



DUE DILIGENCE FORM

DDF1 | Personal Accounts

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

1 Applicant Details

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

| | | | |
|------------------------|---|-------------------------|---|
| First Applicant | Title <input type="text" value="Mrs."/> | Second Applicant | Title <input type="text" value="Mr."/> |
| Surname | <input type="text" value="Carmen Rosa"/> | Surname | <input type="text" value="Cespedes Paz"/> |
| Forename(s) | <input type="text" value="Paz Altamirano"/> | Forename(s) | <input type="text" value="Gonzalo"/> |
| Other/Former Name(s) | <input type="text"/> | Other/Former Name(s) | <input type="text"/> |

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

| | | | |
|----------------|--|----------------|--|
| Address | <input type="text" value="Calle Paz y Perfecta Unión 686 Dp. 501 Urbanización Corpac, San Isidro, Lima , Perú"/> | Address | <input type="text" value="Calle Paz y Perfecta Unión 686 Dp. 501 Urbanización Corpac, San Isidro, Lima , Perú"/> |
| Postcode | <input type="text" value="15036"/> | Postcode | <input type="text" value="15036"/> |
| Contact Number | <input type="text" value="+51 998 188 723"/> <input type="text" value="H / W / M"/> | Contact Number | <input type="text" value="+51 994 615 700"/> <input type="text" value="H / W / M"/> |
| E-mail Address | <input type="text" value="cpazalta@gmail.com"/> | E-mail Address | <input type="text" value="gonzalo.cespedes.paz@gmail.com"/> |
| Date of Birth | <input type="text" value="15/02/1964"/> | Date of Birth | <input type="text" value="24/06/1998"/> |
| Place of Birth | <input type="text" value="Lima"/> | Place of Birth | <input type="text" value="Lima"/> |
| Nationality | <input type="text" value="Peruvian"/> | Nationality | <input type="text" value="Peruvian"/> |
| Passport No. | <input type="text" value="118117683"/> | Passport No. | <input type="text" value="118117681"/> |

You must complete the details below with your current occupation - if you have retired then please indicate this along with previous occupation.

| | | | |
|-----------------|---|-----------------|--------------------------------------|
| Occupation | <input type="text" value="Gerente de Operaciones"/> | Occupation | <input type="text" value="Student"/> |
| Employer's Name | <input type="text" value="Clinica Anglo Americana"/> | Employer's Name | <input type="text"/> |
| Address | <input type="text" value="Calle Alfredo Salazar 350, San Isidro, Lima, Perú."/> | Address | <input type="text"/> |
| Postcode | <input type="text" value="15073"/> | Postcode | <input type="text"/> |

2 Declaration of US Citizenship or US Residence for Tax Purposes

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:

| Country/Countries of Tax Residence | Tax Identification/National Insurance Number | First Applicant/Second Applicant |
|------------------------------------|--|----------------------------------|
| Peru | 10476514 | First Applicant |
| Peru | 70402812 | Second Applicant |
| | | |
| | | |

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

Further information on the issuance rules for TINs and their format can be found on the OECD's Automatic Exchange Portal at www.bit.ly/OECD-Portal

4 Account Security & Contact Preference

When contacting Capital International Group by telephone you may be asked to identify yourself.

To assist us in this regard, please provide us with a codeword of your choice. In case you cannot remember at the time of the call, we have provided space for a codeword prompt to remind you, i.e. 'Where is your place of birth?'

| First Applicant | Second Applicant |
|---|--------------------------------------|
| Codeword <input type="text" value="Gonzalo"/> | Codeword <input type="text"/> |
| Codeword Prompt <input type="text" value="Hijo"/> | Codeword Prompt <input type="text"/> |

If you are linked to multiple accounts with us, one codeword prompt and codeword will be used for all accounts where you have the authority to act.

Preferred Contact Method Mail / Email / Telephone

Applicant Correspondence Address

Postcode

Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only.

NOTE:

If you require correspondence to be sent to your Financial Adviser then please complete the relevant section of the Product Application Form.

5 Bank/Building Society Account Details

Please complete this section with your banking details.

Not only will these be used to fulfill our regulatory requirements but distributions and withdrawals can be made directly to your bank or building society.

| | | | |
|---|---|-------------------------|--|
| Bank/Building Society Name | <input type="text" value="Scotiabank del Perú"/> | | |
| Branch | <input type="text" value="Central"/> | | |
| Account Currency (Please indicate as appropriate) | <input type="text" value="USD"/> | GBP / USD / EUR / Other | Branch Sort Code <input type="text"/> |
| Account Name | <input type="text" value="Carmen Rosa Paz Altamirano"/> | | |
| Account Number or IBAN | <input type="text" value="1680026138"/> | SWIFT/BIC Code | <input type="text" value="BSUDEPELXXX"/> |

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank or Building Society branch. 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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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/We am/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/we am/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 Signature | Second Signature |
|---|---|
| <p>DocuSigned by:</p>  <p>AE322839A16B409...</p> | <p>DocuSigned by:</p>  <p>E71A2EE4DFE1429...</p> |
| Print Name | Print Name |
| Carmen Rosa Paz Altamirano | Gonzalo Cespedes Paz |
| Date | Date |
| 26/11/2021 | 26/11/2021 |

7 Checklist (please put a cross 'X' in 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

Wire transfer from personal bank account

Capital International Group

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