

CORPORATE DETAILS

Client Name		Main Business Activities	
Date of Incorporation	Place of Incorporation	Place of Current Registration (if different)	
Registration Number	Licence Number (if applicable)	Regulated Status	Employees
Registered Office Address			
Business Office Address			
Correspondence Address (if different from business office address)			
Telephone	Fax	Email	
Full Name (please complete all info for each director)		Contact Number	Email Address
Place of Birth	Date of Birth	Nationality	Identification Number
Address			
Full Name (please complete all info for each shareholder)		Contact Number	Email Address
Place of Birth	Date of Birth	Nationality	Identification Number
Address			Percentage Holding in Client

ACCOUNT INFORMATION

Full Name (for the Main Contact Person / Person trading on behalf of the Client)

Identity Card / Passport Number

Date of Birth

Place of Birth

Nationality

Permanent Residential Address

Correspondence Address (if different from above)

Telephone

Fax

Email

Preferred Contact Method (please specify preference)

Details

Preference 1: Mail Telephone Mobile Email Fax

Preference 2: Mail Telephone Mobile Email Fax

Preference 3: Mail Telephone Mobile Email Fax

KNOWLEDGE AND EXPERIENCE

EMPLOYMENT (for each Director and the Person responsible for trading)

Current Employment and History

- Full-time Part-time Self-employed Retired Unemployed
 Full-time Part-time Self-employed Retired Unemployed
 Full-time Part-time Self-employed Retired Unemployed
 Full-time Part-time Self-employed Retired Unemployed

Name of Company

Type of Business

Post/Role

Part/Full

Years

Name of Company	Type of Business	Post/Role	Part/Full	Years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION (for each Director and the Person responsible for trading)

Level of Education

- Primary Secondary Tertiary Primary Secondary Tertiary
 Primary Secondary Tertiary Primary Secondary Tertiary

List of Qualifications (if applicable)

_____	_____
_____	_____
_____	_____
_____	_____



INSTRUMENTS: PREVIOUS INVESTMENT EXPERIENCE & CLIENT FAMILIARITY

Please complete the following info for the Person responsible for Trading on behalf of the Client.

Client Familiarity: Dealing on own Account

Yes No

Client Familiarity: Execution of Orders

Yes No

Please specify description of the type of instrument, frequency of trading, estimated value and period over which they were carried out in each category.

Category A: Securities (equities and debt instruments)

Client Familiarity: Yes No

Category B: Collective Investment Schemes

Client Familiarity: Yes No

Category C: Structured Products

Client Familiarity: Yes No

Category D: Financial Derivative Instruments

Client Familiarity: Yes No

Category E: Foreign Exchange

Client Familiarity: Yes No

Category F: Other Assets

Client Familiarity: Yes No

OTHER INFORMATION

Source of wealth refers to the economic activity which generates the total net worth of the customer. Source of funds is the activity, event, business, occupation or employment from which the funds used in a particular transaction are generated.

Source of Wealth

Source of Funds

