CAPITAL INTERNATIONAL

Investment Services Due Diligence Form

DDF1 | Personal Accounts

Create Tomorrow.
Start Today.

Platform | Investment | Bank

DDF1 | Personal Accounts

Investment Services

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

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 Applicant Details

If there are more than the allocated number of applicants, please duplicate this page and submit with the rest of the completed form.

First Applicant

Title | Forename(s)

Surname | Other/Maiden Name(s)

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

Nationality | Other Nationalities

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

Country of Issue | E-mail Address

Expiry Date

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

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

If applicable, what is the relationship with Second Applicant?

1 Applicant Details (continued)

If there are more than the allocated number of applicants, please duplicate this page and submit with the rest of the completed form.

Second Applicant Title | Forename(s)

Surname | Other/Maiden Name(s)

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

Nationality | Other Nationalities

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

Country of Issue | E-mail Address

Expiry Date

Applicants must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable.

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

If applicable, what is the relationship with First Applicant?

2 Declaration of US Citizenship or US Residence for Tax Purposes

First Applicant

Please tick either (a) or (b) or (c) and complete as appropriate.

(a) ☐ I can confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

(b) ☐ I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

Second Applicant

Please tick either (a) or (b) or (c) and complete as appropriate.

(a) ☐ I can confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and my US federal taxpayer identification number (US TIN) is as follows:

US TIN

(b) ☐ I confirm that I was born in the US (or a US territory) but am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.

(c) ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

3 Declaration of Tax Residency (other than US)

Tax Identification Numbers are required in order for us to comply with Global FATCA and CRS Reporting Regulations. Further information on this and the associated rules for TINs and their format can be found here:

- www.irs.gov/businesses/corporations/foreign-account-tax-compliance-act-fatca
- www.oecd.org/tax/automatic-exchange/common-reporting-standard/

I hereby confirm that I am, for tax purposes, a resident in the following country(ies) and the appropriate Tax Identification Number(s) and/or National Insurance Number (for UK purposes) is as follows:

Country/Countries of Tax Residence	Tax Identification/National Insurance Number	First Applicant/Second Applicant
		Please Select
		Please Select
		Please Select
		Please Select

If a Tax Identification Number is not available, please provide a brief explanation/rationale to the reason(s) below:

4 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.

5 Bank 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.

Alternate Bank Details

Bank Name

Branch

Account Currency (Please indicate as appropriate): Please Select | 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.

6 Declaration You must sign and date 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's, and those of its member companies where applicable, data protection statement(s).

I/We declare that:

- I am/We 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;
- I/We undertake to advise the recipient promptly and provide an updated Self-Certification Form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete;
- Where I am/we are legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

☐ **Unless you were introduced by an Intermediary, if you wish Capital International 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 ALL Applicants

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

Sign on behalf of the client - Mandate must be supplied

First Applicant Signature	Second Applicant 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.

☐ Certified copy of valid photographic ID for each applicant 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 applicant 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

Notes

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Create Tomorrow.
Start Today.

Do you really need to print this? We are serious about climate change & biodiversity loss. For more information, please click here.