

CONNECTED PARTY INFORMATION - CONTINUED

The following information is required for each Director, Shareholder (including Minority Shareholders), Partner, Administrator, Executive Committee Member, Beneficial Owner, Key Controller or equivalent. All Voting Rights % and Ownership % are to be included where applicable.

First Name:		Middle Name:		Surname:	
Date of Birth:			Place of Birth:		
Nationality:			Citizenship:		
Role(s) in Entity:					
Beneficial Owner/Controlling Person Type:			Voting Rights %:		Ownership %:
Permanent Residential Address		House/Apt.No.:		Street:	
City:		Post Code:		Country:	
ID Type:			Country of Issue:		
ID No.:		Document Issue Date: DD/MM/YYYY		Document Expiry Date: DD/MM/YYYY	
Politically Exposed Person: Y <input type="checkbox"/> N <input type="checkbox"/> Profile No.: (Office Use Only)					
First Name:		Middle Name:		Surname:	
Date of Birth:			Place of Birth:		
Nationality:			Citizenship:		
Role(s) in Entity:					
Beneficial Owner/Controlling Person Type:			Voting Rights %:		Ownership %:
Permanent Residential Address		House/Apt.No.:		Street:	
City:		Post Code:		Country:	
ID Type:			Country of Issue:		
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Date of Birth:			Place of Birth:		
Nationality:			Citizenship:		
Role(s) in Entity:					
Beneficial Owner/Controlling Person Type:			Voting Rights %:		Ownership %:
Permanent Residential Address		House/Apt.No.:		Street:	
City:		Post Code:		Country:	
ID Type:			Country of Issue:		
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Date of Birth:			Place of Birth:		
Nationality:			Citizenship:		
Role(s) in Entity:					
Beneficial Owner/Controlling Person Type:			Voting Rights %:		Ownership %:
Permanent Residential Address		House/Apt.No.:		Street:	
City:		Post Code:		Country:	
ID Type:			Country of Issue:		
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Politically Exposed Person: Y <input type="checkbox"/> N <input type="checkbox"/> Profile No.: (Office Use Only)					
First Name:		Middle Name:		Surname:	
Date of Birth:			Place of Birth:		
Nationality:			Citizenship:		
Role(s) in Entity:					
Beneficial Owner/Controlling Person Type:			Voting Rights %:		Ownership %:
Permanent Residential Address		House/Apt.No.:		Street:	
City:		Post Code:		Country:	
ID Type:			Country of Issue:		
ID No.:		Document Issue Date: DD/MM/YYYY		Document Expiry Date: DD/MM/YYYY	
Politically Exposed Person: Y <input type="checkbox"/> N <input type="checkbox"/> Profile No.: (Office Use Only)					

Please indicate number of additional pages included to provided Connected Party information.

Total Additional Pages included: (excluding this page)

Applicant Initials _____