

CSP1-002 - APPLICATION FOR CORPORATE SERVICES

A. Jurisdiction of company

Isle of Man

Other
.....

B. Company name

Existing company
.....

New incorporation

If new incorporation please provide three names in order of preference).

1.
.....

2.
.....

3.
.....

(NB Some countries require special capitalisation for certain words eg: International, Worldwide etc).

C. Proposed/Existing Activity
(Please be specific)

.....
.....
.....
.....

Countries in which the company will engage in its activities

.....
.....
.....
.....

Estimated turnover during next 12 months

GBP.....

Expected level of banking activity during the next 12 months.

High Moderate Minimal

Primary Reporting Currency

GBP
EUR
USD
OTHER

Secondary Reporting Currency

GBP
EUR
USD
OTHER

Accounting Reference Date

DD.....MM.....

D. Details of directors (if our services are required please tick box and proceed to E)

Family Name
.....

Given Name(s)
.....

Gender
.....

Residential address
.....
.....

Post Code/ZIP.....

Contact telephone number
.....

Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....
Nationality
.....
Occupation
.....
Family Name
.....
Given Name(s)
.....
Gender
.....
Residential address
.....
.....
.....
.....
Post Code/ZIP.....
Contact telephone number
.....
Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....

Nationality
.....
Occupation
.....
Passport No./Identity Card No
.....
E. Details of company secretary (if nominee services are required please tick box and proceed to F)
Family Name
.....
Given Name(s)
.....
Gender
.....
Residential address
.....
.....
.....
Post Code/ZIP.....
Contact telephone number
.....
Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....
Nationality
.....

Occupation
.....

Passport No./Identity Card No
.....

F. Details of Shareholders.
Please tick appropriate box:

Please provide Nominee Shareholder and issue declarations of trust in favour of the following persons

Please register the following as shareholder (s)

Family Name
.....

Given Name(s)
.....

Gender
.....

Residential address
.....

.....

Post Code/ZIP.....

Contact telephone number
.....

Contact email address
.....

Date of birth
DD.....MM.....YYYY.....

Place of birth
.....

Nationality
.....

Occupation
.....

Percentage of issued capital
.....%

Passport No./Identity Card No
.....

Family Name
.....

Given Name(s)
.....

Gender
.....

Residential address
.....

.....

Post Code/ZIP.....

Contact telephone number
.....

Contact email address
.....

Date of birth
DD.....MM.....YYYY.....

Place of birth
.....

Nationality
.....

Occupation
.....

I/We have taken and/or have been advised to take professional advice in connection with this matter.

Percentage of issued capital
.....%

I/We agree and undertake to attend to any personal taxation or legal reporting requirements in connection with this matter.

Passport No./Identity Card No
.....

I/We accept that Integrated-Capabilities Ltd or third-party service providers engaged by Integrated-Capabilities Ltd to conduct initial and on-going background checks on my/our due diligence documents or other information may be required to transfer my/our personal data outside the Isle of Man and European Economic Area. I/We consent to these disclosures and transfers as described above.

G. Registered Office Address
(NB. the address of the registered office must be in the country of incorporation. Integrated-Capabilities Ltd can provide this service but should you require an alternative address please state that address here):

.....
.....
.....

I/We have not relied upon any representations (whether written, oral, expressed, implied or otherwise) made by Integrated-Capabilities Ltd, its employees or associated companies.

Post Code/ZIP.....

Signature

H. Mailing Address

Please use the following address for correspondence:-

.....
.....
.....

Name of signatory

Capacity/Official Position

Post Code/ZIP.....

Date of signature

I. Declarations

DD.....MM.....YYYY.....

I/We confirm that all details given herein are true and accurate.

Signature

I/We have read and accept the terms of business of Integrated-Capabilities Ltd.

Name of signatory

I/We accept responsibility for the payment of fees (both initial and recurring) due, accrued or owing to Integrated-Capabilities Ltd, which I/We understand may vary from time to time.

Capacity/Official Position

Date of signature

DD.....MM.....YYYY.....

CLIENT DUE DILIGENCE GUIDANCE NOTES

We are required by the Isle of Man Government and its Financial Supervision Commission to support the fight against money laundering, financing of terrorism and identity theft. As a consequence, we need to maintain accurate records of each client's identity and their permanent residential address.

In addition, we are required to identify each client's source of wealth and the source of any funds introduced to any company, trust or partnership that we establish or administer on behalf of our clients.

