

PAYMENT AGENT QUESTIONNAIRE (PAQ)

(PAQ version 01/21)

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

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

Payment should be remitted to our account detailed below:

ACCOUNT:	INTACAPITAL SWISS S.A		
BANK:	CREDIT SUISSE AG Rue du Lion-d'Or 5-7 Lausanne CH-1003 Switzerland	BIC / SWIFT:	CRESCHZZ80A

Payments in SWISS FRANCS and OTHER CURRENCIES

IBAN: CH16 0483 5125 5337 5100 0

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

Payments in EURO

IBAN: CH79 0483 5125 5337 5200 0

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

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

NAME OF CORPORATION:		Company Number <div style="border: 1px solid black; width: 150px; height: 25px;"></div>
REGISTERED OFFICE OF CORPORATION:		
DATE OF INCORPORATION:		JURISDICTION OF INCORPORATION: <div style="border: 1px solid black; width: 250px; height: 30px;"></div>
TYPE OF INCORPORATION:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public / Listed Company	
WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?		

Please provide full postal address of Registered Office

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:

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

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: