



Corporate or Charity Client v5

Should you require any guidance in completing this form please contact the DCM New Business Team on 01748 825971 or dcm@dcmcash.com

This form is intended for professional Introducer/Adviser use only—please do not pass it to your client. The objective of this form is to collect all of the data required to operate Dynamic Cash Management efficiently without any need for your input at a later date.

Please remember that Dynamic Cash Management is only available to UK based entities.

Please ensure that the form is completed in full, as any omissions may lead to a delay in setting up your client's Dynamic Cash Management account.

It is particularly important to ensure that your client is consulted on Sections 7 (ATRI) and 8 (Liquidity) as they are used to determine the types of institutions and accounts that we will deposit your client's cash with. Proper consultation will ensure that Dynamic Cash Management use only those institutions that your client is comfortable with and that they are able to withdraw funds when they need them.

1 Introducer

Name of Introducing Firm

Name of Adviser / Introducer

Telephone number of Adviser / Introducer

Email address of Adviser / Introducer

Date

Introducer fee

This will be added to the Dynamic Cash Management fee to create your client's Base Charge

To operate DCM efficiently and to reduce the admin burden on you, we will liaise with your client directly to collect signatures etc. If you would prefer we did not do this please tick here.

2 Nature of Application

Type of entity

PLC

LTD

LLP

Partnership

Sole Trader

Charity

Other

Does the client wish to apply an ethical filter to the institutions we use?*

Yes

No

**We offer this service at no additional cost to your clients. It is possible that applying an ethical filter will result in a lower interest rate being achieved than if no filter was applied. Please consult www.dcmcash.com/rates for further information.*



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3 Entity Information

Name of Organisation	<input type="text"/>
Country of registration/establishment	<input type="text"/>
Trading name or registered name (if different)	<input type="text"/>
Nature of organisation (aims or business areas)	<input type="text"/>
Customer base	<input type="text"/>
Home country	<input type="text"/>
Countries of operation	<input type="text"/>
Registration number and type	<input type="text"/>
Standard Industry Classification (if known)	<input type="text"/>
Source of funds	<input type="text"/>
Please list any non UK countries where the Entity is a tax contributor	<input type="text"/>

Main Contact (must also be a DCM signatory)

Name	<input type="text"/>
Phone number/Email Address	<input type="text"/>

Registered Address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>

Principle Trading Address Same as the Registered Address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>



Corporate or Charity Client v4

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3 Entity Information (Continued)

Contact Address (if different) Same as the Registered Address Trading Address

Address Line 1	<input style="width: 100%;" type="text"/>
Address Line 2	<input style="width: 100%;" type="text"/>
Address Line 3	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>

Correspondence address (where documents are to be sent via the Introducer)

If required, all Dynamic Cash Management documents can be sent care of the Introducer rather than directly to the client.

This includes, but is not limited to Application Packs, Welcome Packs, statements, and fee statements.

This will include documents requiring signatures so this option should only be used if it will not delay the return of these documents.

Please note that some institutions will still send correspondence to the client's home address which should be forwarded to Dynamic Cash Management in the pre-paid envelopes provided.

If this is required please enter details below, else please leave blank and all correspondence will be sent to the client's home address.

Address Line 1	<input style="width: 100%;" type="text"/>
Address Line 2	<input style="width: 100%;" type="text"/>
Address Line 3	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>

4 Eligibility For Accounts and FSCS Protection

The eligibility of your organisation for FSCS protection, and for accounts offered by certain institutions, will depend on your answers to the questions below

Is the organisation a UK incorporated company registered under the UK Companies Acts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the organisation a Charity Limited by Guarantee or Limited Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the average number of employees during the current financial year?	<50 <input type="checkbox"/>	51-249 <input type="checkbox"/>	>250 <input type="checkbox"/>
What is the organisations annual Turnover (approx)?	<input style="width: 100%;" type="text"/>		
What is the organisations Total Assets?	<£1.4m <input type="checkbox"/>	£1.4m-£35m <input type="checkbox"/>	>£35m <input type="checkbox"/>
Does the organisation have Net Assets of less than £3.26m?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Consolidated Interest statement period	January-December <input type="checkbox"/>	April-March <input type="checkbox"/>	Not required <input type="checkbox"/>



Corporate or Charity Client v4

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5 Bank Account Details

Client's existing bank account to be linked to DCM (the "linked account").
Please note that deposits to the 'hub' account can be made from other accounts in addition to this one.

