



APPLICATION FORM

PAF4 | Treasury Management

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.

1 Applicant Details

First Applicant	Title	<input type="text"/>	Second Applicant	Title	<input type="text"/>
Surname	<input type="text"/>		Surname	<input type="text"/>	
Forename(s)	<input type="text"/>		Forename(s)	<input type="text"/>	
Trust Name	<input type="text"/>				
Company Name	<input type="text"/>				

2 Investment Details (Please complete all sections)

Investment Amount	<input type="text"/>	
Investment Currency	<input type="text"/>	Sterling (default currency)
No. of Transactions Per Year	<input type="text"/>	
Average Transaction Value	<input type="text"/>	

3 Source of Funds

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

Bank/Building Society Name	<input type="text"/>				
Branch	<input type="text"/>				
Account Currency (Please indicate as appropriate)	<input type="text"/>	GBP / USD / EUR / Other	Branch Sort Code	<input type="text"/>	
Account Name	<input type="text"/>				
Account Number or IBAN	<input type="text"/>	SWIFT/BIC Code	<input type="text"/>		

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

4 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	<input type="text"/>	House/Property Sale	<input type="text"/>
Life Savings	<input type="text"/>	Pension Settlement	<input type="text"/>
Salary/Bonus	<input type="text"/>	Inheritance	<input type="text"/>
Business Share/Sale	<input type="text"/>	Other	<input type="text"/>

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.

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

5 Investment Allocation

Please indicate the initial investment amount you wish to invest with Capital International Group (space has been provided if you are investing multiple currencies) along with the investment vehicle allocations you require within your portfolio.

The Capital Liquidity Account has a minimum of: £50,000, \$100,000 or €100,000, all other investment vehicles listed have a minimum investment of: £10,000, \$20,000 or €20,000.

Description	Currency	Amount/Value	Description	Currency	Amount/Value
Capital Liquidity Account	<input type="text"/>	<input type="text"/>	Gold Bullion & Precious Metals	<input type="text"/>	<input type="text"/>
Capital Platinum Fixed Term Bond	<input type="text"/>	<input type="text"/>	Money Market & Cash Investments	<input type="text"/>	<input type="text"/>
Discretionary Treasury Management	<input type="text"/>	<input type="text"/>	Structured Products	<input type="text"/>	<input type="text"/>
Foreign Exchange Services	<input type="text"/>	<input type="text"/>			

6 Payment Services

Please indicate that you require Payment Services by ticking the relevant box and answering the relevant questions where possible. For help or further information please contact our Treasury Services Team on +44 (0) 1624 654299.

Payment Services

Any sums received do not constitute a deposit as defined in the Regulated Activities Order 2011, as amended and are not covered by any compensation scheme.

Number of Payments / Receipts			Size of Payments / Receipts		Volume of Turnover	
Sterling	<input type="text"/>	<input type="text"/> per day/week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> per day/week
US Dollars	<input type="text"/>	<input type="text"/> per day/week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> per day/week
Euro	<input type="text"/>	<input type="text"/> per day/week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> per day/week
Other	<input type="text"/>	<input type="text"/> per day/week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> per day/week

Expected Payments - Please provide an overview of the payees and purpose of any payments, e.g. payments will be sent to lawyers to cover legal fees.

Expected Receipts - Please provide an overview of the payers and purpose of any receipts, e.g. receipts expected from tenants for rental income.

7 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 confirm that I/we have received the relevant documentation and advice relating to this Investment and/or Treasury Service, and Terms which I/we accept;
- I/We understand that this Product Application Form forms part of my/our agreement with you.

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 have received, read and understood the relevant Capital Treasury Services Limited product brochures (please indicate where appropriate):

- CIG - Capital Liquidity Account Brochure and/or CIG - Money Market Investments Brochure
- and/or CIG - Bridge Brochure and/or CIG - Platinum Bond Brochure
- and/or CIG - Foreign Exchange Brochure and/or CIG - Bullion or Precious Metals Brochure
- and/or CIG - Treasury Management Brochure

- I/We have received, read, understood and agree to be bound by the following document as given to us:

- and, where appropriate CIG - Terms of Business for Investment Services
- CIG - Terms of Business for Treasury Services

- In the case of Pre-Paid Debit Card Services, I/we am/are aware that this is a third party service and agree with the relevant Product Provider's Terms & Conditions as supplied by them.

If you have not received all of the aforementioned documentation relating to your Capital International Group Investment and/or Service, or do not fully understand the Investments and/or Treasury Service offerings 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 to and accept instructions from my/our Financial Adviser.

Correspondence Options I/We wish all correspondence to go my/our Financial Adviser and Please send me/us copies

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

Print Name

Date

Second Applicant

Print Name

Date

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8 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	<input type="text"/>	Intermediary Stamp/Details
Capital International Group Intermediary 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.		
	Please state the relevant remuneration code <input type="text"/>	
Any other relevant information	<input type="text"/>	

9 For Internal Use (Please use additional sheets if required)

Capital International Group

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

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