



Client Profile

Surname (including former names):

Forenames (including former names and aliases):

Residential Address / Contact Details:

Phone No:

Mobile No:

Fax No:

Email:

Nationality:

Domicile:

Tax Residence:

Occupation:

Date of Birth:

Town and Country of Birth:

Business Address / Contact Details (if applicable):

Phone No:

Mobile No:

Fax No:

Email:

"Source of funds" *The source of funds refers to the activity which generates the funds for a business relationship or occasional transaction:*

Nature and estimated value of assets [to be] transferred:

"Source of wealth" *Source of wealth is distinct from source of funds, and describes the activities which have generated the total net worth of a person both within and outside a business relationship, i.e. those activities which have generated a customer's net assets and property. Our understanding of an applicant's source of wealth needs to be "full". If necessary, we will corroborate our understanding. We will not accept generic descriptions such as "family inheritance", "entrepreneur", "savings", "investments" or "business dealings" without further checks to establish the true information behind the generic description. Understanding the source of wealth forms part of the "customer due diligence" concept.*

Required Documents:

To prove your identity and to verify your address details please attach:

- An original certified* copy of your current valid passport/identity card (providing photographic evidence of identity)
- An original recent utility bill (which will be returned on request) or an original certified* copy

Confirmation:

I confirm/acknowledge that:

- You recommend that I take professional legal and tax advice in respect to my financial affairs prior to the formation of any entity and I acknowledge that you have not given me any such advice
- I have never been convicted of a criminal offence anywhere in the world
- I have not been convicted of a tax offence anywhere in the world
- I have never been declared bankrupt or disqualified to act as a director
- I am not a Politically Exposed Person

* Please refer overleaf re certification of documents

I declare that the above particulars are true and correct to the best of my knowledge and belief and undertake to notify you immediately if I become aware of any changes to this information.

Signature

Date

If you have any queries with respect to this form or cannot provide some of the required documents please contact us on + 44 (0) 1481 713667.

*The expression "you" in the section headed "Confirmation" refers to Richmond Fiduciary Group and includes its associated companies providing corporate director services, company secretarial services, nominee shareholder services, trustee services, trust protector services and all or any ancillary or related services in connection with the administration of the entity and the directors of, employees of, and persons engaged on behalf of, Richmond Fiduciary Group and its associated companies.

For Office Use Only

Accepting Director

Date

Reference

Compliance Officer

Date

Registered in Guernsey No. 35600 Regulated by the Guernsey Financial Services Commission and Licensed as a Fiduciary Services Company Under the provisions of the Fiduciary Law.

A current set of our Terms and Conditions of Business and Scale of Fees can be found on our website at www.richmondgroup.uk.com

Compliance Guidance Notes

Verification of identity and address and certification requirements

We require two documents:

- 1) An original certified copy of an official personal identification number or other unique identifier contained in an unexpired official document that bears a photograph of the client in, for example,
 - Passport
 - National identification card or Armed Forces identity card
 - National residence permit,
 - Driving licence

- 2) An original or certified copy of, a document carrying the name and residential address of the individual above. Where the above is a student/minor we will accept the parental home as their principal residence with an accompanying letter/e-mail from the parent confirming this point. Suitable documents are:
 - A bank/credit card statement
 - Utility bill less than three months old.
 - Correspondence from an independent source such as a central or local government department or agency (includes child benefit)

Documents not in English will need to be supplied alongside a notarised translation. The following wording needs to be included on certified copies:

ID documents

"Having seen the original document and the bearer at the same time, I can certify that this is a true copy and reasonable likeness."

Address documents

"Having seen the original document, I can certify that this is a true copy."

The following is a list of persons acceptable to certify due diligence documents – this list is not intended to be exhaustive:

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an actuary who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a member of the Institute of Chartered Secretaries and Administrators; or
- a director or officer of an Appendix C business (see the definition in Appendix C to the Guernsey Financial Services Handbook) or of a financial services business subject to group/parent policy where the Head Office is situated in a country or Territory listed in Appendix C to the Handbook.

Certifiers should include the following information on all copy documents:

Full name of certifier:

Company:

Position:

Signed:

Date:

Contact details:

If you have any queries with respect to this form or cannot provide some of the required documents please contact us on + 44 (0) 1481 713667

Partner and Children(s) CDD Certificate

I (insert full name)

certify that the person noted below is my legal partner and resides with me at the address below. I further confirm that he/she does not have any independent method of verifying his/her address.

Full Name: Former Name:

Passport/ID No:

Date of Birth:
(if applicable)

Date of Marriage:

Address:

Signature

Date

I (insert full name)

certify that the persons noted below are my legal children who reside with me at the address above. I further confirm that they do not have any independent method of verifying their address.

Full Name

Passport No:

Date of Birth:

Full Name

Passport No:

Date of Birth:

Full Name

Passport No:

Date of Birth:

Full Name

Passport No:

Date of Birth:

Signature

Date