

Corporate Client Questionnaire



1 Full Corporate details including:

Legal Name of Firm

Present Postal Address

Registered Office (if different)

Date of Establishment

Contact Details

Tel:

Fax:

E-mail:

2 Copy of Certificate of Incorporation

Yes / No

3 Copy of latest audited Annual Reports and Accounts

Yes / No

4 Name and address of Auditors

5 Name and address of Bankers

6 Name and address of Company lawyer

7 Names of directors

8 For one director, please provide:

Certified copy of passport or utility bill for identification

Approximate dates of appointment

Percentage of ownership interest

Form completed:

Signed:

Date:

Confirmed Acceptable:
(Director or Compliance Officer only)

Signed:

Date: