

## Obligated Person Assurance Certificate – additional Related Party form

To: Name of accepting financial services business

From: Name of Obligated Person

Entity/Customer name (in full)

Client number

### Details of Related Party/Principal

Surname (or Entity name)

First name (and middle names)

Any other names used (this must include maiden name, former name(s) or professional name)

Title (Mr/Mrs/Miss/Ms)  Gender

Occupation  Employer\*

\*to be completed for those persons who provided the funds to establish the Client/Entity or currently receive or are likely to receive economic benefit.

How many nationalities does the Principal have?

Nationality 1  Nationality 2  Nationality 3

Passport/ID Number  Expiry date

Passport/ID Number  Expiry date

Passport/ID Number  Expiry date

Date of birth/incorporation  Place of birth/incorporation

Current residential address (please include postcode). Note: a PO Box only address is not acceptable

Role of Principal

If shareholder, % holding

Appointment date of Principal/Date Relationship Commenced

FATCA/CRS Controlling Person? (if Entity/customer is PNIFFE/PNFE) Yes  No

If yes, please provide an explanation if country/ies of tax residence and residential address do not match

Include country/ies of tax residence and Tax Identification Number/functional equivalent if Entity/Customer is a Passive Non-Financial Foreign Entity (PNIFFE) or a Passive Non-Financial Entity (PNFE)

Country	TIN	Reason if no TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Investec Bank (Channel Islands) Limited (the Relevant Person), Jersey Branch

If the additional party is an economic contributor please provide a detailed explanation of Source of Wealth, including jurisdictions and industries and confirm how this has been corroborated.

We agree to notify the Relevant Person of Material Changes to the information provided in this form.

Assurance to be signed by two directors/officers/authorised signatories who have the capacity to bind the Obligated Person.

Signature

Print name

Official position

Date

Signature

Print name

Official position

Date

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