

## CORPORATE DIRECTORS QUESTIONNAIRE (CDQ) (CORPORATE ENTITY)

**This information is being requested as your Company has been stated as being a Director of an Applicant (or Recipient) of services being provided or facilitated by ourselves.**

### SECTION (1): MAIN PRINCIPAL APPLICANT

**NAME OF CORPORATION / APPLICANT COMPANY:**

*"The APPLICANT COMPANY"*

Reference Number  
(If You Have One)

### SECTION (2): ABOUT THE COMPANY ACTING AS DIRECTOR

**NAME OF CORPORATION:**  
(*"the Company"*)

Company Number

**REGISTERED OFFICE OF CORPORATION:**

Is the Company currently trading?

YES     NO

**DATE OF INCORPORATION:**

**JURISDICTION OF INCORPORATION:**

**TYPE OF INCORPORATION:**

Limited Company   
  Limited Liability Partnership   
  Partnership   
  Public or Listed Company   
  Other

**WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?**

**RELATIONSHIP WITH APPLICANT COMPANY:**

Acting as a Management Company to Applicant   
  Applicant is Special Purpose Vehicle Controlled by us   
  Investor to Applicant Company   
  Other, please state:

**DOES THE COMPANY OWN A SHAREHOLDING IN APPLICANT COMPANY;**

YES     NO

**IF YES: DATE COMPANY ACQUIRED SHARES**

## SECTION (2): ABOUT THE COMPANY - Continued../

**TRADING  
ADDRESS OF  
OWNING COMPANY**

*Please provide a full correspondence address for receiving confidential documents.  
This address does not need to be the Registered Office of the Company but **MUST** be an authorised address  
of the Company or its trading premises/offices.*

ADDRESS FOR ALL  
CORRESPONDENCE:

TOWN

POSTAL CODE

COUNTRY

**Has the Company:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Ever been made subject to a bankruptcy or insolvency order?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Ever entered into a Company Voluntary Arrangement (CVA)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Ever been banned from acting as a Company Director?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Been convicted of a criminal offence?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Owned or currently owns Permits (or have Employees that hold Permits) in any other Nation other than in the Jurisdiction of Incorporation, including any United States Permits (or Employees Work Permits)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If 'YES' to any of  
the above, please  
provide details:

**Please Indicate;**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Does the Company regularly or occasionally act as Directors for other Companies?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Does the Company regularly or occasionally offer management services to other Companies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the Company held within a Group Structure of other companies?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Is the Company owned wholly by another corporate entity / company?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If 'YES' to any of  
the above, please  
provide details:

## SECTION (3): DIRECTORS OF THE COMPANY

### LIST OF DIRECTORS OF THE COMPANY:

Please provide information about the Directors/Officers of the Company.

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
<b>COMPANY SECRETARY:</b> Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>

## SECTION (4): SHAREHOLDERS OF THE COMPANY

### LIST OF SHAREHOLDERS OF THE COMPANY:

Please provide information about the Shareholders of the Company.

*If different from the person(s) named in Section (3) above.  
There is no need to complete if you are a Public Company with more than 12 shareholders.  
If Shareholder is a corporation or trust, please state the name of the corporation or trust.*

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>

## SECTION (5): OTHER CONTROLLING INTERESTS (if applicable)

Please provide information about any other interests (other than within the Applicant Company) – Where the Company either;

(a) acts as a Director, and/or;  
 (b) holds a principal or management office, and/or;  
 (c) owns or holds a shareholding and/or have or hold a significant controlling interest.

**THE COMPANY HEREBY DECLARES ITS INTERESTS IN THE FOLLOWING COMPANIES, ORGANISATIONS and/or ASSOCIATIONS:**

Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Company or Entity Name:		Country of Incorporation:		Position Held:		Shareholder	<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No

## SECTION (6): COMPANY ASSET & LIABILITY STATEMENT

<b>Assets</b>	<i>State Currency</i>	<b>Liabilities</b>	<i>State Currency</i>
	<input type="checkbox"/> CHF <input type="checkbox"/> GBP (£) <input type="checkbox"/> Euro (€) <input type="checkbox"/> Other		<input type="checkbox"/> CHF <input type="checkbox"/> GBP (£) <input type="checkbox"/> Euro (€) <input type="checkbox"/> Other
Real Estate Property:	<input type="text"/>	Secured Loans and Mortgages:	<input type="text"/>
Debtors:	<input type="text"/>	Other Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Bank Loans / Overdrafts:	<input type="text"/>
Investments: <i>(Quoted Stocks &amp; Bonds)</i>	<input type="text"/>	Creditors:	<input type="text"/>
Other: <i>(please specify)</i>	<input type="text"/>	Other Creditors: <i>(please specify)</i>	<input type="text"/>
Value of Shareholdings within the Applicant and other entities declared in Section (5): <i>(if applicable)</i>	<input type="text"/>	Deficits (if applicable):	<input type="text"/>
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase of Lease Contracts:	<input type="text"/>
<b>TOTAL CORPORATE ASSETS:</b>	<input style="border: 2px solid black;" type="text"/>	<b>TOTAL CORPORATE LIABILITIES:</b>	<input style="border: 2px solid black;" type="text"/>

**The above information will remain confidential at all times**

## SECTION (7): IDENTITY PROOFS REQUIRED

**IMPORTANT:**

*Please provide the following documents when returning this document.*

- |   |  |
|---|--|
| <input type="checkbox"/> Clear Colour Copy of Passport for each Director                            | <input type="checkbox"/> Copy Of Certificate of Incorporation of the Company                           |
| <input type="checkbox"/> Clear Colour Copy of Passport for each Shareholder                         | <input type="checkbox"/> Copy Of Certificate of Incorporation of Shareholder(s) if they are a company. |
| <input type="checkbox"/> Copy of Utility Bill for each Director and Shareholder as proof of address |  |

## SECTION (8): DECLARATION

<b>YOUR FAMILY NAME:</b>	<input type="text"/>	<b>YOUR FORENAME(S):</b>	<input type="text"/>
<b>YOUR POSITION WITHIN THE COMPANY:</b>	<input type="text"/>	Position Held Since:	<input type="text"/>
		<b>Are you the Beneficial Owner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate and I note that I have provided this information in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.</p>		<b>Signed:</b>	<input type="text"/>
		<b>Dated:</b>	<input type="text"/>