

Should you require any guidance in completing this form please contact the DCM New Business Team on: 0345 094 2255 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 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 plus 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

3 Entity Information

Name of Organisation	
Country of registration/establishment	
Trading name or registered name (if different)	
Nature of organisation (aims or business areas)	
Customer base and their locations	
Home country	
Countries of operation	
Key Suppliers and their geographic location	
Names and locations of any agents or distributors	
Key trading partners and their geographic location	
List the locations of majority-owned subsidiaries (25%+ ownership), branches and representative offices	
Registration number and type	
Standard Industry Classification (if known)	
Please list any non UK countries where the Entity is a tax contributor	

Main Contact (must also be a DCM signatory)

Name	
Phone number	
Email Address	

3 Entity Information (Continued)

Registered Address	Principle Trading Address	Same as the Registered Address <input type="checkbox"/>
Address Line 1	Address Line 1	
Address Line 2	Address Line 2	
Address Line 3	Address Line 3	
Post Code	Post Code	

Contact Address (if different)	Same as the Registered Address <input type="checkbox"/>	Trading Address <input type="checkbox"/>
Address Line 1		
Address Line 2		
Address Line 3		
Post Code		

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. Otherwise 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	

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"/>	What is the average number of employees during the current financial year?		
Is the organisation a Charity Limited by Guarantee or Limited Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is the organisation's annual Turnover? (anticipated for start ups)		
If unincorporated, please provide countries of legal agreement					
Do you have a nominee shareholding arrangement in place? If yes, give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you anticipate any seasonal variances to your turnover?		
			What is the organisation's 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 required?	January-December <input type="checkbox"/>	April-March <input type="checkbox"/>	September-August <input type="checkbox"/>	Not required <input type="checkbox"/>	

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	
Name on the account	
Account number	
Sort code	
Date account opened (approx)	

6 Source of funds to be deposited into DCM service (must be completed for ALL applications)

Sale of property Sale of business/shares Excess trading profits Existing savings Other

Please provide details below regarding your selected source of funds. eg If from **Existing Savings**, provide detail on how your savings accrued? If from **Gift**, who made the gift to you and on what terms? If **Sale of property**, was this your home, an investment property or something else? Please also provide date of sale and property address. If **Sale of Business/shares**, please provide confirmation the business this relates to and date of sale. Please provide evidence.

Are funds being transferred to your DCM account arriving from outside of the UK? Yes No

If yes, please provide full details of the source—eg account details, from which country funds will originate from, reason funds are being transferred from this source.

7 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.*

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

8 Attitude To Risk And Investment

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

The standard DCM approach exercises caution in institution selection and account balances. This means we avoid using some smaller or less secure institutions, even below the level of government compensation schemes. Judgement is also used when considering whether to tie up funds on notice and term deposits to limit them to institutions which meet more stringent security requirements.

Are you happy to use this approach?

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 beginning of this form).

Offshore Accounts

We will sometimes consider accounts with banks based outside of the UK. These accounts will always be suitable for UK investors, have the same taxation treatment as onshore deposits and will always meet our strict security and administration requirements. Would you like to opt out of using these accounts?

Tick to opt out

SELECTING THIS OPTION MAY RESULT IN A LOWER INTEREST RATE THAN THE STANDARD SERVICE OVER TIME

8 Attitude To Risk And Investment (continued)

If you are happy to use institutions covered by the UK Financial Services Compensation Scheme, which would normally fall outside of our standard approach, we will do so – only up to the level of this compensation cover.

Selecting this option could potentially result in a higher interest rate than the standard service.

Would you like to opt in to this option?

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

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

**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.*

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

9 Liquidity

Please state when your client will need access to their cash.

Cash can be split so your 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 rolling and £300,000 by a fixed date eg 1 January 2019).

Rolling notice – Cash will be available to your client once the required notice has been served (In the example above, this would be around **six months** after the withdrawal is requested)

Fixed – Cash is required on a set date eg for a tax bill (date must be specified)

Where a rolling notice or fixed date is stated, funds may not be available until the notice period is served, or the fixed date is reached. Early access is not usually possible.

	£		Please tick		Date (if fixed)
Within a few days					
Within 1 month		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 3 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 6 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 12 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 18 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 24 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Within 36 months		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Other (please specify: <input type="text"/> months)		Rolling	<input type="checkbox"/>	Fixed <input type="checkbox"/>	
Total initial deposit into DCM					

Future investment requirements and other comments (must be completed for ALL applications)

Please tell us how you intend to use your new DCM account, any future planned withdrawals and the purpose of these, regular additional deposits and their expected source, whether any of the funds being deposited are earmarked for a specific purpose etc

10 Named Individuals

Please provide details of relevant individuals below. Please also indicate **at least two** individuals who will be signatories on the DCM account. Please note that ALL DCM signatories may need to sign when a signature is required. Further details regarding the individuals required to be named on the account can be found at the end of this document.

Named Individual 1

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Forename(s) - including any middle names	<input type="text"/>				
Maiden name (if applicable)	<input type="text"/>				
Known as (if different from above)	<input type="text"/>				

General details

Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	UK resident for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Widowed <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	Other <input type="text"/>	Please list any other countries which you are a tax contributor due to citizenship or residence conditions.			
Date of birth	<input type="text"/>			<input type="text"/>		
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>					
Nationality (please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>			Tax Identification number (if applicable)		
Occupation	<input type="text"/>			<input type="text"/>		
Net Monthly Income	<input type="text"/>			Marginal rate of Income Tax		
				Non-Tax Payer <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>
				Additional (45%) <input type="checkbox"/>		

Role

Position in the Company/Charity	Are you a shareholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Director <input type="checkbox"/>	Executive Director <input type="checkbox"/>	Partner <input type="checkbox"/>	Trustee <input type="checkbox"/>
Shareholder percentage		<input type="text"/>	
Sole Trader <input type="checkbox"/>	Company Secretary <input type="checkbox"/>	Nominee Shareholder <input type="checkbox"/>	Voting percentage
Partnerships only—Profits percentage		<input type="text"/>	
Role in relation to the new Dynamic Cash Management account	Signatory <input type="checkbox"/>		
Main Contact <input type="checkbox"/>			

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—We require address history for a total of 6 years.

