

Due Diligence Form

DDF1 | Personal Accounts

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Due Diligence Form

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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).

1 Applicant Details

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

First Applicant Title **MR**

Surname **COMAS BOLIO**

Date of Birth **26-07-1961**

Nationality **MEXICAN**

Passport/ID No. **G18712203**

Expiry date **18-11-2025**

Email **mcomas@laboratorioh2o.com**

Contact No. **+52 (999) 236 3121** Mobile

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

Address **CALLE 37 #334 POR 32 Y 36 JARD.
PENSIONES
MÉRIDA, YUCATÁN,
MÉXICO**

Postcode **97219**

How long have you resided at this address? **37 YEARS**

Are you a Politically Exposed Person? If Yes, please provide details:
No

If applicable, what is the relationship with Second Applicant?
HUSBAND

Second Applicant Title **MRS**

Surname **CARRILLO OJEDA**

Date of Birth **16-07-1962**

Nationality **MEXICAN**

Passport/ID No. **G18712206**

Expiry date **18-11-2025**

Forename(s) **MANUEL**

Other/Maiden Name(s) **NA**

Place of Birth **MÉRIDA, YUCATÁN.**

Other Nationalities **NA**

Country of Issue **MEXICO**

Occupation / prior to retirement **CHEMIST PHARMACOIST BIOLOGIST**

Employer's Name **LABORATORIOS H2O & ANALISIS CLINICOS JARDINES**

Industry **WASTEWATER AND NATURAL WATER CHEMICAL LABORATORY**

Length of employment **35 YEARS**

Annual Salary / prior to retirement **85,000.00 USD**

Country of employment **MERIDA, YUCATAN**

Employer's Address **C. 37 #341 POR 36, JARD. DE
PENSIONES
MERIDA, YUCATAN, MEXICO.**

Postcode **97219**

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.

Forename(s) **THELMA DEL CARMEN**

Other/Maiden Name(s) **NA**

Place of Birth **MÉRIDA, YUCATÁN.**

Other Nationalities **NA**

Country of Issue **MEXICO**

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Second Applicant (continued)

Email

Contact No.

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.

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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/Second Applicant
MEXICO	COBM610726IT7	First Applicant <input type="checkbox"/>
MEXICO	CAOT620716CJ1	Second Applicant <input type="checkbox"/>
		Please Select <input type="checkbox"/>
		Please Select <input type="checkbox"/>

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 fulfill our regulatory requirements but distributions and withdrawals can also be made directly to your bank.

Bank Name	<input type="text" value="IBC BANK"/>		
Branch	<input type="text" value="McALLEN"/>		
Account Currency	<input type="text" value="USD"/>	Other <input type="text"/>	Branch Sort Code <input type="text"/>
Account Name	<input type="text" value="MANUEL ARMANDO COMAS BOLIO & THELMA DEL CARMEN CARRILLO OJEDA"/>		
Account Number or IBAN	<input type="text" value="2516881665"/>	SWIFT/BIC Code	<input type="text" value="IBCLUS44"/>

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.

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5 Bank Account Details (continued)

Alternate Bank Details

Bank Name

Branch

Account Currency (Please indicate as appropriate)

Please Select

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. 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

Print Name

MANUEL ARMANDO COMAS BOLIO

Date (DD/MM/YYYY)

06/05/2024

Second Applicant Signature

Print Name

THELMA DEL CARMEN CARRILLO OJEDA

Date (DD/MM/YYYY)

06/05/2024

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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

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Notes

THE SIGNATURE OF THE SECOND HOLDER WILL NOT BE ENTITLED TO SIGN ANY REQUEST FOR MOVEMENT IN THE ACCOUNT.

MR. MANUEL ARMANDO COMAS BOLIO IS THE PRIMARY CUSTOMER AND ONLY HE WILL MAKE CONTRIBUTIONS TO THE ACCOUNT.

PLEASE ADD THIS ACCOUNT TO THE IFAS PORTAL:

ALFONSO DE JESUS MIMENZA MEDINA
ALMIME
EMAIL: AMIMENZA@SEGUROSMONTALVO.COM
PHONE: +52 999 127 3627

Capital International Group

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

Issue date: 22/12/22

DDF1v2

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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](#).