



# APPLICATION FORM

PAF3 | Dealing Services

Create tomorrow.  
Start today.

Platform | Investment | Treasury



# PRODUCT APPLICATION FORM

## PAF3 | Dealing Services



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

### 1 Applicant Details

<b>First Applicant</b>	Title	Mrs.	<b>Second Applicant</b>	Title	Mr.
Surname	Paz Altamirano		Surname	Cespedes Paz	
Forename(s)	Carmen Rosa		Forename(s)	Gonzalo	
Trust Name					
Company Name					

### 2 Type of Service Confirmation

Service Decision  **Execution Only**  
 **Full Nominee**

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.

### 3 Investment Details (Please complete all sections)

Investment Amount   
 Portfolio Reporting Currency  **Sterling (default currency)**  
 No. of Transactions Per Year   
 Average Transaction Value

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 8 with regards to their details, and Section 9 in the Declaration ensuring that you indicate who you are assigning as your Investment Manager and in what capacity.

My appointed Intermediary or Investment Manager has requested 10% drop reporting to assist with their MFID II requirements.

### 4 Dealing Services | Standard Tariffs

Please select a dealing tariff from those outlined below.

Please refer to our Dealing Services | Standard Tariffs for further information:

- Trade-Ex A  
 Trade-Ex B  
 Trade-Ex C

Alternative approved dealing services tariff:

# PRODUCT APPLICATION FORM

## PAF3 | Dealing Services



### 5 Source of Funds

Please indicate the origin(s) from where you are funding your account:

Cash

Asset Transfer

Both

#### 5.1 Cash Transfer Details

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

Bank/Building Society Name	Scotiabank del Perú		
Branch	Central		
Account Currency (Please indicate as appropriate)	USD	GBP / USD / EUR / Other	Branch Sort Code
Account Name	Carmen Rosa Paz Altamirano		
Account Number or IBAN	1680026138	SWIFT/BIC Code	BSUDEPLXXX

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

#### 5.2 Asset Transfer Details

Please state the details of the assets you are sending to fund your new account below:

Value of Asset Transfer			
Please provide details of where is the Asset Transfer is coming from:			
Company Name			
Company Address			
Contact Name		Contact Number	
Contact E-mail			

**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.

### 6 Source of Wealth

Please indicate the underlying source of your wealth, e.g. if your wealth is derived from salary/bonus please give an indication of your annualised salary. In certain circumstances, it is necessary to perform additional or Enhanced Due Diligence on our applicants for business. This may include, but not be limited to, documents to support the source of wealth.

I/We confirm that the source of my/our wealth represented by the funds to be held in this account derive from:

Description	Amount/Value	Description	Amount/Value
Business Profits		House/Property Sale	
Life Savings	500000	Pension Settlement	
Salary/Bonus		Inheritance	
Business Share/Sale		Other	

Please provide further details of where the funds being invested were derived from and how they were accrued e.g. if your wealth is derived from a House/Property sale, then please provide the address of property and date of sale.

from savings & income

Please confirm the geographical sphere of the activity in which you conduct your business/occupation:

Carmen Paz works in the Anglo-American clinic, one of the most recognized in Lima, Peru, as Operations Manager.

# PRODUCT APPLICATION FORM

## PAF3 | Dealing Services



### 7 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" value="KNG INTERNATIONAL ADVISORS"/>		
Capital International Group Intermediary No.	<input type="text" value="0483"/>	Remuneration Code	<input type="text" value="CIG7"/>
Contact Name	<input type="text" value="Neil Emberson"/>		
Telephone Number	<input type="text" value="+52 (1) 9982140395"/>	LinkedIn Address	<input type="text" value="NeilEmberson"/>
E-mail Address	<input type="text" value="n.emberson@kngadvisors.co.uk"/>		
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" value="n.emberson@kngadvisors.co.uk"/>		

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

### Intermediary Declaration

I confirm that:

- (i) I am the appointed regulated financial adviser 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

### 8 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 Name	<input type="text"/>		
Capital International Group Investment Manager No.	<input type="text"/>	Remuneration Code	<input type="text"/>
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	LinkedIn Address	<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"/>		

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

### 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

### Important Notes

- Where the Investment Manager is not known to Capital International Group, or any of its member companies, then we will require a completed and signed Investment Manager Agreement from them prior to us acting on any of their instructions. (Separate form available on request).
- 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).
- 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 as previously defined by you at Section 5 above.
- 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.
- Capital International Group and any of its member companies accept no liability in respect of any error made by your Investment Manager during the course of them providing their services to you in the provision of any instruction to us in connection thereto.

# PRODUCT APPLICATION FORM

## PAF3 | Dealing Services



### 9 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 8** 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 4** 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.

**If you have not received all of the aforementioned documentation relating to Capital International Group Trade-Ex Brochure, or do not fully understand the product offering then please contact your Financial Adviser or us immediately.**

#### Intermediary Appointment (Where you have an Intermediary or Financial Adviser.)

I/We declare that I/we have appointed:

Contact Name   
 Company Name of

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

provide information online,  to accept dealing instructions and  to accept withdrawal requests from my/our Financial Adviser.

**Correspondence Options**  I/We wish all correspondence to be made available to my/our Financial Advisor.

#### 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 online,  to accept dealing instructions from my/our Investment Manager, and

to accept withdrawal requests from my/our Financial Adviser.

**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.**

**Authority for Joint Instructions**  Either to sign  Both to sign

### Signatures of ALL Applicants

#### First Applicant Signature

DocuSigned by:  
  
 AE322839A16B409...

#### Print Name

Carmen Rosa Paz Altamirano

#### Date

26/11/2021

#### Second Applicant Signature

DocuSigned by:  
  
 E71A2EE4DFE1429...

#### Print Name

Gonzalo Cespedes Paz

#### Date

26/11/2021

# PRODUCT APPLICATION FORM

PAF3 | Dealing Services



## Notes

Wire transfer from personal bank account

IFA Name: Gino Nicolás Stagi Kisic  
IFA Email: [gstagi@bestafi.com](mailto:gstagi@bestafi.com)  
IFA Cel: +51 999930063

Also please give access to view this portfolio:

KNG Admin  
[admin@kngadvisors.co.uk](mailto:admin@kngadvisors.co.uk)

Capital International Group

t +44 (0) 1624 654200 e [info@capital-iom.com](mailto:info@capital-iom.com)

Regulated activities are carried out on behalf of Capital International Group by its licensed member companies. Capital International Limited, Capital Treasury Services Limited and Capital Financial Markets Limited are all licensed by the Isle of Man Financial Services Authority. Capital International Limited is a member of the London Stock Exchange. Registered Address: Capital House, Circular Road, Douglas, Isle of Man, IM1 1AG. 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 as Financial Service Providers. Registered Address: Office NG101A, Great Westerford, 240 Main Road, Rondebosch 7700, South Africa. All subsidiary companies across both jurisdictions are represented under the Capital International Group brand.

Create tomorrow.  
Start today.

[capital-iom.com](http://capital-iom.com)