Annexed are a number of forms that we have designed to obtain the necessary information from you in order for us to satisfy the requirements placed upon us.

Please note that it is not necessary for you to complete and sign each of the following forms. You only need to complete the form or forms that will provide us with the necessary information to trace the ownership chain back to the beneficial owners who are either (a) natural persons; or (b) an entity which is regulated by a financial regulator or is listed on an exchange.

The following examples may assist you in determining which form or forms to complete.

Example 1

You would like us to establish a new company to own a yacht chartering business. You do not wish your ownership of the new company to be registered in your own name so you would like ownership to be held in the name of our nominee company to protect your privacy.

In this situation we would ask that you complete the form **FOR USE BY INDIVIDUALS**.

Example 2

If in Example 1 above you would prefer that your Jersey company was the registered owner of the new company and that you in turn are the owner of the Jersey company then we would ask that the Jersey company complete the form **FOR USE BY LEGAL PERSONS** and that you complete the form **FOR USE BY INDIVIDUALS**.

Example 3

If in Example 2 above the Jersey company is owned by trustees of a trust established for the benefit of yourself and family members who are named beneficiaries, we would ask that the form **FOR USE BY LEGAL PERSONS** be completed by the Jersey company and that any trustees of the trust owning the Jersey company who are individuals complete the form **FOR USE BY INDIVIDUAL TRUSTEES** and that any trustees of the trust owning the Jersey company that are corporations complete the form **FOR USE BY CORPORATE TRUSTEES**.

If the above examples do not assist in relation to your own circumstances, please do not hesitate to contact us for further guidance.

Identification documents that we require for individuals

Verification of identity (any one of the following):

- (a) Current valid passport bearing the photograph of the applicant.
- (b) Current national identity card bearing the photograph of the applicant.
- (c) Armed Forces ID card bearing the photograph of the applicant.
- (d) Current valid provisional or full driving licence incorporating photographic evidence of identity.
- (e) Known employer ID card bearing a photograph of the applicant.
- (f) Birth certificate (infants and minors only).

Verification of residential address (any one of the following):

- (a) A recent account statement (i.e. no more than 3 months old) from a recognised bank, building society or credit card company or the most recent mortgage statement from a recognised lender.
- (b) Photographic driving licence or national identity card containing current residential address if the document has not been used to verify identity.
- (c) A recent rates, council tax or utility bill (recent in respect of utility bills is considered to be for the last quarter i.e. no more than 3 months old). Mobile telephone bills are not acceptable as evidence of address under any circumstances.
- (d) Correspondence from an official independent source such as a central or local government department or agency.
- (g) Lawyer's confirmation of property purchase, or legal

document recognising title to property.

Identification documents that we require for a legal person, company or similar entity.

- (a) Certificate of Incorporation or equivalent e.g. a certified copy of the partnership agreement;
- (b) an appropriately certified copy of the Register of Officers;
- (c) an appropriately certified copy of the Register of Members or Shareholders;
- (d) A copy of the latest report and accounts if available (audited, where possible); and
- (e) an appropriately certified copy of the board resolution or power of attorney (or other authority) that provides the individuals representing the legal person have the right to act on the legal person's behalf.

Where a company is not quoted on a regulated exchange we also require identification documents for the following:

- (a) Any person who ultimately owns or controls (whether directly or indirectly) more than 25% of the shares of voting rights in the legal person.
- (b) Any person who exercises control over the management of the legal person this includes persons with less than 25% of the shares or voting rights but who nevertheless hold a controlling interest;
- (c) Any person(s) having power to direct the activities of the legal person. This includes directors or persons in equivalent roles and account signatories. Where there are numerous directors/signatories, identification documentation should be supplied for at least two directors; and

(d) any person(s) purporting to act on behalf of the legal person or by whom binding obligations may be imposed on the legal person. eg. attorneys-in-fact.

In the case of associations, clubs, societies, charities, church bodies, institutes, mutual and friendly societies, co-operative and provident societies, those with ultimate control will often include members of the governing body or committee plus executives. In the case of central and local government departments and agencies, this will include persons exercising control or significant influence over the department or agency.

Identification documents that we require for a trust or similar legal relationship

Appropriately certified copies of the instrument establishing the trust including any subsequent deeds evidencing the appointment of the current trustees, addition of beneficiaries or persons having a reasonable expectation to benefit from the trust capital or income.

