

▶ INSTITUTIONAL GLOBAL ACCOUNT OPENING FORM



Please select your new account location/s

<input type="checkbox"/>	NCBCM JA:	
<input type="checkbox"/>	NCBCM KY:	
<input type="checkbox"/>	NCBCM BDS:	
<input type="checkbox"/>	NCB KY:	
<input type="checkbox"/>	NCBMB TT:	

New Account Updating Account Information Branch: _____

Opening/ Updating Date: _____ Wealth Manager: _____

Legal Name Of Company/Business: _____

Trade or Registered Business Name Of Company/ Business: _____

Registered Office Address (Including Street Name and Number): _____

Physical Address of Business Operations (if different from above): _____

Mailing Address if different from above (Including P.O Box): _____

Office Phone: _____ Mobile Phone: _____ Other Phone/Fax: _____

Company Email: _____ Contact Person: _____ Position: _____

Tax Identification Number (TIN, TRN, SSN, etc.): _____ Country of Issue _____

Date of Incorporation/ Registration: _____ Incorporation #/ Registration #: _____

Country of Incorporation: _____

Organisation Type: Club/Society Corporation Governmental Org. Limited Liability Co. Non-Profit Organisation Partnership
 Professional Association Sole Proprietor Fund Captive Other

Describe the Company/ Business Main Activity: _____

State purpose of the account(s): _____

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Director Officer Member (Shareholder more than 10%) Signatory

Signature: _____

Full Name: _____ Telephone No.: _____

Permanent Address: _____

Nationality: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Passport No.* & Place of Issue: _____

Issue Date (dd/mm/yyyy): _____ Expiry Date (dd/mm/yyyy): _____

Are you a PEP? Yes No Are you the family member of a PEP? Yes No

If Yes, please state NAME _____ and RELATION _____

Are you the associate of a PEP? Yes No Please see below for the definition of a politically exposed person (PEP).

If Yes, please state NAME _____ and RELATION _____

**Mandatory for NCB Cayman Clients*
ID Number acceptable for NCBMBTT Officer

Director Officer Member (Shareholder more than 10%) Signatory

Signature: _____

Full Name: _____ Telephone No.: _____

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Director Office Member (Shareholder more than 10%) Signatory

Signature: _____

Full Name: _____ Telephone No.: _____

Permanent Address: _____

Nationality: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Passport No.* & Place of Issue: _____

Issue Date (dd/mm/yyyy): _____ Expiry Date (dd/mm/yyyy): _____

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If Yes, please state NAME _____ and RELATION _____

**Mandatory for NCB Cayman Clients* ID Number acceptable for NCBMBTT Director/ Office

Director Office Member (Shareholder more than 10%) Signatory

Signature: _____

Full Name: _____ Telephone No.: _____

Permanent Address: _____

Nationality: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Passport No.* & Place of Issue: _____

Issue Date (dd/mm/yyyy): _____ Expiry Date (dd/mm/yyyy): _____

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The Financial Action Task Force (FATF) defines Politically Exposed Persons (PEPs) as: individuals who are or have been entrusted with prominent public functions in a foreign country. Examples: Heads of State or of government, senior politicians, senior government, or executive council of government, judicial or military officials senior executives of state owned corporations, important political party officials ambassadors, ambassadors' attachés. Business relationships with family members or close associates of PEPs involve reputational risks similar to those with PEPs themselves.

Entity with Beneficial Interest (Member/ Shareholder holder 10% or more)

Full Name: _____ Telephone No.: _____

Permanent Address: _____

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PRIMARY BANKING INFORMATION AND PAYMENT ACCOUNTS

Name of Bank:	Bank Account #:
Account Currency:	Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Chequing/Current
Name on Account:	Bank Officer:
Bank Address:	
Bank Telephone:	Length of relationship:

SOURCE OF WEALTH *Describe how you accumulated the funds that you intend to deposit and/or invest.*

Salary/Wages/Savings Investment/capital gains Inheritance Other (please select the most suited option from Appendix 1)

1. Indicate estimated net worth of the company:

SOURCE OF FUNDS *Origin of funds expected to be deposited to the account*

USUAL DESTINATION OF FUNDS *Please list countries*

ESTIMATED ANNUAL VOLUME OF DEPOSITS AND WITHDRAWALS

Estimated Annual Volume of Deposits:	Estimated Annual Volume of Withdrawals:
Estimated Frequency Of Deposits – No. per year:	Estimated Frequency Of Withdrawals – No. per year:

Account Type

Savings Term Deposit Loan Investment Lease Discretionary Management

Account Currency

CAD EUR GBP USD AUD KYD TTD OTHER

POWER OF ATTORNEY

Does any other person have a Power of Attorney over this account? Yes No

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RISK TOLERANCE

Conservative (low risk)
 Moderate (medium risk)
 Aggressive (high risk)

Conservative: Cautious, having a risk-averse investment strategy which has preservation of capital as a high priority.
Moderate: Willing to accept some risk for a potential higher rate of return.
Aggressive: An investment strategy characterized by a willingness to accept above-average risk in pursuit of above-average returns.

ACCOUNT CLASSIFICATION

Private Client
 Individuals and small businesses. Reasonable care regarding advice on suitability and understanding of risk are the minimum basic protections afforded under the regulations.

Professional Client
 A public authority, Securities Investment Business Intermediary, High Net Worth Individual (Assets >= \$4M), Closed-ended funds, Sophisticated Clients who exhibit sound knowledge and experience in business and financial matters and a Private Client that has been re-classified as a professional client under regulation 12(2). Note that the protection afforded under the regulatory regime is lower than that offered to a private client.

Market Counterparty
 Experienced professional with full understanding of the market works and the risks and rewards involved. A government, central bank or other national monetary authority, state investment body or public debt management body, supranational whose members are countries or central banks and a professional client where classified as a market counterparty under the provisions of Regulation 12.

I understand and agree to the terms and definitions outlined in the selected classification.

.....

CEO/ Managing Director/Executive Director

INVESTMENT SERVICE REQUIRED
 Investment Advisory
 Discretionary Management
 Execution Only
 Custody

***Investment Advisory** - (Client must be contacted before execution of any trade or transaction)
Execution Only - (Client does not require investment advice)
Custody - (No discretion to trade, assets are for safe-keeping and reporting only)
***Discretionary Management** - (Client grants full decision-making authority to the Portfolio Manager regarding the purchase or sale of investments without the need to consult the client)

Are you affiliated with or employed by a stock exchange or member firm of an exchange or a securities broker-dealer? Yes No

(If "yes", you must attach a letter from your employer approving the establishment of your account when submitting this application.)

Are you a director, 10% or more shareholder or policy-making officer of a publicly held company? Yes No

If "yes", state all company name(s) _____
and trading symbol(s) _____

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ACCOUNT SIGNING AUTHORITY

All CEO/MD Only Any One Any Two Other

Other - Please provide details of signing mandate including signing levels, maximum limits and specimen signatures specific to the organization in a separate letter.

Please provide the names and signatures of all officers who are authorised to act on behalf of the entity with respect to opening an account executing all relevant entity documents, and dealing with NCB in connection with all aspects of the said account singly or jointly.

Name	Title	Signature	Signing Authority A or B

I/We hereby certify that NCB Capital Markets Limited, NCBCM (Cayman) Limited, NCBCM (Barbados) Limited, NCB Merchant Bank Trinidad collectively or individually referred to as "NCB" is authorized to deal with each Authorized Officer to accept all orders for purchases and sales and all instructions given verbally or in writing by him or her on behalf of the company without further inquiry as to his or her authority; to receive any funds, securities or other property for the account of the company; to honor written instructions from each Authorized Person to deliver either in bearer form, in street certificates, in any names or in any other manner any funds, securities or other property held for the account of the company. In order to assist NCB in providing me with accurate and up to date services, I agree to the sharing of the information set out in this Application within NCB, and I waive my rights of confidentiality in that regard. I agree that NCB may use this information in this Application in order to augment and update information currently held by each entity. By signing below I further signify that I have read and fully understand and agree to each of the terms and conditions contained in the respective Client Account Opening Agreements and I hereby acknowledge receipt of a copy of same.

Director

Signature:

Date:

Director

Signature:

Date:

The signatures on this document must be certified or notarized by a Notary Public, or a Justice of the Peace, or an NCB Official.
Note: If executed by a Company, the Company Seal is to be affixed. If no seal is required by the Articles of Association please state so.

Signed by NCB Representative: Date: