



HILDA LOE ASSOCIATES

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Company Formation | Statutory Compliance | Bank Introduction
Nominee Service | Virtual Office | Yacht Registration

The following is the information needed by the bank to open your account and the associated bank services. It will be used to complete a variety of forms and bank resolutions which we will be forwarding to you for signature and notarizing. All of this information will be held in strictest confidence by the bank in accordance with the very strict privacy laws of their country. Hilda Loe Associates will NOT retain this information after your account is opened. When you have completed this form, please fax it to us at our Singapore fax number (65) 68343328 or paste it into your e-mail and email it to us at: ops@hildaloe.com

Corporate Banking Questionnaire For Bank Account Opening in Euro Pacific Bank Ltd, St. Vincent & The Grenadines

PART 1 - Company Details

- 1) Company Name:
- 2) Place of Incorporation: Date of Incorporation:
- 3) Registered Number:
- 4) Registered Office Address:
- 5) Company's Business Address:
- 6) Correspondence Address for bank to mail all correspondence to (if different from 6 & 7 above):
- 7) Company's Telephone: Company's Fax:
- 8) Company's Email: Company's Website:
- 9) Date Business Commenced:
- 10) Principle Business Activities (please describe business nature, products/services and also countries where business are conducted):
- 11) Country Where Major Business is carried out (please list):
- 12) Country of Source of Funds (please list):
- 13) The Source of Fund (how the funds were acquired i.e. personal savings, etc):
- 14) Name of Bank or Institution wire is originating from:
 - a) Address and contract number of Institution:
- 15) Estimated Annual Turnover in US\$:
- 16) Years of Experience in this Business:
- 17) Number of Employee:

18) INCOMING PAYMENTS:

Expected origin of funds to be credited (specify countries):

Incoming payments (sources, sizes, and frequency):

Names and websites/contact details of key customers and sources of income:

19) OUTGOING PAYMENTS:

Outgoing payments (sources, sizes, and frequency):

Expected destination of outgoing payments from account (specify country):

Names and websites/contact details of key suppliers and receivers of outgoing payments:

20) Shareholders/Beneficial Owners Listing (must also complete personal details at PART 2 - Personal Information)

(1) 1st Owner

Name (Last/First):

Nationality:

Passport # :

Ownership Percentage:

(2) 2nd Owner

Name (Last/First):

Nationality:

Passport # :

Ownership Percentage:

(3) 3rd Owner

Name (Last/First):

Nationality:

Passport # :

Ownership Percentage:

21) Account Information

a. Estimated Transactions per annum (eg: 20, average value US\$14,000 per transaction):

d. Purpose of Bank Account :

18) Authorization & Signing Instruction (must also complete personal details at PART 2 - Personal Information)

a) To authorized & sign (please choose one only) _____ SINGLY, EITHER ONE _____ ANY TWO

_____ ALL TO SIGN

b) Full Name of Authorized Signor(s) according to passport:

1)

2)

3)

PART 2 - Personal Information of Shareholders/Beneficial Owners/ Director /Authorized Signatory

In the following sections Personal information is required for all shareholders, beneficial owners and company directors even if they are not signatories.

1) Personal Data (1st Person)

Capacity (Shareholders/Beneficial Owners/Director/Authorized Signatory/* Other-please indicate):

(please circle as appropriate)

Title (Mr/Mrs/Miss/Dr/Other):

Last Name:

First Name:

Date of Birth:

Place of Birth:

Nationality:

Marital Status:

Passport Number:

Passport Expiry:

Residential Address:

Permanent Address (if different from Residential Address):

Correspondence Address (if different from Residential & Permanent Address):

Resident Telephone:
Mobile Phone:
Business Telephone:

Resident Fax:
Email:
Business Fax:

Are you a political figure? ____ YES ____ NO

2) Personal Data (2nd Person)

Capacity (Shareholders/Beneficial Owners/Director/Authorized Signatory/* Other-please indicate):
(please circle as appropriate)

Title (Mr/Mrs/Miss/Dr/Other):

Last Name:

First Name:

Date of Birth:

Place of Birth:

Nationality:

Marital Status:

Passport Number:

Passport Expiry:

Residential Address:

Permanent Address (if different from Residential Address):

Correspondence Address (if different from Residential & Permanent Address):

Resident Telephone:
Mobile Phone:
Business Telephone:

Resident Fax:
Email:
Business Fax:

Are you a political figure? ____ YES ____ NO

3) Personal Data (3rd Person)

Capacity (Shareholders/Beneficial Owners/Director/Authorized Signatory/* Other-please indicate):
(please circle as appropriate)

Title (Mr/Mrs/Miss/Dr/Other):

Last Name:

First Name:

Date of Birth:

Place of Birth:

Nationality:

Marital Status:

Passport Number:

Passport Expiry:

Residential Address:

Permanent Address (if different from Residential Address):

Correspondence Address (if different from Residential & Permanent Address):

Resident Telephone:
Mobile Phone:
Business Telephone:

Resident Fax:
Email:
Business Fax:

Are you a political figure? ____ YES ____ NO

PART 3 - Bank Account Services (please check - minimum deposits apply for each currency)

1) Open Current Account in ____US\$ ____ EUR ____GBP

- 2) Cheque Book ___YES in _____ ___NO
- 3) Phone Banking ___YES ___NO
- 4) Internet Banking ___YES ___NO

PART 4 – Declaration

1) Are you a “Politically Exposed Person” (PEP)*?
 ___YES ___NO

If Yes, please provide details of the position held and association _____

2) Do you have any pending or threatened claims or have you ever been convicted of any crimes / fraud under a court of law or under any investigation of any nature or involved in legal proceedings?
 ___YES ___NO

If Yes, please provide details _____

3) Are you a United States (US) person*? (as defined for US tax purposes)?
 ___YES ___NO

If Yes, Please provide:

- a) Duly signed Form Affidavit (To be provided separately)
- b) One of the following (Please mark X)
 - ITIN Number
 - Visa number
 - Green Card Number

4) I/We confirm that none of the assets I/We propose to transfer to the Structure has been derived from or relate to any of the “Designated Categories of Offences”(see 6 below).

5) I/We (hereinafter the Client), the undersigned, confirm that the information above is true and correct and hereby consent to act as director and/or principal contact of the Company. Where the information provided in Part 1 to 3 is changed from any time hereafter, the Client agrees to inform the Bank and Hilda Loe Associates Pte. Ltd. immediately. The Client hereby confirms and declares that all details provided above are true and correct to the best of my knowledge.

Name _____ Signature _____

Date _____ Place _____

Contact Number _____ Email _____

6) Designated Categories of Offences

List of “Designated Categories of Offences” as per Forty Recommendations on Money Laundering prepared by the Financial Action Task Force (FATF).

- Participation in an organized criminal group and racketeering.
- Terrorism, including terrorist funding.
- Human trafficking and migrant smuggling or sexual exploitation, including that of children.
- Illicit trafficking of narcotics and psychotropic substances, arms or stolen goods.
- Bribery and corruption.
- Fraud, counterfeiting currency and the counterfeiting or piracy of products.

- Environmental Crime.
- Murder and Grievous bodily injury.
- Kidnapping, illegal restraint and hostage-taking.
- Theft, robbery or smuggling (including those related to custom excise duties and taxes)
- Tax crimes (Related to direct taxes and indirect taxes)
- Extortion, forgery or piracy.
- Insider trading and market manipulation.

Please ensure the following documents are attached or have already been sent to Hilda Loe Associates.:

- 1) A one page business profile describing your business, products & services, estimated turnover, countries or regions where business will be conducted etc. Alternatively, a company brochure covering the same is also acceptable.
- 2) Scanned copy of identification in the form of a passport for each beneficial owner/ director/Authorised Signatory
- 3) Scanned copy of an utility bill (no mobile telephone bill please) or Credit Card Statement as proof of address for each shareholder/beneficial owner/director/Authorised Signatory.
- 4) Original Banker's Reference is required by bank for each shareholder/beneficial owner/director/Authorised Signatory. Please contact your banker to prepare this. If required, please contact us for a sample format.
- 5) If your offshore company was not incorporated by our office, please include scanned copy of Certificate of Incorporation, Certificate of Incumbency, Certificate of Good Standing (if company is older than 12 months), Memorandum & Articles of Association, Appointment of Directors, First Director's Minutes, Register of Directors, Register of Members and Register of Secretaries.
- 6) Payment for account opening services

Thank you for choosing Hilda Loe Associates Pte Ltd