



# Application Form

PAF3 | Dealing Services

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Platform | Investment | Bank

# Product Application Form

## PAF3 | Dealing Services/Kinesis



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

Please note that throughout this document, "Capital International Group" will be abbreviated to "CIG".

### 1 Applicant Details

<b>First Applicant</b>	Title	<input type="text" value="Mr"/>
Surname	<input type="text" value="Echeverría Bunster"/>	
Forename(s)	<input type="text" value="Carlos Ignacio"/>	
<b>Second Applicant</b>	Title	<input type="text"/>
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Trust Name	<input type="text"/>	
Company Name	<input type="text"/>	

### 2 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)

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

Reporting Currency	<input type="text" value="USD"/>	Initial Investment amount and currency	<input type="text" value="USD 145000"/>
No of planned future receipts per year	<input type="text" value="5"/>	Approx. value and currency	<input type="text" value="USD 10000"/>
No of planned future withdrawals per year	<input type="text" value="5"/>	Approx. value and currency	<input type="text" value="USD 10000"/>

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 10 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 MiFID II requirements.

### 4 Dealing Services | Standard Tariffs

Approved Dealing Services Tariff:	<input type="text" value="CIG-7"/>	
Advisor Ongoing Fee	<input type="text"/>	% p.a. charged monthly in arrears, debited from the Trading Account
Investment Manager Fee	<input type="text"/>	% p.a. charged monthly in arrears, debited from the Trading Account

Upload Signed Tariff Sheet (Optional)

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### 5 Source of Funds

 Cash from Bank details Provided in Due Diligence Form

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

Cash

Asset Transfer

If both please check both boxes

#### 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

Branch

Account Currency (Please indicate as appropriate)  GBP / USD / EUR / Other 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 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

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

#### 5.3 Source of Funds

Please complete the below table to confirm how the outlined investment amount has been accumulated.

Value	Currency	Source of Funds Description	Country	Notes
145000	USD	Other	Isle of Man / Chile	Ahorros acum. en Quilter Int.

**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 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	How was this accumulated
Dpto en Chile	Chile	300000	USD	Property or Land Sale
Ahorros en Chile	Chile	100000	USD	Salary/Bonus

Over what period was the total wealth generated? Years  Months

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### 7 Intermediary Details

This section should only be completed by Intermediaries. Enter appropriate details here - avoid supplying information on separate sheets.

Intermediary/Company Name	KNG International Advisors		
CIG Intermediary Number	0483		
Sub-broker Company (if applicable)			
Contact Name	Neil Emberson	Telephone Number	51957995060
E-mail Address	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

### Intermediary Declaration

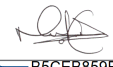
Please confirm you have met with this client. Meeting a customer is not limited to in person face to face contact.

YES  NO It also includes the use of visual communication mediums over the internet, such as full motion video conferencing. A non-visual medium such as a telephone call does not qualify as meeting the customer.

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

DocuSigned by:  
  
 B5CEB859F1284E0  
 Date 21/6/2022

### 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 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

### 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.
- 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.

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### 10 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 9** 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 Advisor or us immediately.

#### Intermediary Appointment

(Where you have an Intermediary or Financial Advisor.)

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 to my/our Financial Adviser and any connected party.

to accept withdrawal requests from my/our Financial Adviser.  to accept dealing instructions and from my/our Financial Adviser.

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

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 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.

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**

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## PAF3 | Dealing Services/Kinesis


 Authority for Joint Instructions

Either to sign

Both to sign

### Signatures of ALL Applicants

First Applicant Signature

Second Applicant Signature

DocuSigned by:

993749F21D06418...

Print Name

Print Name

Carlos Ignacio Echeverría Bunster

Date

22/6/2022

Date

### Notes

Please add this client's details to the IFS's online portal:

IFA Name: María Francisca Arancibia Cortés

IFA Email: service@ndns.finance

IFA Cel: +56 9 41096118

#### Capital International Group

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Ref: PAF3v3

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