

PROSPECTIVE INTERMEDIARY PROFILE

(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: <input type="text"/>
Postal / Zip Code:	<input type="text"/>	HOME TELEPHONE: <input type="text"/>
COUNTRY:	<input type="text"/>	OFFICE TELEPHONE: <input type="text"/>
		FAX: <input type="text"/>
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: <input type="text"/>

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



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

SECTION (4): COMMISSION PAYMENTS

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

SECTION (5): EXCLUSIVE SERVICES

We would like to be considered for the following services offered to Authorised Brokers of ICS

Placing Service, exclusively to ICS Appointed Brokers
 Due Diligence Services & Instrument Screening Services
 Confidential Swiss Banking for Financial Professionals

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)

Utility Bill for Proof of Residential Address

Copy of Professional Qualifications (if applicable)

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: