



Due Diligence Form

DDF1 | Personal Accounts

Create Tomorrow.
Start Today.

Platform | Investment | Bank

Due Diligence Form

DDF1 | Personal Accounts



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).

1 Applicant Details

If there are more than the allocated number of applicants, then please submit a separate sheet.

<p>First Applicant</p> <p>Title MR</p> <p>Surname FONSECA GOMEZ</p> <p>Date of Birth SEP 03 1975</p> <p>Nationality HONDURAN</p> <p>Passport/ID No. 0801-1975-05046</p> <p>Expiry date SEP 03 2031</p> <p>Email reneortoman@yahoo.com</p> <p>Contact No. +504 9954-7499 Please Select</p> <p>Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.</p> <p>Address RES. LOMAS DEL PORTILLO TEGUCIGALPA, HONDURAS</p> <p>Postcode -</p> <p>How long have you resided at this address? 5 YEARS</p> <p>Are you a Politically Exposed Person? If Yes, please provide details:</p> <p>No</p> <p>If applicable, what is the relationship with Second Applicant?</p> <p></p>	<p>Forename(s) RENE IOVANNY</p> <p>Other/Maiden Name(s)</p> <p>Place of Birth HONDURAS</p> <p>Other Nationalities N/A</p> <p>Country of Issue HONDURAS</p> <p>Occupation / prior to retirement Dr. Orthopedics and Traumatology</p> <p>Employer's Name Hospital Medicasa / Hospital La Policlinic</p> <p>Industry HEALTH & MEDICINE</p> <p>Length of employment 20 YEARS</p> <p>Annual Salary / prior to retirement 58,000 USD</p> <p>Country of employment HONDURAS</p> <p>Employer's Address Hospital Medicasa: Barrio Concepción, 7ma Ave. Comayagua HND Hospital La Policlinica: 3era. Ave. entre 7ma. y 8va. calle, Comayagua HND</p> <p>Postcode -</p> <p>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.</p> <p>Independent worker with clinics within the Hospital Me</p>
--	--

<p>Second Applicant</p> <p>Title</p> <p>Surname</p> <p>Date of Birth</p> <p>Nationality</p> <p>Passport/ID No.</p> <p>Expiry date</p>	<p>Forename(s)</p> <p>Other/Maiden Name(s)</p> <p>Place of Birth</p> <p>Other Nationalities</p> <p>Country of Issue</p>
--	--

Due Diligence Form

DDF1 | Personal Accounts



Second Applicant (continued)

Email

Contact No. **Please Select**

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

Address

Postcode

How long have you resided at this address?

Are you a Politically Exposed Person? If Yes, please provide details:

If applicable, what is the relationship with First Applicant?

Occupation / prior to retirement

Employer's Name

Industry

Length of employment

Annual Salary / prior to retirement

Country of employment

Employer's Address

Postcode

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.

2 Declaration of US Citizenship or US Residence for Tax Purposes

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 US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

(b) I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) I confirm that I am not a US citizen or resident in the US for tax purposes.

Second 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 US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

(b) I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) I confirm that I am not a US citizen or resident in the US for tax purposes.

Due Diligence Form

DDF1 | Personal Accounts



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/Second Applicant
HONDURAS	0801-1975-05046	First Applicant
		Please Select
		Please Select
		Please Select

If a Tax Identification Number is not available, please provide a brief explanation/rationale to the reason(s) below:

4 Contact Preferences

In the case of more than one applicant, please provide the correspondence 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.

Bank Name	BANCO FICENSA		
Branch	EDIFICIO FICENSA, BLVD. MORAZAN, HONDURAS		
Account Currency	USD	Other	Branch Sort Code
Account Name	RENE IOVANNY FONSECA GOMEZ		
Account Number or IBAN	200027340	SWIFT/BIC Code	CABFHNTE

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.

Due Diligence Form

DDF1 | Personal Accounts



5 Bank Account Details (continued)

Alternate Bank Details

Bank Name	<input type="text"/>		
Branch	<input type="text"/>		
Account Currency (Please indicate as appropriate)	<input type="text" value="Please Select"/>	<input type="text"/>	Branch Sort Code <input type="text"/>
Account Name	<input type="text"/>		
Account Number or IBAN	<input type="text"/>	SWIFT/BIC Code	<input type="text"/>

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.

6 Declaration 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 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 Applicants

First Applicant Signature

DocuSigned by:

 77FB964E00A14E5...

Print Name

Date (DD/MM/YYYY)

Second Applicant Signature

Print Name

Date (DD/MM/YYYY)

Due Diligence Form

DDF1 | Personal Accounts



Sign on behalf of the client - Mandate must be supplied

First Applicant Signature

Print Name

Date (DD/MM/YYYY)

Second Applicant Signature

Print Name

Date (DD/MM/YYYY)

7 Checklist (please tick each box)

- 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 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.

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

DDF1 | Personal Accounts



Notes

Mode of Employment:

Doctor in Orthopedics and Traumatology. Independent worker with clinics in Hospital Medicasa and Hospital La Policlinica. Income comes from the Medical Fees charged from medical consultations, surgeries, etc. which means there isn't a specific salary since it depends by visit and case.

I am also the business owner of diagnostic imaging centers. For this business I do not have a set salary, I started it in 2020 and I am constantly reinvesting the revenue into growing the business.

TO RECEIVE PAYMENTS IN BANCO FICENSA:

INTERMEDIARY BANK: CITIBANK

ADDRESS: 111 WALL STREET NEW YORK, N.Y. 10043

ABA: 021000089

SWIFT: CITIUS33

BENEFICIARY BANK: BANCO FICENSA

BENEFICIARY BANK ACCT NUMBER: 36024194

SWIFT: CABFHNT

ACCOUNT NAME: RENE IOVANNY FONSECA GOMEZ

ACCOUNT NUMBER: 200027340

Capital International Group

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

Issue date: 22/12/22

DDF1v2

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 licenced by the Financial Sector Conduct Authority in South Africa. All subsidiary companies across both jurisdictions are represented under the Capital International Group brand.

**Create Tomorrow.
Start Today.**

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