

APPLICATION FORM

PAF5 | KINESIS

Create tomorrow. Start today.

Platform | Investment | Treasury

PRODUCT APPLICATION FORM

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

First Applicant		Title	Second A	Applicant		Title	
Surname			Surname				
Forename(s)			Forename	e(s)			
Trust Name							
Company Name							
Account Details (NO	OTE: Reporting Curre	ency is fixed	for the lifetime	of your accou	ınt with us.)		
Initial Investment		Report	ing Currency		Sterli	ng (default curre	
Initial Instructions (Please	e indicate required contract	t structure below	v)				
		CFD	Option CFD	Spread Be	t Structured N	lote	
		CFD	Option CFD	Spread Be	t Structured N	lote	
		CFD	Option CFD	Spread Be	t Structured N	lote	
		CFD	Option CFD	Spread Be	t Structured N	lote	
Source of Funds							
Please state the bank/bu	ilding society details that y	ou are sending	monies to fund your	new account from	1		
Bank/Building Society Na	ime						
Branch Details/Address							
Account Currency (Please	e indicate as appropriate)		GBP / USD / E	EUR / Other	Branch Sort Code		
Account Name						·	
Account Number or IBAN	I	SWIFT/BIC Code					
The sort code and account numb	er, SWIFT/BIC Code or IBAN can be	obtained from your	Bank or Building Society bra	anch.			
Source of Wealth							
In certain circumstances, limited to, documents to	ying source of your wealth, it is necessary to perform support the source of weal urce of my/our wealth repr	additional or En th.	hanced Due Diligeno	ce on our applicant	ts for business. This ma		
Description	Amount/Value		Description	on	Amount/Value		
Business Profits			House/Pro	perty Sale			
Life Savings			Pension Se	ettlement			
Salary/Bonus			Inheritance	e			
Business Share/Sale			Other				
	tails of where the funds being yed from a House/Property S				ued		

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5 Declaration							
I/We have appointed							
of							
	on to this account, and authorise the Capital International Group to						
Please indicate as appropriate	provide information to and accept instructions from my/our Financial Adviser.						
Correspondence Options	I/We wish all correspondence to go my/our Financial Advisor and Please send me/us copies						
	n I/we provide on this application form, and any additional information supplied, will be processed in ional 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 and understood the literature as listed below and the advice relating to this investment, and Terms which I/we accept. I/We declare that:							
 I/We have received financial ad I/We have received, read and u Capital International Group Kine I/We have received, read, unde Capital International Limited Ter I/We understand that this Produ The counterparty for all Kinesis cont I/We have received, read, unde 	contained within this application form is true and accurate vice in relation to this application from my/our Investment Adviser inderstood the: sis Brochure rstood and agree to be bound by the:						
If you have not received all of the aforementioned documentation relating to the Kinesis Trading Account, or do not fully understand the product offering then please contact your Financial Adviser or us immediately.							
Please note that Kinesis is deemed an Execution Only service for the purposes of Terms of Business and therefore Part B of the Terms applies.							
Authority for Joint Instructions Either to sign Both to sign							
Signatures of ALL App							
-							
Signatures of ALL App	licants						
Signatures of ALL App	licants						
Signatures of ALL App First Signature	Second Signature						
Signatures of ALL App First Signature	Second Signature						
Signatures of ALL App First Signature Print Name	Second Signature Print Name						
Signatures of ALL App First Signature Print Name	Second Signature Print Name						
Signatures of ALL App First Signature Print Name Date 6 Adviser Declaration	Second Signature Print Name						
Signatures of ALL App First Signature Print Name Date 6 Adviser Declaration	Second Signature Print Name Date						
First Signature Print Name Date 6 Adviser Declaration I/We have considered the affairs and	Second Signature Print Name Date						
First Signature Print Name Date 6 Adviser Declaration I/We have considered the affairs and	Second Signature Print Name Date						
First Signature Print Name Date 6 Adviser Declaration I/We have considered the affairs and Adviser's Signature	Second Signature Print Name Date						
First Signature Print Name Date 6 Adviser Declaration I/We have considered the affairs and Adviser's Signature	Second Signature Print Name Date						

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7 Intermediary Details							
This section should only be completed by Intermediaries. Please enter the appropriate details here and avoid supplying information on separate sheets.							
Intermediary/Company Name							
Capital International Group Inter	mediary No.	Intermediary Stamp/Details					
Contact Name							
Telephone Number							
E-mail Address							
	All terms must be agreed with the Capital International Group in advance.						
	Please state the relevant remuneration code						
Any other relevant information							
8 For Internal Use (Plea	se use additional sheets if required)						

Capital International Group

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