

(PIP version 08/12)

All information provided within this PIP form is confidential. This information is requested by law and in compliance with anti-money laundering legislation. Any information that you volunteer in this form will be held in the strictest confidence and will not be disclosed to any third party outside of our identity verification processes. Failure to provide full, correct and true information may lead to refusal of your application.

Information given in this form may also help us to provide your brokerage with bespoke services and facilities and will help us to provide you with a dedicated professional services tailored to yours and your clients own specific needs and requirements.

This information will NOT be filed by any third party and will remain confidential at all times.

SECTION (1): ABOUT YOU (AS BROKER)

FAMILY NAME:	<input type="text"/>	FORENAME(S):	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	NATIONALITY:	<input type="text"/>
MARITAL STATUS:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	PASSPORT NUMBER:	<input type="text"/>
If Married; FULL NAME OF SPOUSE:	<input type="text"/>	PASSPORT EXPIRY DATE:	<input type="text"/>
NUMBER OF DEPENDANTS:	<input type="text"/>	PLACE OF ISSUE:	<input type="text"/>
STATE OF HEALTH:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	OCCUPATION OR PROFESSION:	<input type="text"/>
		PROFESSIONAL QUALIFICATIONS:	<input type="text"/>

PERSONAL CONTACT INFORMATION

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

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

Please provide the below information on your brokerage company. This means that if your company is a group of companies, please provide information on the main trading parent or group company. Please also provide us with details of your colleagues you wish to authorise to deal directly with us in future transactions and enquiries.

SECTION (2): ABOUT YOUR BROKERAGE

NAME OF YOUR BROKERAGE:

Registration Number

TRADING ADDRESS:

Please provide full postal address of your main Trading Premises

DATE YOU STARTED TRADING:

CATCHMENT AREA OF YOUR BUSINESS:

TYPE OF INCORPORATION:

Limited Company Limited Liability Partnership Partnership Public / Listed Company

WHAT IS THE MAIN-LINE BUSINESS OF YOUR BROKERAGE?

NUMBER OF EMPLOYEES/STAFF:

NUMBER OF REGULATED OR LICENSED MEMBERS?

ANTICIPATED COMMISSION TURNOVER:

Under €100,000 €100,000 to €250,000 €250,000 to €500,000 Over €500,000

YOUR POSITION WITHIN THE BROKERAGE:

Beneficial Owner Authorised Director
 Majority Shareholder or Senior Partner Other: Please specify:

IS YOUR BROKERAGE LICENSED OR REGULATED:

Yes If YES, please give details of regulatory body:
 No

CORRESPONDENCE ADDRESS

Please provide a full correspondence address for receiving confidential documents.
Please note that confidential information and commission statements may be sent to this address (unless otherwise specified)

ADDRESS FOR ALL CORRESPONDENCE:

TOWN

POSTAL CODE

COUNTRY

Please provide information about your colleagues you chose to authorise to conduct business with us and the directors and shareholders of your Brokerage.

AUTHORISED COLLEAGUES:

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Qualifications:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Qualifications:	<input type="text"/>

LIST OF DIRECTORS & SHAREHOLDERS:

*If different from the person(s) named above.
Please let us know about the directors and shareholders of your brokerage.
If Shareholder is a corporation or trust, please state the name of the corporation or trust.*

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

Have any of the above stated Directors;

Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ever been banned from acting as a Company Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been convicted of a criminal offence for anything other than motoring offences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Please provide us with details of your bankers for payment of finance commissions.

SECTION (3): ABOUT YOUR BANKERS

NAME OF BANK:	<input type="text"/>	<i>Please provide full details of your bankers</i>
ADDRESS OF YOUR BANK / BRANCH:	<input type="text"/>	
TOWN	<input type="text"/>	
POSTAL CODE	<input type="text"/>	
COUNTRY	<input type="text"/>	
PRINCIPAL ACCOUNT NAME:	<input type="text"/>	
ACCOUNT NUMBER:	<input type="text"/>	
BIC or SWIFT CODE:	<input type="text"/>	
REFERENCE FOR PAYMENTS:	<input type="text"/>	

SECTION (4): COMMISSION PAYMENTS

Would you like to open Swiss Facilities for banking finance commissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to nominate the above bank (Section 3) to receive your finance commissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For payment of commissions in currencies other than Swiss Francs:	<input type="checkbox"/> Please convert our commissions into this currency before sending: <input type="checkbox"/> Please send our commissions in the source currency.	<input type="checkbox"/> GBP British Sterling (£) <input type="checkbox"/> US Dollar (\$) <input type="checkbox"/> Euro (€)	
For monthly commission statements:	<input type="checkbox"/> Please send our commission statements by email <input type="checkbox"/> Please send our commissions statements by post to the private correspondence address given		

SECTION (5): EXCLUSIVE SERVICES

We would like to be considered for the following services offered to Authorised Brokers of ICS	<input type="checkbox"/> Placing Service, exclusively to ICS Appointed Brokers <input type="checkbox"/> Due Diligence Services & Instrument Screening Services <input type="checkbox"/> Confidential Swiss Banking for Financial Professionals
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SECTION (6): SOURCE OF YOUR INTRODUCTION

As we are keen to reward business activity, please tell us how you heard of our services. If you have been introduced to us by another finance professional, please give their name below.

HOW DID YOU HEAR OF ICS?

SECTION (7): VALUABLE FEEDBACK

Please use this space to tell us about any products or services you believe that ICS could assist you with, or use this space to tell us more about your brokerage and your specific requirements.

SECTION (8): IDENTITY PROOFS REQUIRED

IMPORTANT:

Please provide the following documents when returning this PIP document.

Copy Of Passport (Clear Colour Copy)

Copy of Professional Qualifications (if applicable)

Utility Bill for Proof of Residential Address

Copy of Certificate of Incorporation (if applicable)

SECTION (8): DECLARATION

I understand that the information provided herein and other information that may be attached to this documentation will be examined in accordance with the due diligence procedures defined under Swiss Law. Please accept this form and any attachments as authorisation for IntaCapital Swiss SA to undertake any necessary due diligence investigations, including the search of financial, credit history or criminal databases in respect of myself, my company and any other associated parties.

Signed:

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:

Dated: