

## PAYMENT AGENT QUESTIONNAIRE (PAQ)

(PAQ version 09/16)

**This information is being requested as you are making payment of an obligation or service on behalf of a third party or person.**

### SECTION (1): DETAILS OF THE ENTITY YOU ARE MAKING PAYMENT FOR

<b>NAME OF CORPORATION:</b>	<input type="text"/>	Reference Number (If You Have One)	<input type="text"/>
<b>NAME OF INDIVIDUAL (IF APPLICABLE):</b>	<input type="text"/>	<i>If the person you are making payment for is not a company, please provide their full name.</i>	
<b>AMOUNT OF PAYMENT YOU ARE MAKING:</b>	<input type="text"/>	<b>CURRENCY:</b>	<input type="checkbox"/> Swiss Franc (CHF) <input type="checkbox"/> Euro (EUR€) <input type="checkbox"/> British Sterling (GBP£)
		<i>We only accept the currencies shown.</i>	
<b>NAME OF BANK MAKING THE PAYMENT:</b>	<input type="text"/>		
<b>BRANCH ADDRESS:</b>	<input type="text"/>		
<b>TOWN:</b>	<input type="text"/>		
<b>COUNTRY:</b>	<input type="text"/>		

Payment should be remitted to our account detailed below:

<b>ACCOUNT:</b>	INTACAPITAL SWISS S.A		
<b>BANK:</b>	BANQUE CANTONALE DE GENEVE (BCGE) Quai de L'île, 17 GENEVE CH-1211 Switzerland	<b>BIC / SWIFT:</b>	BCGECHGGXXX

#### Payments in SWISS FRANCS and OTHER CURRENCIES

**IBAN:** CH58 0078 8000 0503 3696 0

**PLEASE CONTACT US IF YOU ARE IN DOUBT AS TO WHERE PAYMENT SHOULD BE MADE.**

#### Payments in EURO

**IBAN:** CH31 0078 8000 0503 3696 1

WHEN MAKING PAYMENT PLEASE QUOTE THE REFERENCE NUMBER YOU HAVE BEEN GIVEN (IF APPLICABLE)

If the Payer is a private individual, please complete the information below. If the Payer is a Company, Corporate Entity or Limited Partnership, please go to SECTION (3).

## SECTION (2): IF THE PAYER IS A PRIVATE INDIVIDUAL

<b>FAMILY NAME:</b>	<input type="text"/>	<b>FORENAME(S):</b>	<input type="text"/>
<b>DATE OF BIRTH:</b>	<input type="text"/>	<b>NATIONALITY:</b>	<input type="text"/>
<b>PLACE OF BIRTH:</b>	<input type="text"/>	<b>PASSPORT NUMBER:</b>	<input type="text"/>
<b>ETHNICITY:</b>	<input type="text"/>	<b>PASSPORT EXPIRY DATE:</b>	<input type="text"/>
<b>OCCUPATION OR PROFESSION:</b>	<input type="text"/>	<b>PLACE OF ISSUE:</b>	<input type="text"/>
		<b>PROFESSIONAL QUALIFICATIONS:</b>	<input type="text"/>

<b>YOUR RESIDENTIAL ADDRESS:</b>	<input type="text"/>	<i>Please include international dialling codes.</i>
<b>Town:</b>	<input type="text"/>	<b>MOBILE NUMBER:</b> <input type="text"/>
<b>Postal / Zip Code:</b>	<input type="text"/>	<b>HOME TELEPHONE:</b> <input type="text"/>
<b>COUNTRY:</b>	<input type="text"/>	<b>OFFICE TELEPHONE:</b> <input type="text"/>
		<b>FAX:</b> <input type="text"/>
<b>HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PREFERRED TELEPHONE NUMBER:</b> <input type="text"/>

<b>If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:</b>	<input type="text"/>	<b>EMAIL ADDRESS:</b> Please provide a confidential email address	<input type="text"/>
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### IMPORTANT:

**PLEASE EXPLAIN THE RELATIONSHIP BETWEEN YOU AND THE PERSON WHO YOU ARE MAKING PAYMENT FOR:**

**PLEASE GO TO SECTION (4)**

If the Payer is a Company, Corporate Entity or Limited Partnership, please provide the information below.

**SECTION (3): IF THE PAYER IS A COMPANY, CORPORATION or LTD. PARTNERSHIP**

<b>NAME OF CORPORATION:</b>		Company Number	
<b>REGISTERED OFFICE OF CORPORATION:</b>			<i>Please provide full postal address of Registered Office</i>
<b>DATE OF INCORPORATION:</b>		<b>JURISDICTION OF INCORPORATION:</b>	
<b>TYPE OF INCORPORATION:</b>	<input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public / Listed Company		
<b>WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?</b>			

**IMPORTANT:**

**PLEASE EXPLAIN THE RELATIONSHIP BETWEEN YOU AND THE PERSON WHO YOU ARE MAKING PAYMENT FOR:**

**PLEASE PROVIDE THE DETAILS OF THE ULTIMATE BENEFICIAL OWNER (UBO) OR THE PERSON WITH SIGNIFICANT CONTROL (PSC) IN THE CASE OF MULTIPLE BENEFICIAL OWNERS:**

<b>FAMILY NAME OF UBO/PSC:</b>		<b>FORENAME(S) OF UBO/PSC:</b>	
<b>DATE OF BIRTH OF UBO/PSC:</b>		<b>NATIONALITY OF UBO/PSC:</b>	
<b>PLACE OF BIRTH:</b>		<b>PASSPORT NUMBER:</b>	
<b>ETHNICITY:</b>		<b>PASSPORT EXPIRY DATE:</b>	
<b>OCCUPATION OR PROFESSION:</b>		<b>PLACE OF ISSUE:</b>	
<b>NORMAL PLACE OF RESIDENCE OF UBO/PSC:</b>		<b>PROFESSIONAL QUALIFICATIONS:</b>	
		<b>TOWN:</b>	
		<b>COUNTRY:</b>	

## SECTION (4): IDENTITY PROOFS REQUIRED

**IMPORTANT:**

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

- Copy Of Passport (Clear Colour Copy) of yourself if Individual or the UBO or PSC (as applicable)
- Utility Bill for Proof of Residential Address of yourself if Individual or the UBO or PSC (as applicable)
- Copy of Certificate of Incorporation (if applicable)

## SECTION (5): DECLARATION

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 further confirm that any funds to be engaged in this transaction contemplated are derived from non-criminal origin; and, are good, clean and cleared. The origin of all funds are in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.

*Signed:*

Signed by the Payer  
Authorised Signatory or UBO/PSC (or both)

*Signed:*

**Dated:**