CAPITAL INTERNATIONAL

Investment Services Due Diligence Form

DDF3 | Corporate Accounts

Create Tomorrow.
Start Today.

Platform | Investment | Bank

DDF3 | Corporate Accounts

Investment Services

Please complete all fields, as missing information will cause delays when processing your application. If required, please use the notes section on page 11.

Please Note: This form has been optimised for digital use to avoid as much paper waste as possible.
Please download and save this file locally on your device that you are using and open with Adobe Acrobat.

You do not need a paid account, but you may need to configure your digital ID for signing (please follow the 'on screen' steps when using Adobe Acrobat for full details on how to do this).

1. Company Name

2. Company Details

Trading Name(s)

Please confirm below the nature of the business activity that generates the source of wealth.

Country of Incorporation

Place of Domicile

Date of Incorporation Day / Month / Y Y Y Y

Incorporation Number

Annual Company Turnover

Name of Regulator (if applicable)

Regulator Ref No.

Primary Contact

Contact Number

E-mail Address

Registered Address **Directors of the Company must complete the following details. 'Care Of' & PO Box addresses are not acceptable.**

Registered Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? Yes No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Registered Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Registered Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

2. Company Details (continued)

Principal Place of Business **Directors of the Company must complete the following details. 'Care Of' & PO Box addresses are not acceptable.**

Principal Place of Business Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Principal Place of Business Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Principal Place of Business Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Contact Preferences

Preferred Contact Method: Mail/E-mail/Telephone

Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only. In the case of more than one applicant, please provide the correspondence address that should be used.

Address (if applicable) including ZIP / Postal Code

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

3. Company Bank/Building Society Account Details

Please complete this section with your banking details.
These will be used to fulfil our regulatory requirements but distributions and withdrawals can also be made directly to your bank.

Bank Name

Branch

Account Currency: Please Select 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. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. Capital International Limited 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 Limited will not accept responsibility for any loss incurred by the applicant.

4. Director Details

If there is insufficient space below, then please submit a separate sheet with the relevant information.
Company Directors must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable. Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

First Director Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth Day / Month / Year | Place of Birth

Nationality | Other Nationalities

Contact Number H/W/M | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name | Length of employment

Industry

Employer's Address

ZIP / Postcode

Are you an Authorised Signatory? ☐ Yes ☐ No

Are you a Politically Exposed Person? If Yes, please provide details:

4. Director Details (continued)

If there is insufficient space below, then please submit a separate sheet with the relevant information.
Company Directors must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable. Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Second Director

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth (Day / Month / Year) | Place of Birth

Nationality | Other Nationalities

Contact Number (H/W/M) | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name | Length of employment

Industry

Employer's Address

ZIP / Postcode

Are you an Authorised Signatory? ☐ Yes ☐ No

Are you a Politically Exposed Person? If Yes, please provide details:

4. Director Details (continued)

If there is insufficient space below, then please submit a separate sheet with the relevant information.
Company Directors must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable. Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Third Director

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth (Day / Month / Year) | Place of Birth

Nationality | Other Nationalities

Contact Number (H/W/M) | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name | Length of employment

Industry

Employer's Address

ZIP / Postcode

Are you an Authorised Signatory? ☐ Yes ☐ No

Are you a Politically Exposed Person? If Yes, please provide details:

4. Director Details (continued)

If there is insufficient space below, then please submit a separate sheet with the relevant information.
Company Directors must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable. Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Fourth Director

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth (Day / Month / Year) | Place of Birth

Nationality | Other Nationalities

Contact Number (H/W/M) | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name | Length of employment

Industry

Employer's Address

ZIP / Postcode

Are you an Authorised Signatory? ☐ Yes ☐ No

Are you a Politically Exposed Person? If Yes, please provide details:

5. Shareholder/Beneficial Owner Details

Where the below detailed persons are not the Ultimate Beneficial Owners then please submit details on a separate sheet and provide a structure chart detailing all layers of ownership, management and control.

If there is insufficient space below, then please submit a separate sheet with the relevant information. To be completed by all persons holding more than 25% of shares. Where the Shareholder/Beneficial Owner(s) are corporate entities, please utilise the personal fields to provide the corporate equivalent.

First Shareholder/Beneficial Owner

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth (Day / Month / Year) | Place of Birth

Nationality | Other Nationalities

Contact Number (H/W/M) | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? ☐ Yes ☐ No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name* | Length of employment

Industry | Country of employment

Employer's Address

ZIP / Postcode

*If self-employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration, annual turnover and net worth.

Are you an Authorised Signatory? ☐ Yes ☐ No

Are you a Politically Exposed Person? If Yes, please provide details:

5. Shareholder/Beneficial Owner Details (continued)

Where the below detailed persons are not the Ultimate Beneficial Owners then please submit details on a separate sheet and provide a structure chart detailing all layers of ownership, management and control.

If there is insufficient space below, then please submit a separate sheet with the relevant information. To be completed by all persons holding more than 25% of shares. Where the Shareholder/Beneficial Owner(s) are corporate entities, please utilise the personal fields to provide the corporate equivalent.

Second Shareholder/Beneficial Owner

Title | Forename(s)

Surname | Other/Maiden Name(s)

Date of Birth (Day / Month / Year) | Place of Birth

Nationality | Other Nationalities

Contact Number (H/W/M) | Passport/ID No.

E-mail Address | Country of Issue

Percentage of Shareholding % | Expiry Date

Residential Address (including ZIP / Postal Code)

Has this address changed in the last 3 years? Yes No

If **Yes**, please provide details of any previous addresses during the last 3 years.

Previous Residential Address 1 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Previous Residential Address 2 (including ZIP / Postal Code)

Date from: Day / Month / Year to: Day / Month / Year

Job Title / prior to retirement | Annual Salary / prior to retirement

Employer's Name* | Length of employment

Industry | Country of employment

Employer's Address

*If self-employed, please provide in the box below; the nature of business, jurisdiction of business activities, country of inc/registration, annual turnover and net worth.

ZIP / Postcode

Are you an Authorised Signatory? Yes No

Are you a Politically Exposed Person? If Yes, please provide details:

6. Declaration You must sign the form below

I/We understand that the information I/we provide on this Due Diligence 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 is part of my/our agreement with you;
- I/We agree that the information contained within this Due Diligence Form is true and accurate;
- I/We agree to notify Capital International Limited of any changes to the information provided on this Due Diligence Form.

☐ **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 Authorised Individuals

First Authorised Signature	Second Authorised Signature
Print Name	**Print Name**
Date Day / Month / Year	**Date** Day / Month / Year

7. Checklist (please tick each box)

- ☐ Product Application Form completed, signed, and dated.
- ☐ Entity Self-Certification Form completed, signed, and dated.
- ☐ Certified copy of the Certificate of Incorporation.
- ☐ Certified copy of the current members/shareholder register.
- ☐ Certified copy of the current officers/directors register.
- ☐ Certified copy of the Authorised Signatory List
  (Please note we will require the individuals full name, date and place of birth for screening purposes)
- ☐ Copy of the Structure Chart confirming ownership of the applicant and group structure.
- ☐ Certified copy of valid photographic ID for each for each Director, Ultimate Beneficial Owner, Authorised Signatory and all Shareholders who control 25% or more of the shares i.e. current passport or driving licence (Please note that the photograph must be a true likeness of the holder).
- ☐ Certified copy of a document confirming residential address for each Director, Ultimate Beneficial Owner, Authorised Signatory and all Shareholders who control 25% or more of the shares i.e. bank statement or utility bill. This must be dated within the last six months.

Please note: You will be advised separately if we require any additional information.

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

8. Notes

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