
Sackville Bank

CONFIDENTIAL INFORMATION

CORPORATE PROFILE

Trust

Company

Custody

Other

Proposed Name of Account [for companies please provide two options]

Applicant for Business Information (i.e. person(s) introducing the assets):

Corporation Name(s): [Must be consistent with corporate documents]

Registered office address (street, city, state, postal code, country)

Place of business (street, city, state, postal code, country) [if different from above]

Country of primary corporate tax residence

Tax Identity Number from primary tax residence

Telephone Nos. [business]

[mobile]

Fax Nos. [business]

E-mail Address [business]

List of the Directors and Officers

Contact details

Preferred method of communication

DESCRIPTION AND NATURE OF THE BUSINESS:

Date of Incorporation

Type of business (including products or services offered):

SOURCE OF WEALTH

Describe period in which acquired

Describe how acquired: (e.g. economic activity, type of inheritance or other)

The assets initially transferred to the account will be:

Details the nature and value of the assets

Name and address of bank/brokerage company/other entity from which assets will be transferred

Name and number of account

ENTITY FATCA CLASSIFICATION

If you are a **Registered Financial Institution**, please tick one of the below categories, and provide your FATCA GIIN, below.

Please provide your Global Intermediary Identification number (GIIN)

If you are a **Financial Institution** but unable to provide a GIIN, please tick one of the below reasons:

The Entity is a Model 1 Financial Institution and has not yet obtained a GIIN but intends to do so, if required.

The Entity is a Sponsored Financial Institution and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name

Sponsoring Entity's GIIN

The Entity is a Trustee Documented Trust. Please provide your Trustee's name and GIIN.

Trustee's Name

Trustee's GIIN

The Entity is a Certified Deemed Compliant, or otherwise Non-Reporting, Foreign Financial Institution (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).

Indicate exemption

The Entity is an Excepted Foreign Financial Institution. Indicate exemption

The Entity is a Non-Participating Foreign Financial Institution

The Entity is a US Financial Institution

If you are not a Foreign Financial Institution, please confirm the Entity's FATCA status below:

The Entity is an Exempt Beneficial Owner Indicate status:

The Entity is an Active Non-Financial Foreign Entity (including an Excepted NFFE)

The Entity is a Passive Non-Financial Foreign Entity (please complete the below providing details of any Controlling Persons)

Full name(s) and Date of Birth

Residential address(es)

Country(ies) of tax residence

Tax reference type and number

PURPOSE AND ANTICIPATED TRANSACTION

The account has been established for the purpose of

Describe anticipated additions: [frequency and amounts]

Describe anticipated withdrawals: [frequency and amounts]

Bank instructions for payment out of account, if appropriate at this time:

Name and address of bank

Name and number of account

ADMINISTRATION:

Describe any specific issues of which we should be aware in the administration of the account/structure.

If you have a preferred year end for the entity(ies) in the proposed structure please indicate here.

IDENTIFICATION DOCUMENTATION REQUIREMENTS

If the company is quoted on a recognized stock exchange then attach a copy of the last annual report for the company and provide the documents request in 'OTHER DOCUMENTATION'.

Please provide the following for at least two directors:

A clear copy of the passport showing a clear photograph, passport number, the date and country of issuance, date and place of birth, expiration date, nationality and signature. A passport is preferred but if unavailable a document which provides the same information will be considered. Please also provide details of their occupation and proof of permanent residential address such as an original utility bill.

These documents must be certified by a Sackville Bank employee, lawyer, accountant, or manager of a regulated financial institution, member of judiciary, senior civil servant or a Notary Public as follows "Certified as a true copy and likeness of the holder". Certifier should sign the document, clearly print their name, indicate their position or capacity, print their address and phone number and add their branch/office stamp if appropriate.

(If the account signatories are not the Directors then please also provide the above for all of the account signatories and ensure that one of the directors for whom this documentation is also provided is an executive director. If the authorized signatories are not full-time employees, officers or directors provide an explanation of the relationship).

CORPORATE DOCUMENTATION: (Please enclose)

- a) Certified copy of Certificate of Incorporation
- b) Certified copy of Memorandum and Articles of Association
- c) Certified copies of the Register of Directors, that include details of occupations, and Register of Members
- d) Where the beneficial owner is not the registered shareholder provide documentation showing the link between person recorded on the Register of Members and the beneficial owner i.e. evidence that the beneficial owner is the person who is the owner of the company
- e) Certificate of Good Standing or equivalent confirming that the entity has not been struck off the register, is not in the process of being wound up and all fees and filings are up to date
- f) Certified copy of the resolution of the Board of Directors authorizing the establishment of the account and the execution of the account documentation and confirming the representative(s) authorized to act on the company's behalf to establish and operate the account along with specimen signature(s) of such representative(s)
- g) Latest financial statements(where available)
- h) Certified copies of any relevant power of attorney or other authorities given by the directors
- i) Please provide Entity Self-Certification form

For **Limited Partnerships**, in addition to equivalent items d), e), f), g) and h) above:

- i) Certified copy of Partnership Registration Certificate
- j) Certified copy of Partnership Agreement

OTHER DOCUMENTATION: (Please enclose)

- a) Copy of a legal/tax opinion [if requested]
- b) Beneficial owner(s) profile from (see appendix attached). These are not required for a company quoted on a recognized stock exchange. These forms are to be completed by any beneficial owner of the company holding a 10% or more interest or with principal control over the company's assets and any person on whose instructions the signatories on the account are to act where such persons are not full time employees, officers or directors of the company.
- c) Company Management Agreement completed with the name of the parent company in the FIRST SCHEDULE.

Declaration and Undertaking

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete. I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs, which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

CONFIRMATION AND AUTHORISATION:

By signing below, the company hereby confirms and authorizes the following:

- **All assets contributed to this account are and will be beneficially owned by the Company;**
- **The information given above is true and correct and any change in this information will be notified to Sackville Bank by the Company in writing 30 days of such change.**
- **Sackville Bank may independently verify any information that the Company has provided herein.**
- **A copy of Sackville Bank Schedule of Fees and Standard Terms and Conditions has been received.**

For and on behalf of the Company:

Signature of Authorized Representative/Director

Date: _____

APPENDIX TO CORPORATE PROFILE

To be completed by each Beneficial Owner/Principal of the Corporate Applicant
(Applicable to private companies only)

**NAME OF COMPANY/
TRUST:**

BENEFICIAL OWNER/PRINCIPAL INFORMATION:

Full Name:(As appears on identification document)

Permanent residential address (street, city, state, postal code, country)

Secondary residential address, if applicable (street, city, state, postal code, country)

Country of primary tax residence:

Tax Identity Number (TIN) from primary tax residence:

UK National Insurance Number

Telephone Nos. [home]

[business]

[mobile]

Fax Nos. [home]

[business]

E-mail Address [home]

[business]

Preferred method of communication

j) Employment: Describe the type of Business/Profession in which you are employed including details of your employer's name, the present position held and the period involved in this business. (If you are self-employed please explain the nature of the self-employment and the name of the business. If retired, please provide the requested information in respect of your previous business or employment):

If you are any of the following positions?

If yes, please specify the name of the company

Do you or any member of your immediate family hold or previously held a position of "Public Authority" e.g. Politician, governmental or military official?

Yes
No

If YES, please specify:

Position(s):

Department(s):

Responsibility(ies):

Period of Time

SOURCE OF FUNDS-INCOME/WEALTH:

Describe period in which acquired:

Describe how acquired:

ADMINISTRATION OF THE ACCOUNT:

Describe any specific commercial or other matters or issues which Sackville has to be aware of in the administration of the account.