An appropriately certified copy of the licence issued to a trustee if such trustee is required by legislation to hold such a licence.

Where any of the following are either individuals or legal persons we require the identification documents as for an individual or legal person as the case may be.

(a) the trustee(s) or other persons controlling or having power to direct the activities of the legal relationship;

(b) any person(s) whose wishes the trustees may be expected to take into account;

(c) any other parties including the protector(s) and enforcer(s);

(d) any person(s) purporting to act on behalf of the trustee(s) together

with a certified copy of the resolution of the board of the trustee (or other authority) that provides any individuals representing the trustee with the right to act on the trustee's behalf;

(e) any person(s) by whom binding obligations may be imposed on the applicant and verify that that person is authorised to do so;

(f) the settlor(s) (or other person making the arrangement) i.e. the initial settlors and any persons subsequently settling funds into the trust; and

(g) beneficiaries at the time they come to benefit from the trust.

Certification of identification documents

If copy documents are to be submitted please ensure that these are certified by a bank official, senior civil servant, embassy official, police officer, a person who is a member of recognised professional body such as a lawyer, notary public, accountant, actuary, company secretary or an officer of a regulated business. The certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position or capacity on it and provide his contact details. The certifier must state that it is a true copy of the original, that the photograph is a true likeness of the individual concerned.

Alternatively, the certifier may complete a covering letter or document, which is then attached to the copy identification document(s) i.e. the certification is not written on the copy identification document itself as long as the covering letter or document contains your:

(a) Legal name, any former names (e.g. maiden name) and any other names used;

(b) Permanent residential address including postcode if applicable;

(c) Date and place of birth;

(d) Nationality;

(e) Gender.

and it is clear in the letter itself that it refers to the attached document beyond any doubt. For example, the certifier could countersign the form that you complete for us giving information about yourself.

Politically Exposed Persons

Please also note that in our application forms "politically exposed person" means any of the following resident in a country or territory outside the Isle of Man —

Group A

A natural person who is or has been entrusted with prominent public functions, including —

- a head of state, head of government, minister or deputy or assistant minister;
- a senior government official;
- a member of parliament;
- a senior politician;
- an important political party official;
- a senior judicial official;
- a member of a court of auditors or the board of a central bank;
- an ambassador, chargé d'affaires or other high-ranking officer in a diplomatic service;
- a high-ranking officer in an armed force;
- a senior member of an administrative, management or supervisory body of a State-owned enterprise; and
- a senior official of an international entity or organisation;

Group B

Any of the following family members of a person mentioned in Group A —

- a spouse;
- a partner considered by national law as equivalent to a spouse;

- a child or the spouse or partner of a child;
- a brother or sister (including a half-brother or half-sister);
- a parent;
- a parent-in-law;
- a grandparent; and
- a grandchild;

Group C

Any close associate of a person mentioned in Group A, including —

- any natural person who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with such a person;
- any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit of such a person;
- any natural person who is known to be beneficiary of a legal arrangement of which such a person is a beneficial owner or beneficiary;
- any natural person who is in a position to conduct substantial financial transactions on behalf of such a person.

FOR USE BY INDIVIDUALS:

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Source of Wealth (Please briefly detail the economic activity that created your net worth)

.....

.....

Source of funds (Please briefly detail the source from which funds will be introduced by you)

.....

.....

DECLARATION

I declare that I am/am not* a Politically Exposed Person as defined in your guidance notes and that the information given in this form is true and complete.

* Please delete as appropriate and provide additional information if the above declaration indicates that you are a Politically Exposed Person.

Signature of applicant

.....

Date of signature

DD.....MM.....YYYY.....

CERTIFICATION OF IDENTIFICATION DOCUMENTS NOT INDIVIDUALLY CERTIFIED.

Having seen the individual and the identification documents at the same time, I certify that the identification documents attached to this form are true copies of the originals and that where applicable the photograph is a true likeness of the individual

Signature

.....

Name of certifier

.....

Position/Capacity

.....

Regulatory body (if applicable)

.....

DD.....MM.....YYYY.....

FOR USE BY LEGAL PERSONS:

Registered name
.....

Trading name (if any)
.....

Date of incorporation
DD.....MM.....YYYY.....

Country of incorporation/registration
.....

Official Identification Number
.....

If legal person is listed please state where and on what exchange
.....
.....

Registered Office
.....
.....
.....

Post Code/ZIP.....

Principal place of business (if different to registered office)
.....
.....
.....

Post Code/ZIP.....

Mailing address (if different to registered office)
.....
.....
.....

Post Code/ZIP.....

Details of persons exercising control over the management of the legal person and any person(s) having power to direct the activities of the legal person. This will include directors or persons in equivalent role and account signatories. - **Please attach appropriately certified copies of the Register of Directors and Officers and a list of any Authorised Signatories.**

Details of any person who ultimately owns or exercises control over the management of the legal person - **Please attach an appropriately certified copy of the Register of Members/Shareholders. If a nominee holds such shares please provide an appropriately certified copy of the relevant nominee declaration.**

Details of any person(s) purporting to act on behalf of the legal person or by whom binding obligations may be imposed on the legal person. This includes any person holding a power of attorney. - **Please attach an appropriately certified copy of the Power of Attorney or board resolution granting authority and complete the following details:**

Position/Capacity of person
.....

Family Name
.....

Given Name(s)
.....

Gender
.....

Residential address
.....
.....
.....

Post Code/ZIP.....

Date of birth
DD.....MM.....YYYY.....

Place of birth
.....

Nationality
.....

Occupation
.....

Contact name
.....

Contact telephone number
.....

Contact email address
.....

Source of Wealth (Please briefly detail the economic activity that created the legal person's net worth)
.....
.....
.....

Source of funds (Please briefly detail the source from which funds will be introduced by the legal person)
.....
.....

DECLARATION

I declare that the above-named legal person is/is not* owned nor associated with a Politically Exposed Person as defined in your guidance notes and that the information given in this form is true and complete.

* please delete as appropriate and provide additional information if the above declaration indicates any

connection with a Politically Exposed Person.

Signature
.....

Date of signature
DD.....MM.....YYYY.....

Name
.....

Capacity/Official Position
.....

CERTIFICATION OF IDENTIFICATION DOCUMENTS NOT INDIVIDUALLY CERTIFIED.

Having seen the individual and the identification documents at the same time, I certify that the identification documents attached to this form are true copies of the originals and that where applicable the photograph is a true likeness of the individual

Signature
.....

Name of certifier
.....

Position/Capacity
.....

Regulatory body (if applicable)
.....

DD.....MM.....YYYY.....

FOR USE BY CORPORATE TRUSTEES:

Name of trust
.....

Date of establishment/creation
.....

Official Identification Number (if any)
(e.g. tax identification number, registered charity number etc)
.....

Mailing address
.....
.....
.....

Post Code/ZIP.....

Corporate Trustee 1
Registered Name
.....
.....

Registered Office
.....
.....

Post Code/ZIP.....

Date of incorporation
DD.....MM.....YYYY.....
Country of incorporation/registration
.....

Official Identification Number
.....

Contact name
.....

Contact telephone number
.....

Contact email address
.....

Corporate Trustee 2
Registered Name
.....
.....

Registered Office
.....
.....

Post Code/ZIP.....

Date of incorporation
DD.....MM.....YYYY.....

Country of incorporation/registration
.....

Official Identification Number
.....

Contact name
.....

Contact telephone number
.....

Contact email address
.....

If there are more than 2 trustees, please supply details on a separate sheet of paper, sign and date.

Settlor (or other person who contributed assets to the trust)

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Protector/Enforcer

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Person whose wishes trustees are expected to take into account

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address
.....
.....
.....
Post Code/ZIP.....
Contact telephone number
.....
Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....
Nationality
.....
Occupation
.....
Person with authority to bind trustees (if any)
Family Name
.....
Given Name(s)
.....
Gender
.....
Residential address
.....
.....
.....
Post Code/ZIP.....

Contact telephone number
.....
Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....
Nationality
.....
Occupation
.....
Known beneficiaries or persons who can from the trust instrument be identified as having a reasonable expectation to benefit from the trust capital or income.
Family Name
.....
Given Name(s)
.....
Gender
.....
Residential address
.....
.....
.....
Post Code/ZIP.....
Contact telephone number
.....

Contact email address

Date of birth
 DD.....MM.....YYYY.....

Place of birth

Nationality

Occupation

Family Name

Given Name(s)

Gender

Residential address

Post Code/ZIP.....

Contact telephone number

Contact email address

Date of birth
 DD.....MM.....YYYY.....

Place of birth

Nationality

Occupation

If there are more than 2 known beneficiaries, please supply details on a separate sheet of paper, sign and date.

Source of Wealth (Please briefly detail the economic activity that produced the assets contributed to the trust fund of which you are the trustees)

Source of funds (Please briefly detail the source from which funds will be introduced you)

DECLARATION

We declare that the above-named trust is/is not* controlled or associated with a Politically Exposed Person as defined in your guidance notes and that the information given in this form is true and complete.

* please delete as appropriate and provide additional information if the above declaration indicates any connection with a Politically Exposed Person.

Signature of Trustee 1

Name of signatory

Capacity/Official Position

.....

Date of signature

DD.....MM.....YYYY.....

Signature of Trustee 2

.....

Name of signatory

.....

Capacity/Official Position

.....

Date of signature

DD.....MM.....YYYY.....

CERTIFICATION OF IDENTIFICATION DOCUMENTS NOT INDIVIDUALLY CERTIFIED.

Having seen the individual and the identification documents at the same time, I certify that the identification documents attached to this form are true copies of the originals and that where applicable the photograph is a true likeness of the individual

Signature

.....

Name of certifier

.....

Position/Capacity

.....

Regulatory body (if applicable)

.....

DD.....MM.....YYYY.....

FOR USE BY INDIVIDUAL TRUSTEES:

Name of trust

.....

Date of establishment/creation

.....

Official Identification Number (if any)
(e.g. tax identification number,
registered charity number etc)

.....

Mailing address

.....

.....

.....

Post Code/ZIP.....

Trustee 1

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Trustee 2

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

If there are more than 2 trustees, please supply details on a separate sheet of paper, sign and date.

Settlor (or other person who contributed assets to the trust)

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Protector/Enforcer

Family Name

.....

Given Name(s)

.....

Gender

.....

Residential address

.....

.....

.....

Post Code/ZIP.....

Contact telephone number

.....

Contact email address

.....

Date of birth

DD.....MM.....YYYY.....

Place of birth

.....

Nationality

.....

Occupation

.....

Person whose wishes trustees are expected to take into account

Family Name

.....

Given Name(s)
.....
Gender
.....
Residential address
.....
.....
Post Code/ZIP.....
.....
Contact telephone number
.....
Contact email address
.....
Date of birth
DD.....MM.....YYYY.....
Place of birth
.....
Nationality
.....
Occupation
.....
Known beneficiaries or persons who can from the trust instrument be identified as having a reasonable expectation to benefit from the trust capital or income.
Family Name
.....
Given Name(s)
.....
Gender
.....
Residential address
.....
.....
Residential address

Post Code/ZIP.....

Contact telephone number
.....

Contact email address
.....

Date of birth

DD.....MM.....YYYY.....

Place of birth
.....

Nationality
.....

Occupation
.....

Family Name
.....

Given Name(s)
.....

Gender
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Residential address
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.....
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.....

Post Code/ZIP.....

Contact telephone number
.....

Contact email address

.....
Date of birth

DD.....MM.....YYYY.....

Place of birth
.....

Nationality
.....

Occupation
.....

If there are more than 2 known beneficiaries, please supply details on a separate sheet of paper, sign and date.

Source of Wealth (Please briefly detail the economic activity that produced the assets contributed to the trust fund of which you are the trustees)
.....
.....

Source of funds (Please briefly detail the source from which funds will be introduced you)
.....
.....
.....

DECLARATION

We declare that the above-named trust is/is not* controlled or associated with a Politically Exposed Person as defined in your guidance notes and that the information given in this form is true and complete.

* please delete as appropriate and provide additional information if the above declaration indicates any

connection with a Politically Exposed Person.

Position/Capacity

Signature of Trustee 1

.....

Regulatory body (if applicable)

.....

.....

Name of signatory

DD.....MM.....YYYY.....

.....

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Capacity/Official Position

.....

Date of signature

DD.....MM.....YYYY.....

Signature of Trustee 2

.....

Name of signatory

.....

Capacity/Official Position

.....

Date of signature

DD.....MM.....YYYY.....

CERTIFICATION OF IDENTIFICATION DOCUMENTS NOT INDIVIDUALLY CERTIFIED.

Having seen the individual and the identification documents at the same time, I certify that the identification documents attached to this form are true copies of the originals and that where applicable the photograph is a true likeness of the individual.

Signature

.....

Name of certifier

.....