

**CLIENT INFORMATION PROFILE (CIP)**

(CIP version BKR 04/21)

All information provided within this CIP 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 you with the correct services and facilities and may assist us in identifying products and services that are tailored to your 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**

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

**PERSONAL CONTACT INFORMATION**

<b>YOUR RESIDENTIAL ADDRESS:</b>	<input type="text"/>	<i>Please include international dialling codes.</i>
Town:	<input type="text"/>	<b>MOBILE NUMBER:</b> <input type="text"/>
Postal / Zip Code:	<input type="text"/>	<b>HOME TELEPHONE:</b> <input type="text"/>
COUNTRY:	<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>	<b>EMAIL ADDRESS:</b> Please provide a confidential email address
<input type="text"/>	<input type="text"/>



Please provide the below information on your main principal company. This means that if your company is a group of companies, please provide information on the main trading parent or group company. If your company is a Special Purpose Vehicle or Private Subsidiary of a public company, please provide full details on the intended trading company that will be applying for the facilities.

**SECTION (2): ABOUT YOUR PRINCIPAL COMPANY**

**NAME OF CORPORATION:**  **Company Number**

**REGISTERED OFFICE OF CORPORATION:**  *Please provide full postal address of Registered Office*

**DATE OF INCORPORATION:**  **JURISDICTION OF INCORPORATION:**

**TYPE OF INCORPORATION:**  Limited Company  Limited Liability Partnership  Partnership  Public / Listed Company

**WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?**  **Tick Box if Special Purpose Vehicle**  
 **SPV ONLY**

**NUMBER OF EMPLOYEES:**  **DATE TRADING STARTED (OR PLANS TO START):**

**TURNOVER OF THE COMPANY:** This Year:  Last Year:

**NET PROFIT OF THE COMPANY:** This Year:  Last Year:

**CURRENCY:**  CHF  Euro (€)  GBP (£)  USD (\$)  OTHER

**YOUR POSITION WITHIN THE COMPANY:**  Beneficial Owner  Authorised Director  
 Majority Shareholder or Senior Partner  Other: Please specify:

**SHARECAPITAL:**  AUTHORISED CAPITAL   FULLY PAID CAPITAL

***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.*

**TRADING ADDRESS**  
**ADDRESS FOR ALL CORRESPONDENCE:**

**TOWN**

**POSTAL CODE**

**COUNTRY**

## APPOINTED REPRESENTATIVE INTRODUCER

**Please provide information about the Directors/Officers and Shareholders of your principal company.**

**LIST OF DIRECTORS:**

Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
<b>COMPANY SECRETARY:</b>	Full Name:	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>

**LIST OF SHAREHOLDERS:**

*If different from the person(s) named 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 style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>
Full Name:	<input style="width: 95%;" type="text"/>	Date of Birth:	<input style="width: 95%;" type="text"/>	Shareholding %'age:	<input style="width: 95%;" type="text"/>

*Please continue on a separate sheet if required.*

Have any of the above stated Directors;

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

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

Please complete this page as much details as possible. Failure to complete this page may delay your application.

### SECTION (3): ASSET & LIABILITY STATEMENT

Assets	State Currency		Liabilities	State Currency	
	CHF	GBP (£)		CHF	GBP (£)
	Euro (€)	USD (\$)		Euro (€)	USD (\$)

#### PERSONAL (FIRST DIRECTOR OR BENEFICIAL OWNER)

Value of Private Primary Residence:	<input type="text"/>	Residential Loans and Mortgages:	<input type="text"/>
Real Estate Property:	<input type="text"/>	Commercial 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"/>	Other Credit or Loans:	<input type="text"/>
Other: <i>(please state)</i>	<input type="text"/>	Other: <i>(please state)</i>	<input type="text"/>
Value of Company Shareholding:	<input type="text"/>		
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase of Lease Contracts:	<input type="text"/>
<b>TOTAL PERSONAL ASSETS:</b>	<input type="text"/>		<b>TOTAL PERSONAL LIABILITIES:</b> <input type="text"/>

#### CORPORATE / COMPANY ASSETS & LIABILITIES

Real Estate Property:	<input type="text"/>	Secured Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Loans Or Overdrafts:	<input type="text"/>
Investments:	<input type="text"/>	Other Liabilities:	<input type="text"/>
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase & Lease Contracts:	<input type="text"/>
Debtors:	<input type="text"/>	Creditors:	<input type="text"/>
<b>TOTAL CORPORATE ASSETS:</b>	<input type="text"/>		<b>TOTAL CORPORATE LIABILITIES:</b> <input type="text"/>

The above information will remain confidential at all times

Please provide us with details of your bankers and legal representative who will be conveying the intended transaction.

### SECTION (4): ABOUT YOUR COMPANY BANKERS

<b>NAME OF BANK:</b>	<input type="text"/>	<i>Please provide full details of your company 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"/>	
NAME OF ACCOUNT MANAGER:	<input type="text"/>	
How Long has the Company banked here:	<input type="text"/> years	

### SECTION (5): ABOUT YOUR ATTORNEY / SOLICITOR or LEGAL REPRESENTATIVE

<b>NAME OF LAW FIRM:</b>	<input type="text"/>	<i>Please provide full details of your company lawyers</i>
<b>NAME OF ATTORNEY or SOLICITOR:</b>	<input type="text"/>	
ADDRESS :	<input type="text"/>	
TOWN:	<input type="text"/>	
POSTAL CODE:	<input type="text"/>	
COUNTRY:	<input type="text"/>	
TELEPHONE:	<input type="text"/>	FAX: <input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	

**SECTION (6): BROKER OF RECORD (if applicable)**

Please provide the name of your broker or representative introducer.

**NAME OF YOUR BROKER:**

**SECTION (7): ABOUT YOUR REQUIREMENTS**

Please complete the following questions about the services you require.

Collateral Transfer ('leasing' of Bank Guarantee or SBLC)

BANK GUARANTEE

STANDBY L/C PREFERRED

Credit Line against existing Bank Instrument or Bond

Corporate Loan (Secured)

Private Equity or Stakeholder Investment

Other: Please specify

VALUE OR AMOUNT OF FACILITY REQUIRED:

CURRENCY:

Swiss Franc (CHF)

GBP British Sterling (£)

Euro (€)

We regret that we no longer issue in US Dollar (\$)

TERM OF FACILITY REQUIRED:

In months (from 12 to 72 months)

**SECTION (8): IDENTITY PROOFS REQUIRED**

**IMPORTANT:**

Please provide the following documents when returning this CIP document.

Copy Of Passport (Clear Colour Copy)

Copy of Professional Qualifications

Utility Bill for Proof of Residential Address

Copy of Certificate of Incorporation

**SECTION (9): 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: