



Application Form

PAF3 | Dealing Services

Create Tomorrow.
Start Today.

Platform | Investment | Bank

Product Application Form

PAF3 | Dealing Services/Kinesis



Please complete all fields, as missing information will cause delays when processing your application. Throughout this document, "Capital International Group" will be abbreviated to "CIG".

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).

1 Applicant Details (For Personal Applications)

Individual Applicant		Title <input type="text" value="MR"/>	Second Applicant (If Applicable)		Title <input type="text"/>
Surname	<input type="text" value="FONSECA GOMEZ"/>	Surname	<input type="text"/>		
Forename(s)	<input type="text" value="RENE IOVANNY"/>	Forename(s)	<input type="text"/>		
Other/Maiden	<input type="text"/>	Other/Maiden	<input type="text"/>		

2 Entity Details (For Entity Applications)

Please specify what entity type you are and fill in the appropriate questions below:

Corporate Applicant (If Applicable)

Company Name

Trust Applicant (If Applicable)

Trust Name

Trustees Name

3 Type of Service Confirmation

Service Decision: **Execution Only** **Kinesis** (tick box only if investing using a kinesis limited liability contract)

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.

Kinesis Details (Only applicable if investing in Kinesis)

Name of SRI (if existing)	SRI Number	% to be Invested
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Investment Details (Please complete all sections)

Reporting Currency	<input type="text" value="USD"/>	Initial Investment amount and currency	<input type="text" value="71000"/>
No. of planned future receipts per year	<input type="text" value="12"/>	Approx. value and currency	<input type="text" value="N/A"/>
No. of planned future withdrawals per year	<input type="text" value="12"/>	Approx. value and currency	<input type="text" value="N/A"/>
Nature and intended Purpose of account	<input type="text" value="SAVINGS FROM MEDICAL FEES (SALARY) FOR SAVINGS FOR RETIREMENT"/>		

If there are no outlined planned receipts, please note a **Top Up form** will be required for any future deposits.

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 11 in the Declaration ensuring that you indicate who you are assigning as your Investment Manager and in what capacity.

Create Tomorrow.
Start Today.

Product Application Form

PAF3 | Dealing Services/Kinesis



5 Dealing Services | Standard Tariffs

Approved Dealing Services Tariff:

CIG7

Advisor Ongoing Fee

0

% p.a. charged monthly in arrears, debited from the Trading Account

Investment Manager Fee

0

% p.a. charged monthly in arrears, debited from the Trading Account

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 details that you are sending monies to fund your new account below:

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

Bank Name

NATWEST BANK

Branch

2 ½ Devonshire Square, London, UK

Account Currency

USD

Other

Branch Sort Code

Account Name

Utmost International IOM Ltd

Account Number or IBAN

140-00-67505139

SWIFT/BIC Code

NWBKGB2LXXX

How long has the account been open for?

10 YEARS

/we can confirm that these bank account details will also be used for any future cash transfers into this account.

Additional Cash Transfer Details (If Applicable)

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

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

Bank Name

Branch

Account Currency

Please Select

Other

Branch Sort Code

Account Name

Account Number or IBAN

SWIFT/BIC Code

How long has the account been open for?

/we can confirm that these bank account details will also be used for any future cash transfers into this account.

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

How long has the account been open for?

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.

Product Application Form

PAF3 | Dealing Services/Kinesis



6.3 Source of Funds

Please complete the below table to confirm how the outlined investment amount has been accumulated for the First Applicant.

Value	Currency	Source of Funds Description	Country	Time to accumulate
71,000	USD	REGULAR SAVINGS ACCOUNT	ISLE OF MAN	10 YEARS
Notes REGULAR SAVINGS ACCOUNT FOR 10 YEARS IN UTMOST INTERNATIONAL				
Notes				
Notes				

For Second Applicant (If Applicable)

Please complete the below table to confirm how the outlined investment amount has been accumulated for Second Applicant.

Value	Currency	Source of Funds Description	Country	Time to accumulate
Notes				
Notes				
Notes				

Product Application Form

PAF3 | Dealing Services/Kinesis



7 Source of Wealth

Please provide an overview of your total accumulated wealth, how it has been accumulated and over what period.

What is your total accumulated wealth? Amount: Currency:

How is the above wealth held and how was it accumulated?

Wealth held	Country	Amount	Currency	Time to accumulate
REGULAR SAVINGS ACCOUN	ISLE OF MAN	71,000	USD	10 YEARS
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity. REGULAR SAVINGS PLAN WITH UTMOST FOR 10 YEARS				
PROPERTY	HONDURAS	122,500	USD	6 YEARS
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity. ADDRESS: RES. LOMAS DEL PORTILLO, HONDURAS USD: 122,000 APPROX HNL: 3,000,000				
OWN BUSINESS	HONDURAS	250,000	USD	3 YEARS
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity. 3 BRANCHES OF X-RAY IMAGING CENTERS - HEALTH AND MEDICINE INDUSTRY APPROX VALUE OF THE BUSINESS: 250,000 USD APPROX HNL: 6,000,000				
VEHICLE	HONDURAS	24,500	USD	10 YEARS
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity. SAVINGS FROM SALARY USD: 24,500 APPROX HNL: 600,250				

For Second Applicant (If Applicable)

What is your total accumulated wealth? Amount: Currency:

How is the above wealth held and how was it accumulated?

Wealth held	Country	Amount	Currency	Time to accumulate
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				

Product Application Form

PAF3 | Dealing Services/Kinesis



8 Intermediary Details

This section should only be completed by Intermediaries. Enter appropriate details here - avoid supplying information on separate sheets.

Intermediary/Company Name	KNG International Advisors		
CIG Intermediary Number	0483		
Sub-broker Company (if applicable)			
Contact Name	AIDA GUIFARRO	Telephone Number	+50499851300
E-mail Address	aidaguifarro@viaelite.com		

All terms must be agreed with Capital International Group in advance.

Corporate Action Notification E-mail Address if different to above E-mail

Intermediary Declaration

Please confirm you have met with this client. YES NO

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 video conferencing. A non-visual medium such as a telephone call does not qualify as meeting the customer.

Where have you obtained customer due diligence (CDD)? Direct via 3rd Party

If CDD was obtained via a third party, has the 3rd Party met with the client? YES NO

I confirm that:

- (i) I am the appointed intermediary 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

DocuSigned by:

 5A3D816101B342B...

Date

4/21/2023

Product Application Form

PAF3 | Dealing Services/Kinesis



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 Company	<input type="text"/>
CIG 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 Capital International Group in advance.

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

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).

10 Important Notes

- 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 or Intermediary.
- Capital International Group and any of its member companies accept no liability in respect of any error made by your Investment Manager or Intermediary during the course of them providing their services to you in the provision of any instruction to us in connection thereto.

11 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 10** 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 5** 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.

Product Application Form

PAF3 | Dealing Services/Kinesis



11 Declaration & Signatures (Continued)

Intermediary Appointment (Where you have an Intermediary)

I/We declare that I/we have appointed:

Contact Name AIDA GUIFARRO

Company Name of KNG ADVISORS

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

provide information to my/our Intermediary and any connected party.

to accept withdrawal requests from my/our Intermediary.

to accept dealing instructions and from my/our Intermediary.

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

Dealing Access For any individuals requiring dealing access please provide;

Email Address

Telephone Number

Certified copies of passport and proof of address (not older than 6 months)

NB if individuals already have dealing authority on other accounts the above will not be required

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 to my/our Investment Manager.

to 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, 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.

Dealing Access For any individuals requiring dealing access please provide;

Email Address

Telephone Number

Certified copies of passport and proof of address (not older than 6 months)

NB if individuals already have dealing authority on other accounts the above will not be required

Authority for Joint Instructions Either to sign Both to sign

Signatures of ALL Applicants

First Applicant Signature

Print Name

RENE IOVANNY FONSECA GOMEZ

Date

03-24-2023

Second Applicant Signature

Print Name

Date

Product Application Form

PAF3 | Dealing Services/Kinesis



Sign on behalf of the client - Mandate must be supplied

Please sign below if a client has granted you signing rights via a mandate.

Person signing on behalf of client	Person signing on behalf of client
<input type="text"/>	<input type="text"/>
Print Name	Print Name
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

Notes

(HNL = HONDURAN LEMPIRA)

PURPOSE OF THE ACCOUNT

Savings

INDUSTRY

Health and Medicine

TIME OF EMPLOYMENT

20 years

ANNUAL SALARY

58,000 approx HNL 1,421,000

NATURE OF FUNDS

Savings

YEARS OF SAVINGS

20 years

WEALTH IN USD = 468,000 APPROX HNL=11,466,000

REGULAR SAVINGS PLAN

USD 71,000

PROPERTY - HONDURAS

USD 122,500 APPROX HNL 3,000,000

OWN BUSINESS - HONDURAS

USD 250,000 APPROX HNL 6,000,000

VEHICLE - HONDURAS

USD 24,500 APPROX HNL 600,250

Capital International Group

t +44 (0) 1624 654200

IoM newbusiness@capital-iom.com

SA applications@capital-iom.com

Create Tomorrow.

Start Today.

Regulated investment activities are carried out on behalf of Capital International Group by its licensed member companies. Capital International Limited and Capital Financial Markets Limited are licensed by the Isle of Man Financial Services Authority. Capital International Limited is a member of the London Stock Exchange. CILSA Investments (PTY) Ltd (FSP No. 44894) and CILSA Solutions (PTY) Ltd (FSP No. 6650), t/a Capital International SA are licensed by the Financial Sector Conduct Authority in South Africa. All subsidiary companies across both jurisdictions are represented under the Capital International Group brand.

Issue Date: 03/02/2023

Ref: PAF3v8c

Do you really need to print this? We are serious about climate change & biodiversity loss. For more information, please [click here](#).