



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"/>	Second Applicant (If Applicable)	Title <input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>	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

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 (tick box only if investing using a kinesis limited liability contract)

4 Investment Details (Please complete all sections)

Reporting Currency	<input type="text"/>	Initial Investment amount and currency	<input type="text"/>
No. of planned future receipts per year	<input type="text"/>	Approx. value and currency	<input type="text"/>
No. of planned future withdrawals per year	<input type="text"/>	Approx. value and currency	<input type="text"/>
Nature and intended Purpose of account	<input type="text"/>		

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.

5 Dealing Services | Standard Tariffs

Approved Dealing Services Tariff:

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

Investment Manager Fee % 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

Branch

Account Currency Other Branch Sort Code

Account Name

Account Number or IBAN SWIFT/BIC Code

How long has the account been open for?

I/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 Other Branch Sort Code

Account Name

Account Number or IBAN SWIFT/BIC Code

How long has the account been open for?

I/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.

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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
Notes				
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				

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
Please provide a detailed description of how the wealth was accumulated including jurisdiction, business industry and activity.				
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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.				
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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"/>		
CIG Intermediary Number	<input type="text"/>		
Sub-broker Company (if applicable)	<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

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

Date

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"/>
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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.

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11 Declaration & Signatures (Continued)

Intermediary Appointment (Where you have an Intermediary)

I/We declare that I/we have appointed:

Contact Name

Company Name of

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

Date

Second Applicant Signature

Print Name

Date

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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	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

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

Notes

Capital International Group

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**Create Tomorrow.
Start Today.**

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