Will we be expected to make regular payments to the US?	If the answer is YES, we may require further information.
Yes	
No	

IDENTIFICATION DOCUMENTATION: (Please enclose)

A clear copy of the passport showing a clear photograph, passport number, the date and country of issuance, date and place of birth, expiration date, nationality and signature. A passport is preferred but if unavailable a document which provides the same information will be considered. Please also provide details of their occupation and proof of permanent residential address such as an original utility bill.

These documents must be certified by a Sackville Bank employee, lawyer, accountant, or manager of a regulated financial institution, member of judiciary, senior civil servant or a Notary Public as follows “Certified as a true copy and likeness of the holder”. Certifier should sign the document, clearly print their name, indicate their position or capacity, print their address and phone number and add their branch/office stamp if appropriate.

For Cayman: A bank reference which should include confirmation of the Applicant's permanent address.

FATCA INFORMATION:

Please complete the following sections with:

Were you born in the USA?	Yes No	Do you have a US Passport?	Yes No
Do you have a US Green Card?	Yes No	Are you a US Person?	Yes No
Do you spend any time in the USA each year?	Yes No		

If yes, please estimate the number of days a year:

Do you maintain a property in the USA? Yes
No

What passport(s) do you hold? (include passport numbers)

In what country or countries do you file tax returns?

What is your tax year end?

By what date do you require information from Sackville Bank for tax filings?

What is the name and contact details of your accountant?

What is the name and contact details of your tax/legal advisor with respect to your Sackville Bank structure?

Please provide the information you will need from Sackville Bank in order to complete your filings (e.g. short term and long term gains, income, distributions, details of settlor, beneficial owner, directors etc)

If the answers to any of the above questions are NO then we will require a W8-BEN form from you. If any questions are answered YES then we may require a W9 form.

CRS INFORMATION:

CRS Classification

Provide your CRS classification by checking the corresponding box(es). Note that CRS classification does not necessarily coincide with your classification for US or UK FATCA purposes.

If the entity is a Financial Institution please tick this box.

Specify the type of Financial Institution below:

Reporting Financial Institution under CRS. please tick this box.

OR

Non-Reporting Financial Institution under CRS.

Specify the type of Non-Reporting Financial Institution below:

Governmental Entity

International Organization

Central Bank

Broad Participation Retirement Fund

Narrow Participation Retirement Fund

Pension Fund of a Governmental Entity, International Organization, or Central Bank

Exempt Collective Investment Vehicle

Trust whose trustee reports all required information with respect to all CRS Reportable Accounts

Qualified Credit Card Issuer

Other Entity defined under the domestic law as low risk of being used to evade tax.

Specify the type provided in the domestic law:

Financial Institution resident in a Non-Participating Jurisdiction under CRS.

Specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:

Investment Entity and managed by another Financial Institution

If you have ticked this box please indicate the name of the Controlling Person(s).

Full Name of any Controlling Person(s)

(must not be left blank)

Other Investment Entity

Other Financial Institution, including a Depository Financial Institution, Custodial Institution, or Specified Insurance Company.

If the entity is an Active Non-Financial Entity ("NFE") please tick this box.

Specify the type of NFE below:

Corporation that is regularly traded or a related entity of a regularly traded corporation.

Provide the name of the stock exchange where traded:

If you are a related entity of a regularly traded corporation, provide the name of the regularly traded corporation:

Governmental Entity, International Organization, a Central Bank, or an Entity wholly owned by one or more of the foregoing

Other Active Non-Financial Entity

If the entity is a Passive Non-Financial Entity please tick this box.

If you have ticked this box please indicate the name of the Controlling Person(s).

