
Sackville Bank

CONFIDENTIAL INFORMATION

CLIENT PROFILE

Trust

Company

Custody

Other

Proposed Name of Account [for companies please provide two options]

Applicant for Business Information (i.e. person(s) introducing the assets):

Applicant Full Name(s): [Must be consistent with identification documents]

Permanent residential address (street, city, state, postal code, country)

Secondary residential address (street, city, state, postal code, country)

Country of primary tax residence

Tax Identity Number from primary tax residence

UK National Insurance Number

Telephone Nos. [home]

[business]

[mobile]

Fax Nos. [home]

[business]

E-mail Address [home]

[business]

Preferred method of communication

Employment: Describe the type of Business/Profession in which you are employed including details of your employer's name (or if self employed your company name) the present position held and the period involved in this business

Are you any of the following:

If YES, please provide full details

Investment Broker

Investment Manager

Senior Management of a Public Company

Do you or any member of your immediate family hold or previously held a position of Public Authority e.g. Politician, governmental, professional body or military official?

Yes

No

Position(s)

Department(s)

Responsibility(ies)

Period of Time

Source of Wealth

Describe period in which acquired

Describe in as much detail as possible how acquired: (e.g. employment income, inheritance, sale of business, portfolio growth etc)

The assets initially transferred to the account will be:

Details the nature and value of the assets

Name and address of bank/brokerage company/other entity from which assets will be transferred

Name and number of account

PURPOSE AND ANTICIPATED TRANSACTION

The account has been established for the purpose of

Describe anticipated additions: [frequency and amounts]

Describe anticipated withdrawals: [frequency and amounts]

Bank instructions for payment out of account, if appropriate at this time:

Name and address of bank

Name and number of account

ADMINISTRATION:

Describe any specific issues of which we should be aware in the administration of the account/structure.

IDENTIFICATION DOCUMENTATION REQUIREMENTS

A certified copy of each applicant, beneficial owner, beneficiary, protector, enforcer, director's current passport showing a clear photograph, passport number, the date and country of issuance, date and place of birth, expiration date, nationality and signature. Please also provide details of their occupation and proof of permanent residential address such as an original utility bill.

These documents must be certified by a Sackville Bank employee, lawyer, accountant, or manager of a regulated financial institution, member of judiciary, senior civil servant or a Notary Public as follows "Certified as a true copy and likeness of the holder". Certifier should sign the document, clearly print their name, indicate their position or capacity, print their address and phone number and add their branch/office stamp if appropriate.

- a) Two letters of reference (one financial and one character/personal). All references should confirm a relationship of at least three years.
- b) Confirmation of permanent residential address details e.g. an original utility bill or an original from telephone directory (not necessary if address details have been confirmed in a letter of reference).
- c) W8-BEN or W9

Please also provide the following details:

TRUSTS

1. A draft trust deed prepared by your legal advisers (this will need to be verified for compliance with Cayman laws by a Cayman law firm, if drafted by a non Cayman qualified lawyer)
2. Letter of wishes, if appropriate.
3. W8 Ben form where required.
4. Protector's letter of acceptance of appointment if appropriate.
5. If an Asset Protection Trust then evidence of solvency including a sworn affidavit

COMPANY – ASSET HOLDING

1. Company Management Agreement
2. W8 BEN/W9 form where required.
3. Custody Agency Agreement if we are holding.
4. Letter of authority to appoint an agent to give instructions for investment transactions where appropriate.

CUSTODY AGENCY

1. Custody Agency Agreement
2. W8 BEN/W9 form where required.
3. Letter of authority to appoint an agent to give instructions for investment transactions where appropriate.
4. Where account will be owned by a trust or a partnership, please provide a certified copy of the Trust document or certified copies of the Partnership Agreement and Certificate of Partnership Registration.

FATCA INFORMATION:

Please complete the following sections with:

Were you born in the USA?	Yes	Do you have a US Passport?	Yes
	No		No

Do you have a US Green Card?	Yes	Are you a US Person?	Yes
	No		No

Do you spend any time in the USA each year?	Yes
	No

If yes, please estimate the number of days a year:

Do you maintain a property in the USA?	Yes
	No

What passport(s) do you hold? (include passport numbers)

In what country or countries do you file tax returns?

What is your tax year end?

By what date do you require information from Sackville Bank for tax filings?

What is the name and contact details of your accountant?

What is the name and contact details of your tax/legal advisor with respect to your Sackville Bank structure?

Please provide the information you will need from Sackville Bank in order to complete your filings (e.g. short term and long term gains, income, distributions, details of settlor, beneficial owner, directors etc)

If the answers to any of the above questions are NO then we will require a W8-BEN form from you. If any questions are answered YES then we may require a W9 form.

OTHER:

Will we be expected to make regular payments to the US? Yes No

If the answer is YES, we may require additional details.

Please ensure that Sackville Bank is provided with a copy of your Legal/Tax Opinion.

CONFIRMATION AND AUTHORISATION, please tick the box next to the appropriate confirmation)

By signing below, I hereby confirm and authorize the following:

If establishing a Trust:

All assets contributed by me to the Trust are and will be beneficially owned by _____ immediately prior to contribution to the trust.

If establishing an account other than a Trust:

All assets contributed to this account are and will be beneficially owned by _____ as;

i) joint tenants

ii) tenants in commons, if tenants in common, please specify percentage of ownership of each party _____

Declaration and Undertakings

- I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.
- I undertake to advise the recipient promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete.
- Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities and may independently verify any information that I have provided herein.
- I have received a copy of Sackville Bank Limited's Schedule of Fees and Conditions and approve the terms therein

Applicant's Signature

Date

Co-Applicant's Signature

Date

It is important that you obtain independent legal and tax advice.

Please forward this profile and supporting documents to:

The Managing or Deputy Managing Director

SACKVILLE BANK LIMITED

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