



PARENT/LEGAL GUARDIAN CONSENT FORM

I am the parent/legal guardian of _____
and I understand that my permission and authorization is required for
Capital Express Global Trustees Limited to provide financial services to my
child/ward.

I further understand that Capital Express Global Trustees Limited will not be
permitted to provide financial advisory, capital raising and investment
management services to my child/ward unless I provide my permission by
signing this form.

In my capacity as the parent/legal guardian of your client, I hereby
understand, agree, authorize, and provide my consent, as the case may
be:

1. To allow Capital Express Global Trustees Limited to open an account
for my child/ward; and
2. That Capital Express Global Trustees Limited and I will comply
with all of banking, investment and financial services rules and procedures;
and
3. To receive newsletters, e-mails, and public enlightenment materials; and
4. Rectification of clients' data; and
5. Research and statistical purpose; and
6. Profiling client data on Capital Express Global Trustees Limited

website and portals; and

7. Retention and disclosure any of the client personal information to the Capital Express Global Trustees Limited affiliates, its authorized third parties and service providers, and others as may be necessary to prevent unlawful activities or as required by law; and

I, the undersigned, certify that I am the parent or legal guardian of the child/legal ward (named above) and that I have the right to make decisions for my child/legal ward that effect his/her well- being.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date (DD/MM/YYYY)

Office use only:

Endorsed by

Data Protection Officer:

Name: _____

Signature: _____

Date: _____