



## Private Client v7

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

This form is for use for Private Clients Only.

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 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 8 (ATRI) and 9 (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 application

Single name  Joint names

*If Joint is ticked please provide details for both under Client 1 and Client 2*

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](http://www.dcmcash.com/rates) for further information.*



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

### 3 Personal Client Info

#### Client 1

Title Mr  Mrs  Ms  Miss  Other

Surname

Forename(s)

Known as (if different from above)

#### Current Address

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address   
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.

Living arrangements at current address Owner  Tenant  Living with parents  Other

#### Previous address

Address Line 1

Address Line 2

Address Line 3

Post Code

Dates at address From  To

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 which you are a tax contributor due to citizenship or residence conditions.

National Insurance number

Marginal rate of Income Tax Non-Tax Payer  Basic (20%)  Higher (40%)  Additional (45%)



## Private Client v7

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

### 3 Personal Client Info (Continued)

#### Client 2

Title Mr  Mrs  Ms  Miss  Other

Surname

Forename(s)

Known as (if different from above)

Current Address If the Same as Client 1

Address Line 1

Address Line 2

Address Line 3

Post Code

Date moved to current address

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.

Living arrangements at current address Owner  Tenant  Living with parents  Other

Previous address If the Same as Client 1

Address Line 1

Address Line 2

Address Line 3

Post Code

Dates at address From  To

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 which you are a tax contributor due to citizenship or residence conditions.

National Insurance number

Marginal rate of Income Tax Non-Tax Payer  Basic (20%)  Higher (40%)  Additional (45%)



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

### 4 Contact Details

#### Client 1

*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

Telephone

Email

Post

#### Client 2

*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

Same as client 1

Work Telephone

Same as client 1

Mobile Telephone

Same as client 1

Email Address

Same as client 1

Telephone

Email

Post

#### 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

Address Line 2

Address Line 3

Post Code



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

### 5 Employment & Financial Information

#### Client 1

Current employment status      Full Time     Part Time     Retired     Self-employed     Other

Occupation or Profession   
(if retired then previous Occupation or Profession)

Current employer   
(if retired then previous employer; if self employed then company name)

Employer's Address

Length of service with current employer (approx)

Gross Annual Income      £10,000 or less       £10,001 to £30,000       £30,001 to £50,000

£50,001 to £70,000       £70,001 to £100,000       £100,001 to £150,000       Above £150,000

Source of income      Employment     Savings     Pension     Other

#### Client 2

Current employment status      Full Time     Part Time     Retired     Self-employed     Other

Occupation or Profession   
(if retired then previous Occupation or Profession)

Current employer   
(if retired then previous employer; if self employed then company name)

Employer's Address

Length of service with current employer (approx)

Gross Annual Income      £10,000 or less       £10,001 to £30,000       £30,001 to £50,000

£50,001 to £70,000       £70,001 to £100,000       £100,001 to £150,000       Above £150,000

Source of income      Employment     Savings     Pension     Other

#### Source of funds to be deposited into DCM service

Existing savings     Sale of property     Sale of business/shares     Inheritance     Gift     Other



## Private Client v7

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

### 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.*

*Please indicate where online banking is active for this account.*

| Institution<br>(ie Bank or Building<br>Society) | Approximate balance (excluding<br>monies to be placed in Dynamic Cash<br>Management) | In whose name is the account<br>held |                          |                          | Online Access<br>Available? |                          |
|---|--|--------------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
|   |  | Client 1                             | Client 2                 | Joint                    | Yes                         | No                       |
| <input type="text"/>                            | £ <input type="text"/>   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="text"/>                            | £ <input type="text"/>   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="text"/>                            | £ <input type="text"/>   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| <input type="text"/>                            | £ <input type="text"/>   | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

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

### 7 Linked Accounts

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"/> |



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

### 8 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*                      |
| <input type="checkbox"/> | <input type="checkbox"/> |

\*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).

An 'enhanced protection' option is available. If this is selected then we will keep your client's capital within statutory investor protection levels and a portion of their portfolio may be placed in an NS&I deposit.

**Selecting this option is likely to result in a lower interest rate than the standard service.**

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |



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

### 9 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"/>           |         |                      |





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

### 10 Client 1 Additional Address History

This section is only required if the combined address history in Section 3 is less than 3 years

#### 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"/>      |
| Dates at address | From <input type="text"/> |

#### Previous Address 3

|                  |                           |
|------------------|---------------------------|
| Address Line 1   | <input type="text"/>      |
| Address Line 2   | <input type="text"/>      |
| Address Line 3   | <input type="text"/>      |
| Post Code        | <input type="text"/>      |
| Dates at address | From <input type="text"/> |

#### Previous Address 4

|                  |                           |
|------------------|---------------------------|
| Address Line 1   | <input type="text"/>      |
| Address Line 2   | <input type="text"/>      |
| Address Line 3   | <input type="text"/>      |
| Post Code        | <input type="text"/>      |
| Dates at address | From <input type="text"/> |

### 10 Client 2 Additional Address History

#### Previous Address 2

If the Same as Client 1

|                  |                           |
|------------------|---------------------------|
| Address Line 1   | <input type="text"/>      |
| Address Line 2   | <input type="text"/>      |
| Address Line 3   | <input type="text"/>      |
| Post Code        | <input type="text"/>      |
| Dates at address | From <input type="text"/> |



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

### 10 Client 2 Additional Address History (continued)

Previous address 3

If the Same as Client 1

Address Line 1

Address Line 2

Address Line 3

Post Code

Dates at address

From

Previous address 4

If the Same as Client 1

Address Line 1

Address Line 2

Address Line 3

Post Code

Dates at address

From

### 11 Checklist & Next Steps

Data Capture - Sections 1-10 completed in full (any gaps will delay the opening of Your client's account)

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](mailto:dcm@dcmcash.com)

Please return the items on the checklist to:  
DCM Team, Gale and Phillipson, Gallowfields House, Richmond, North Yorks, DL10 4TB

End Of Form