Full Name of any Controlling Person(s) (must not be left blank)

Please complete section below providing further details of any ultimate Controlling Persons who are natural persons

Controlling Persons
(please complete for each Controlling Person)
Identification of a Controlling Person

Name of Controlling Person:

Family Name or
Surname(s):

First or Given Name:

Middle Name(s)

Current Residence Address:

Line 1 (e.g. House/Apt/
Suite Name, Number and
Street

Line 2(e.g. Town/City/
Province/County/State)

Country:

Postal Code/ZIP Code:

Mailing Address: (please complete if different from above)

Line 1 (e.g. House/Apt/
Suite Name, Number and
Street

Line 2(e.g. Town/City/
Province/County/State)

Country:

Postal Code/ZIP Code:

Date of birth (dd/mm/yyyy):

Place of Birth:

Town or City of Birth:

Country of Birth:

Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person:

Legal name of Entity 1:

Legal name of Entity 2:

Legal name of Entity 3:

Jurisdiction of Residence for Tax Purposes and related Taxpayer Reference Number or functional equivalent ("TIN")

Please complete the following table indicating:

- (i) where the Controlling Person is tax resident;
- (ii) the Controlling Person's TIN for each jurisdiction indicated; and,
- (iii) if the Controlling Person is a tax resident in a jurisdiction that is a Reportable Jurisdiction(s) then please also complete Section 10 "Type of Controlling Person".

If the Controlling Person is tax resident in more than three jurisdictions please use a separate sheet.

Entity 1

Jurisdiction(s) of tax residency

Tax reference number type

Tax reference number
(e.g. TIN/SIN)

Entity 2

Jurisdiction(s) of tax
residency

Tax reference number
type

Tax reference number
(e.g. TIN/SIN)

Entity 3

Jurisdiction(s) of tax
residency

Tax reference number
type

Tax reference number
(e.g. TIN/SIN)

If applicable, please specify the reason for non-availability of a tax reference number:

Type of Controlling Person:

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

Please provide the Controlling Person's Status by ticking the appropriate box.

a. Controlling Person of a
legal person – control by
ownership

Entity 1

Entity 2

Entity 3

b. Controlling Person of a
legal person – control by
other means

Entity 1

Entity 2

Entity 3

c. Controlling Person of a
legal person – senior
managing official

Entity 1

Entity 2

Entity 3

d. Controlling Person of a trust – settlor	Entity 1	Entity 2	Entity 3
e. Controlling Person of a trust – trustee	Entity 1	Entity 2	Entity 3
f. Controlling Person of a trust – protector	Entity 1	Entity 2	Entity 3
g. Controlling Person of a trust – beneficiary	Entity 1	Entity 2	Entity 3
h. Controlling Person of a trust – other	Entity 1	Entity 2	Entity 3
i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent	Entity 1	Entity 2	Entity 3
j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent	Entity 1	Entity 2	Entity 3
k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent	Entity 1	Entity 2	Entity 3
l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent	Entity 1	Entity 2	Entity 3
m. Controlling Person of a legal arrangement (non-trust) – other-equivalent	Entity 1	Entity 2	Entity 3

Declaration and Undertakings:

I acknowledge that the information contained in this form and information regarding the Controlling Person and any Reportable Account(s) may be reported to the tax authorities of the jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another jurisdiction(s) in which [I/the Controlling Person] may be tax resident pursuant to international agreements to exchange financial account information.

By signing below, I hereby confirm and authorize the following:

- I am a the beneficial owner/principal of the corporate entity named above.
- The information given by me above is true and correct and any change in this information will be notified to Sackville Bank in writing within 30 days of such change,
- Sackville may independently verify any information that I have provided herein.
- I certify that I am the Controlling Person, or am authorised to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this form relates.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I undertake to advise the Sackville Bank within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the recipient with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

Signature of Beneficial Owner/Principal/
Controlling Person

Date:

Please forward this profile and supporting documents to:

The Managing or Deputy Managing Director
SACKVILLE BANK LIMITED
The Grand Pavilion | 802 West Bay Road | PO Box 30444 | Grand Cayman KY1-1202 | Cayman
Islands | www.sackvillebank.com | 1 345 749 6100

E-mail: michaelhalsey@sackvillebank.com or andrewneedham@sackvillebank.com or

info@sackvillebank.com