

Where 'Client' is a regulated financial institution or a corporation, foundation or charity. Affix your recent passport photograph 1. Name of Client Contact: 2. Relationship to corporate entity: Mobile No: House/Office No: Fax No: Address: 3. Introduction



| Known to: | Years/Months: | | | |
|---|------------------------------------|--|--|--|
| Referred by | Related to: | | | |
| Solicited based on recommendation from: | | | | |
| 4. Bank Account details | | | | |
| Bank Name: | Branch: | | | |
| Date since (DDMMYY)// | A/c No.: | | | |
| 5. Account Type (Tick suitable) | | | | |
| Regulated Financial Institution | Corporation / Foundation / Charity | | | |
| 6. Profile (Tick relevant boxes) | | | | |
| Short/Long-term investment | Pricing/Delivery [| | | |
| Hedging [| Arbitrage | | | |
| Other [| | | | |
| 7. Corporation / Foundation / Charity | | | | |
| Business Name: | | | | |



| Type of business: | | | | |
|---|----------------|--|--|--|
| 8. Financial Information | | | | |
| Estimated total balance-sheet assets: | | | | |
| Origin of assets deposited into account: | | | | |
| Source of information: | | | | |
| 9. Estimated Daily Transactions | | | | |
| 6 contracts or less | 7 – 20 🗌 | | | |
| 21 – 50 🗌 | more than 50 🗌 | | | |
| Other information (i.e. projected future turnover): | | | | |
| 10. Are any of the entity's major shareholders politically exposed* persons? | | | | |
| *{i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?} | | | | |
| Yes No No | Not Sure | | | |



| If 'YES' or 'NOT SURE' please provide below any known details | | |
|---|--|--|
| Addition Information/Continuation 1 -10 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



| Information Captured By | : | |
|---|---|--|
| Name | : | |
| Signature | : | |
| Date | : | |
| Information Supplied By | : | |
| Name | : | |
| The information supplied is correct to the best of my knowledge | | |
| Signature | : | |
| Date | | |