Bank or Building Society name	<input type="text"/>
Name on the account	<input type="text"/>
Account number	<input type="text"/>
Sort code	<input type="text"/>
Date account opened (approx)	<input type="text"/>

6 Existing Bank Accounts

Expected cash deposits of more than £10,000 (approx) to be maintained outside of DCM and the institutions (ie Bank or Building Society) they will be held with.
Please exclude amounts being transferred to DCM.

Institution (ie Bank or Building Society)	Approximate balance (excluding monies to be placed in Dynamic Cash Management)	Online Access Available?	
		Yes	No
<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	£ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other banks or building societies where you use online banking



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7 Attitude To Risk And Investment

Our approach to choosing institutions Please read the following statement to your client

When you use Dynamic Cash Management, DCM choose institutions regulated in the UK that pass their assessment of financial security. They also spread your money to make more use of investor protection. Reducing your risk in these ways is one of the key aspects of the DCM service. Dynamic Cash Management avoid some institutions for example because they are extremely small or because they have a weak overseas parent or because they believe they could be in other sorts of financial trouble. Are you comfortable with Dynamic Cash Management adopting their normal approach and exercising their judgement in choosing banks and building societies to use?

Yes No*

*If the Client chose No to the question above, please arrange for them to contact a representative of Dynamic Cash Management to discuss their concerns. We are able to tailor our approach to take account of their concern and to do so we would like to understand their attitude to risk better and discuss the most appropriate portfolio for them (contact details can be found at the top of this page).

8 Liquidity

In the boxes below please state when the client will need access to their cash.

There is the facility to split your cash so the client has access to different amounts at different notice periods (for example £500,000 could be split as follows: £100,000 within a few days, £100,000 within 6 months and £300,000 within 24 months).

If the client knows they will need to make a withdrawal by a specific date (perhaps they have a tax bill in January next year) please specify the date below, otherwise we will assume a rolling notice period (so, for example, if we are told the client needs access to the money 'Within 6 months' the money will be available to you around six months after the date that the client inform us that they make a withdrawal).

Within a few days	<input type="text" value="£"/>		
Within 1 month	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 3 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 6 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 12 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 18 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 24 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Within 36 months	<input type="text" value="£"/>	Rolling	<input type="text"/>
Other (please specify: <input type="text"/> months)	<input type="text" value="£"/>	Rolling	<input type="text"/>
Total initial deposit into DCM	<input type="text" value="£"/>		
Other Comments	<input type="text"/>		



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9 Tax Status

Is the company/charity eligible to receive Gross Interest? Yes No

10 Named Individuals

Please provide details of the individuals identified below.

Please also indicate at least two individuals who will be signatories on the client's DCM service. Please note that ALL DCM signatories will need to sign when a signature is required.

For Limited Companies:	All Directors - In the case of lone Directors the Company Secretary or an appropriate witness All Shareholders of 25% or greater
For Partnerships:	All Partners of 25% holding or greater (minimum of 2)
For Charities:	Any Chairperson at the charity The 'Charity Correspondent' if one exists. Any Trustee, or officer of the charity, who would be a signatory for the DCM service.
For place of worship or religious bodies:	All: Treasurers; Secretaries; Council Members; Officers of the Organisation

Named Individual 1

Surname	<input type="text"/>
Forename (s)	<input type="text"/>
Known as (if different from above)	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partner <input type="checkbox"/> Other <input type="text"/>
Date of birth	<input type="text"/>
Place of birth (as stated on the Named Individual's passport, eg London)	<input type="text"/>
Country of birth	<input type="text"/>
Nationality (please state any dual nationalities)	<input type="text"/>
UK resident for tax purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any other countries in which you are a tax contributor due to citizenship or residence conditions.	<input type="text"/>
National Insurance number	<input type="text"/>

Role within Dynamic Cash Management

Position in the Company/Charity	Director <input type="checkbox"/>	Company Secretary <input type="checkbox"/>	Trustee <input type="checkbox"/>
Role within Dynamic Cash Management	Signatory <input type="checkbox"/>	Named Individual <input type="checkbox"/>	Contact <input type="checkbox"/>



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Named Individual 1 (Continued)

Contact details

Please note this cannot be the Introducer's contact details as some institutions we open accounts with insist on being able to contact the Named Individual directly. At least one telephone number required.

