

CORPORATE CUSTOMER IDENTITY FORM



Date:
DD/MM/YYYY

TYPE OF ORGANISATION

PLEASE TICK THE APPROPRIATE BOX:

- Corporation Unincorporated Business Sole Proprietorship/Partnership
 Publicly Listed Financial Institution Regulated Entity
 Other, please state

CORPORATE INFORMATION

Name of Customer:

Registered Address:

Business/Mailing Address (if different)

Telephone No: Fax No:

Date of Incorporation: Country of Incorporation:
DD/MM/YYYY

Licensed/Certificate Issued By (if applicable):

Licensed/Business Activities:

PLEASE INDICATE ALL REQUIRED DOCUMENTS PROVIDED:

- Certificate of Incorporation Yes No N/A
Certificate of Good Standing Yes No N/A
Business Registration Certificate Yes No N/A
Governmental or other License Yes No N/A
Other (give details for "other") Yes No N/A

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Details for "other":

CORPORATE/BUSINESS STRUCTURE

Nature of Business:

Products and Services Offered:

Location of Branches/Agencies (if applicable):

Geographical location of source of funds:

Source of Wealth:

If applicable, please provide the name and address of the parent company as well as the same for subsidiaries and affiliates.

Name of Parent Company:

Business/Mailing Address:

Business Activities of Parent Company:

Name of Subsidiary(ies): % owned by Parent

Address of Subsidiary(ies):

Business Activities of Subsidiary(ies):

Name of Affiliate(s): % owned by Parent

Address of Affiliate(s):

Business Activities of Affiliate(s):

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CORPORATE DIRECTORS, OFFICERS AND AUTHORISED SIGNATORIES' INFORMATION

Please complete the below, listing all directors, officers, senior management and authorised signatories. Two pieces of valid government issued photographic identification must be presented in respect of each director, officer, senior manager and authorised signatory named on this form. The residential address of each person must be confirmed by a recent utility bill, bank statement, or other governmental correspondence.

Name	Residential Address	Position Title (.e.g. director) and occupation (e.g. businessman)	Authorised Signatory (Y/N)

IF THE REQUESTED INFORMATION EXCEEDS THIS PAGE, KINDLY ATTACH A SEPARATE SHEET



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SHAREHOLDER AND BENEFICIAL OWNER INFORMATION

For private companies only, information must be provided for each shareholder owning or controlling 10% or more shares. Two pieces of valid government issued photographic identification must be presented in respect of each shareholder and beneficial owner on this form. The residential address of each person must be confirmed by a recent utility bill, bank statement, or other governmental correspondence.

Name	Residential Address	Position Title (e.g. shareholder) and Occupation (e.g. businessman)	Authorised Signatory (Y/N)

IF THE REQUESTED INFORMATION EXCEEDS THIS PAGE, KINDLY ATTACH A SEPARATE SHEET



CORPORATE CUSTOMER IDENTITY FORM

OTHER INFORMATION:

Is any director, shareholder, senior manager, officer, account signatory or beneficial owner, a current or former (if former, provide period during which position was held) Head of Government, Head of State, Member of Parliament or other senior political party official, politically exposed person, senior military personnel, member of the Judiciary, senior executive of a state-owned corporation or family member or close association of such a person?

YES

NO

If YES, please provide details below:

SIGNATURES

To certify the foregoing, kindly have a Director, or Corporate Secretary or any other authorised signatory sign this form.

Director/Corporate Secretary (Print Name) Signature _____ Date _____

Authorised Signatory (Print Name) Signature _____ Date _____

Authorised Signatory (Print Name) Signature _____ Date _____