Previous address

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

Named Individual 2

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Forename(s) - including any middle names	<input type="text"/>				
Maiden name (if applicable)	<input type="text"/>				
Known as (if different from above)	<input type="text"/>				

General details

Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	UK resident for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Widowed <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	Other <input type="text"/>	Please list any other countries which you are a tax contributor due to citizenship or residence conditions.			
Date of birth	<input type="text"/>			<input type="text"/>		
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>					
Nationality	<input type="text"/>					
(please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>			Tax Identification number (if applicable)		
Occupation	<input type="text"/>			<input type="text"/>		
Net Monthly Income	<input type="text"/>			Marginal rate of Income Tax		
				Non-Tax Payer <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>
				Additional (45%) <input type="checkbox"/>		

Role

Position in the Company/Charity	Are you a shareholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Director <input type="checkbox"/>	Executive Director <input type="checkbox"/>	Partner <input type="checkbox"/>	Trustee <input type="checkbox"/>	
Sole Trader <input type="checkbox"/>	Company Secretary <input type="checkbox"/>	Nominee Shareholder <input type="checkbox"/>		
Role in relation to the new Dynamic Cash Management account	Shareholder percentage	<input type="text"/> %		
Signatory <input type="checkbox"/>	Main Contact <input type="checkbox"/>	Voting percentage	<input type="text"/> %	
		Partnerships only—Profits percentage	<input type="text"/> %	

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—We require address history for a total of 6 years.

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	<input type="text"/>

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	<input type="text"/>

Named Individual 3

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Forename(s) - including any middle names	<input type="text"/>				
Maiden name (if applicable)	<input type="text"/>				
Known as (if different from above)	<input type="text"/>				

General details

Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	UK resident for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Widowed <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	Other <input type="text"/>	Please list any other countries which you are a tax contributor due to citizenship or residence conditions.			
Date of birth	<input type="text"/>			Tax Identification number (if applicable) <input type="text"/>		
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>					
Nationality (please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>					
Occupation	<input type="text"/>			Marginal rate of Income Tax	Non-Tax Payer <input type="checkbox"/>	
Net Monthly Income	<input type="text"/>			Additional (45%) <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>

Role

Position in the Company/Charity	Are you a shareholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Director <input type="checkbox"/>	Shareholder percentage	<input type="text"/> %	
Executive Director <input type="checkbox"/>	Voting percentage	<input type="text"/> %	
Partner <input type="checkbox"/>	Partnerships only—Profits percentage	<input type="text"/> %	
Trustee <input type="checkbox"/>	Role in relation to the new Dynamic Cash Management account		
Sole Trader <input type="checkbox"/>	Signatory <input type="checkbox"/>		
Company Secretary <input type="checkbox"/>	Main Contact <input type="checkbox"/>		
Nominee Shareholder <input type="checkbox"/>			

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—We require address history for a total of 6 years.

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	<input type="text"/>

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	<input type="text"/>

Named Individual 4

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
Forename(s) - including any middle names	<input type="text"/>				
Maiden name (if applicable)	<input type="text"/>				
Known as (if different from above)	<input type="text"/>				

General details

Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	UK resident for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Widowed <input type="checkbox"/>	Civil Partner <input type="checkbox"/>	Other <input type="text"/>	Please list any other countries which you are a tax contributor due to citizenship or residence conditions.			
Date of birth	<input type="text"/>			<input type="text"/>		
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>					
Nationality	<input type="text"/>					
(please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>			Tax Identification number (if applicable)		
Occupation	<input type="text"/>			<input type="text"/>		
Net Monthly Income	<input type="text"/>			Marginal rate of Income Tax		
				Non-Tax Payer <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>
				Additional (45%) <input type="checkbox"/>		

Role

Position in the Company/Charity	Are you a shareholder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Director <input type="checkbox"/>	Executive Director <input type="checkbox"/>	Partner <input type="checkbox"/>	Trustee <input type="checkbox"/>	
Sole Trader <input type="checkbox"/>	Company Secretary <input type="checkbox"/>	Nominee Shareholder <input type="checkbox"/>		
Role in relation to the new Dynamic Cash Management account	Shareholder percentage	<input type="text"/> %		
Signatory <input type="checkbox"/>	Main Contact <input type="checkbox"/>	Voting percentage	<input type="text"/> %	
		Partnerships only—Profits percentage	<input type="text"/> %	

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—We require address history for a total of 6 years.

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	<input type="text"/>

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	<input type="text"/>

10 Checklist & Next Steps

Data Capture - Sections 1-9 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, Sterling House, 22 St Cuthbert's Way, Darlington, DL1 1GB

11 Any Other Information

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

12 Required Individuals

Limited Companies (including Charities listed on companies house)

All directors

All Shareholders of 25% or greater

Partnerships

All Partners of 25% holding or greater (minimum of 2)

Charities (not listed on companied house)

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.

Place of worship or religious bodies

All: Treasurers; Secretaries; Council Members;
Officers of the Organisation

End Of Form