Home Telephone

Work Telephone

Mobile Telephone

Email Address

Preferred Contact Method

Telephone

Email

Post

Current address

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

We require address history for a total of 3 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.

Previous address

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

Previous address 2

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From



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Named Individual 1 (Continued)

Previous address 3

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Previous address 4

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Named Individual 2

Surname

Forename (s)

Known as (if different from above)

Title Mr Mrs Ms Miss Other

Marital Status Married Single Divorced Widowed Civil Partner Other

Date of birth

Place of birth (as stated on the Named Individual's passport, eg London)

Country of birth

Nationality (please state any dual nationalities)

UK resident for tax purposes Yes No

Please list any other countries in which you are a tax contributor due to citizenship or residence conditions.

National Insurance number

Role within Dynamic Cash Management

Position in the Company/Charity Director Company Secretary Trustee

Role within Dynamic Cash Management Signatory Named Individual Contact



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Named Individual 2 (Continued)

Contact details

Please note this cannot be the Introducer's contact details as some institutions we open accounts with insist on being able to contact the Named Individual directly. At least one telephone number required.

Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Email Address	<input type="text"/>
Preferred Contact Method	Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>

Current address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>

We require address history for a total of 3 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.

Previous address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>

Previous address 2

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>



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Named Individual 2 (Continued)

Previous address 3

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Previous address 4

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Named Individual 3

Surname

Forename (s)

Known as (if different from above)

Title Mr Mrs Ms Miss Other

Marital Status Married Single Divorced Widowed Civil Partner Other

Date of birth

Place of birth (as stated on the Named Individual's passport, eg London)

Country of birth

Nationality (please state any dual nationalities)

UK resident for tax purposes Yes No

Please list any other countries in which you are a tax contributor due to citizenship or residence conditions.

National Insurance number

Role within Dynamic Cash Management

Position in the Company/Charity Director Company Secretary Trustee

Role within Dynamic Cash Management Signatory Named Individual Contact



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Named Individual 3 (Continued)

Contact details

Please note this cannot be the Introducer's contact details as some institutions we open accounts with insist on being able to contact the Named Individual directly. At least one telephone number required.

Home Telephone

Work Telephone

Mobile Telephone

Email Address

Preferred Contact Method

Telephone

Email

Post

Current address

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

We require address history for a total of 3 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.

Previous address

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

Previous address 2

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From



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Named Individual 3 (Continued)

Previous address 3

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Previous address 4

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address From

Named Individual 4

Surname

Forename (s)

Known as (if different from above)

Title Mr Mrs Ms Miss Other

Marital Status Married Single Divorced Widowed Civil Partner Other

Date of birth

Place of birth (as stated on the Named Individual's passport, eg London)

Country of birth

Nationality (please state any dual nationalities)

UK resident for tax purposes Yes No

Please list any other countries in which you are a tax contributor due to citizenship or residence conditions.

National Insurance number

Role within Dynamic Cash Management

Position in the Company/Charity Director Company Secretary Trustee

Role within Dynamic Cash Management Signatory Named Individual Contact



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Named Individual 4 (Continued)

Contact details

Please note this cannot be the Introducer's contact details as some institutions we open accounts with insist on being able to contact the Named Individual directly. At least one telephone number required.

Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Email Address	<input type="text"/>
Preferred Contact Method	Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>

Current address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>

We require address history for a total of 3 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.

Previous address

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>

Previous address 2

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Post Code	<input type="text"/>
Date moved to current address	From <input type="text"/>



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Named Individual 4 (Continued)

Previous address 3

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

Previous address 4

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

From

11 Checklist & Next Steps

Data Capture - Sections 1-10 completed in full

Anti-Money Laundering documentation collected (or plans made to collect them)

Next Steps

Please save and email this form (we recommend that it is sent within a password protected folder) to:
dcm@dcmcash.com

Please return the items on the checklist to:

DCM Team, Gale and Phillipson, Gallowfields House, Richmond, North Yorks, DL10 4TB

12 Any Other Information

Please use the area below to record any other information which you believe to be relevant to this application

End Of Form