

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 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 9 (ATRI) and 10 (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 application (If Joint is ticked, please provide details for both under Client 1 and Client 2) Single name Joint names

3 Personal Client Info—Client 1

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

Current Address

Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Date moved to current address	
<small>We require address history for a total of 6 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.</small>	
Living arrangements at current address	Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="text"/>

Previous address

Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Date moved to address	

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3 Personal Client Info (Client 1 Continued)

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"/>					
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>			Tax Identification number (if applicable)		
Nationality (please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>			Marginal rate of Income Tax		
Mother's maiden name	<input type="text"/>			Non-Tax Payer <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>
				Additional (45%) <input type="checkbox"/>		

3 Personal Client Info—Client 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"/>				

Current Address If the Same as Client 1 tick here

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"/>				
<small>We require address history for a total of 6 years, extra address details can be stated below. This information is regularly required when opening deposit accounts.</small>					
Living arrangements at current address	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Living with parents <input type="checkbox"/>	Other <input type="text"/>	

Previous address If the Same as Client 1 tick here

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 address	<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"/>					
Town of birth	<input type="text"/>					
Country of birth	<input type="text"/>			Tax Identification number (if applicable)		
Nationality (please state any dual nationalities)	<input type="text"/>					
N.I. number	<input type="text"/>			Marginal rate of Income Tax		
Mother's maiden name	<input type="text"/>			Non-Tax Payer <input type="checkbox"/>	Basic (20%) <input type="checkbox"/>	Higher (40%) <input type="checkbox"/>
				Additional (45%) <input type="checkbox"/>		

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4 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.

Client 1				Client 2			
Home Telephone	<input type="text"/>	Home Telephone	<input type="text"/>	Home Telephone	<input type="text"/>	Home Telephone	<input type="text"/>
Work Telephone	<input type="text"/>	Work Telephone	<input type="text"/>	Work Telephone	<input type="text"/>	Work Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>	Mobile Telephone	<input type="text"/>
Email Address	<input type="text"/>	Email Address	<input type="text"/>	Email Address	<input type="text"/>	Email Address	<input type="text"/>
Preferred Contact Method	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Preferred Contact Method	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>

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

6 Employment & Financial Information

Client 1				Client 2			
Current employment status				Current employment status			
Employed Full-time <input type="checkbox"/>	Employed Part-time <input type="checkbox"/>	Retired <input type="checkbox"/>		Employed Full-time <input type="checkbox"/>	Employed Part-time <input type="checkbox"/>	Retired <input type="checkbox"/>	
Self-employed <input type="checkbox"/>	Other <input type="text"/>			Self-employed <input type="checkbox"/>	Other <input type="text"/>		
If Employed are you:				If Employed are you:			
An Employee <input type="checkbox"/>	A Business Owner <input type="checkbox"/>	A Key Controller* <input type="checkbox"/>		An Employee <input type="checkbox"/>	A Business Owner <input type="checkbox"/>	A Key Controller* <input type="checkbox"/>	
<small>*someone who is able to influence the strategic direction of the business</small>				<small>*someone who is able to influence the strategic direction of the business</small>			
Occupation or Profession	<input type="text"/>	Occupation or Profession	<input type="text"/>	Occupation or Profession	<input type="text"/>	Occupation or Profession	<input type="text"/>
Previous occupation if retired	<input type="text"/>	Previous occupation if retired	<input type="text"/>	Previous occupation if retired	<input type="text"/>	Previous occupation if retired	<input type="text"/>
In which industry do you work?	<input type="text"/>	In which industry do you work?	<input type="text"/>	In which industry do you work?	<input type="text"/>	In which industry do you work?	<input type="text"/>
Current employer	<input type="text"/>	Current employer	<input type="text"/>	Current employer	<input type="text"/>	Current employer	<input type="text"/>
<small>(if retired then previous employer; if self-employed then company name)</small>				<small>(if retired then previous employer; if self-employed then company name)</small>			
Employer's Address	<input type="text"/>	Employer's Address	<input type="text"/>	Employer's Address	<input type="text"/>	Employer's Address	<input type="text"/>
Length of service with current employer (approx)	<input type="text"/>	Length of service with current employer (approx)	<input type="text"/>	Length of service with current employer (approx)	<input type="text"/>	Length of service with current employer (approx)	<input type="text"/>
Gross Annual Income				Gross Annual Income			
£10,000 or less <input type="checkbox"/>	£10,001 to £30,000 <input type="checkbox"/>	£30,001 to £50,000 <input type="checkbox"/>	£50,001 to £70,000 <input type="checkbox"/>	£10,000 or less <input type="checkbox"/>	£10,001 to £30,000 <input type="checkbox"/>	£30,001 to £50,000 <input type="checkbox"/>	£50,001 to £70,000 <input type="checkbox"/>
£70,001 to £100,000 <input type="checkbox"/>	£100,001 to £150,000 <input type="checkbox"/>	Above £150,000 <input type="checkbox"/>		£70,001 to £100,000 <input type="checkbox"/>	£100,001 to £150,000 <input type="checkbox"/>	Above £150,000 <input type="checkbox"/>	
Source of income				Source of income			
Employment <input type="checkbox"/>	Savings/Investments <input type="checkbox"/>	Pension <input type="checkbox"/>		Employment <input type="checkbox"/>	Savings/Investments <input type="checkbox"/>	Pension <input type="checkbox"/>	
Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>		Other <input type="text"/>	

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6 Employment & Financial Information (Continued)

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

Sale of property Sale of business/shares Inheritance Gift 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 DCM)	Account Owner (Please tick)			Online Access? (Please tick)	
		Client 1	Client 2	Joint	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<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

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8 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

Name on the account

Account number

Sort code

Date account opened (approx)

9 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.

Yes No*

Are you happy to use this approach?

*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

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.

Yes No

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

Would you like to opt in to this option?

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

Yes No

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

Would you like to opt in to this option?

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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10 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	<input type="text"/>				
Within 1 month	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 3 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 6 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 12 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 18 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 24 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Within 36 months	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Other (please specify: <input type="text"/> months)	<input type="text"/>	Rolling	<input type="checkbox"/>	Fixed	<input type="text"/>
Total initial deposit into DCM	<input type="text"/>				

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

If the client would like to make a regular withdrawal from their DCM portfolio back to their linked account, please specify below.

Payment Amount	<input type="text"/>
Frequency	<input type="text"/>
Commencing*	<input type="text"/>

*Subject to the initial deposit being received. If the initial deposit has not been received the Standing Order will commence on the first scheduled date after its receipt.

11 Client 1 Additional Address History

This section is only required if the combined address history in Section 3 is less than 6 years

Previous Address 2		Previous Address 3	
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 address	<input type="text"/>	Date moved to address	<input type="text"/>

11 Client 2 Additional Address History

Previous Address 2	If the Same as Client 1 tick here <input type="checkbox"/>	Previous Address 3	If the Same as Client 1 tick here <input type="checkbox"/>
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 address	<input type="text"/>	Date moved to address	<input type="text"/>

11 Checklist & Next Steps

Data Capture - Sections 1-11 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

Please return the items on the checklist to:

DCM Team, Gale and Phillipson, Sterling House, 22 St Cuthbert's Way, Darlington, DL1 1GB.

End Of Form