format can be found on the OECD's Automatic Exchange Portal at https://www.oecd.org/				
	Country/Countries of Tax Residence	Tax Identification/National Insurance Number	First Applicant/Se		
	Country/Countries of Tax Residence	Tax Identification/National Historice Number	Tirst Applicant/36	scond Applicant	
	If a Tay Indentification Number is not available in	please provide a brief explanation/rationale to the r	eason(s) below:		
	in a rax indentineation ratinger is not available, p	nease provide a site explanation/rationale to the r	edson(s) below.		
4	Contact Preferences				
	In the case of more than one applicant, please provide the correspondance address that should be used.				
	NOTE: If you require correspondence to be sent to your Financial Adviser then please complete the relevant section of the Product Application Form.				
			Postcode		
			!		
5	Bank Account Details				
	Please complete this section with your banking details. These will be used to fulfil our regulatory requirements but distributions and withdrawals can also be made directly to your bank.				

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank. 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.

Other

Branch Sort Code

SWIFT/BIC Code

Bank Name Branch

Account Currency

Account Number or IBAN

Account Name

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5	Bank Account Details (continued)						
	Alternate Bank Details						
	Bank Name						
	Branch						
	Account Currency (Please ind	icate as appropriate)			Branch Sort C	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. 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.					unt other than the	
6	Declaration You must	t sign and date tl	ne 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 am/We 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 Capital International Group of any changes to the information provided on this form; I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete; Where I am/we are legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities. 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 App	olicants					
	First Applicant Signature			Second Applicant S	ignature		
	Print Name			Print Name			
	Date (DD/MM/YYYY)			Date (DD/MM/YYY)	()		

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	Sign on behalf of the client - Mandate must be supplied						
	First Applicant	Signature		Second Applicant	Signature		
	Print Name			Print Name			
	Date (DD/MM/	YYYY)		Date (DD/MM/YY)	(Y)		
7	Checklist (p	olease tick each box)					
	I/We ha	ve fully completed this applic	ation form.				
	I/We have signed and dated the application form.						
	I/We have provided a certified copy of a valid piece of photographic ID per applicant, i.e. current passport or driving license.						
	I/We have provided a certified copy of a recent piece of residential address verification per applicant, i.e. bank statement or utility bill. This can be no more than six months old.				II.		
	This car	n 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 certifie	ers are restricted to the follow	ving:				
	• Judge	• Senior Civil Servant	Police Officer	 Customs Officer 	 Actuary 		
	Accountant	• Banker	• Embassy	 Consulate 	• Lawyer/Advo	ocate	
	• Notary	Director/Manager/Secreta	ny of Isla of Man regulate	d firm			

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Notes	

Capital International Group

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