

CORPORATE SHAREHOLDERS QUESTIONNAIRE (CSQ) (CORPORATE ENTITY)

This information is being requested as your Company has been stated as being a Shareholder 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 OWNING COMPANY (OR TRUST)

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

Company Number

REGISTERED OFFICE OF CORPORATION:

Is the Owning Company currently trading?

YES NO

DATE OF INCORPORATION:

JURISDICTION OF INCORPORATION:

TYPE OF INCORPORATION:

- Limited Company
 Limited Liability Partnership
 Partnership
 Public or Listed Company
 Trust

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

RELATIONSHIP WITH APPLICANT COMPANY:

- Holding Company
 Parent Company
 Applicant is Special Purpose Vehicle Subsidiary
 Investor to Applicant Company
 Other, please state:

DID THE OWNING COMPANY;

- Acquire or Purchase the Applicant Company
 Form / Incorporate the Applicant Company

DATE APPLICANT COMPANY ACQUIRED OR INCORPORATED:

IF ACQUIRED, HOW MUCH WAS PAID FOR THE ACQUISITION OF THE APPLICANT COMPANY?

- CHF
 Euro (€)

- GBP (£)
 OTHER

WHAT PERCENTAGE OF ISSUED SHARES WITHIN THE APPLICANT COMPANY DOES THE COMPANY OWN?

- Applicant Company is a 100% - Wholly Owned Subsidiary of the Company

Percentage of Shares Owned in Applicant Company

 %

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

NUMBER OF EMPLOYEES OF THE OWNING COMPANY:

DOES THE OWNING COMPANY HAVE ANY OFFICES, EMPLOYEES OR HOLD PHYSICAL PRESENCE IN THE UNITED STATES OF AMERICA?

YES
 NO

TURNOVER OF THE COMPANY:

This Year:

Last Year:

NET PROFIT OF THE COMPANY:

This Year:

Last Year:

CURRENCY:

CHF Euro (€) GBP (£) USD (\$) OTHER

SHARECAPITAL:

AUTHORISED CAPITAL

FULLY PAID CAPITAL

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 Owing Company:

- (a) Ever been made subject to a bankruptcy or insolvency order? Yes No
- (b) Ever entered into a Company Voluntary Arrangement (CVA)? Yes No
- (c) Ever been banned from acting as a Company Director? Yes No
- (d) Been convicted of a criminal offence? Yes 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)? Yes No

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

SECTION (3): DIRECTORS OF OWNING COMPANY

LIST OF DIRECTORS OF OWNING COMPANY:

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

Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
COMPANY SECRETARY: Full Name:		Date of Birth:		Shareholding %'age:	

SECTION (4): SHAREHOLDERS OF OWNING COMPANY

LIST OF SHAREHOLDERS OF OWNING 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:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	

SECTION (5): OTHER CONTROLLING INTERESTS

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

Please Indicate;

- (a) Does the Company regularly or occasionally invest in Public Listed Companies / Stocks? Yes No
- (b) Does the Company regularly or occasionally invest in non-listed Private Companies? Yes No
- (c) Does the Company regularly or occasionally acquire Private Companies with the intention of short or mid-term re-sale? Yes No
- (d) Is the Company held within a Group Structure of other companies? Yes No
- (e) Is the Company owned wholly by another corporate entity / company? Yes No

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

SECTION (6): COMPANY ASSET & LIABILITY STATEMENT

Assets	<i>State Currency</i>	Liabilities	<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 & 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"/>
TOTAL CORPORATE ASSETS:	<input style="border: 2px solid black;" type="text"/>	TOTAL CORPORATE LIABILITIES:	<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.

- Clear Colour Copy of Passport for each Director Copy Of Certificate of Incorporation of the Owning Company
 Clear Colour Copy of Passport for each Shareholder Copy Of Certificate of Incorporation of Shareholder(s) if they are a company.
 Copy of Utility Bill for each Director and Shareholder as proof of address

SECTION (8): DECLARATION

YOUR FAMILY NAME:	<input type="text"/>	YOUR FORENAME(S):	<input type="text"/>
YOUR POSITION WITHIN THE COMPANY:	<input type="text"/>	Position Held Since:	<input type="text"/>
		Are you the Beneficial Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		Signed:	<input type="text"/>
		Dated:	<input type="text"/>