

Designated Account Application Form – additional Related Party form

To supplement the Designated Account Application Form already provided.

To: Name of accepting financial services business

From: Name of Trust and Corporate Service Provider

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

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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

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 Investec Bank (Channel Islands) Limited 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 Introducer.

Signature

Print name

Official position

Date

Signature

Print name

Official position

Date

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