Corporate Account Application form

Please refer to the guidance notes, what we need from you to open an account with us.
Form to be used by companies, foundations, establishments, and other incorporated bodies for the opening of a corporate account with: Trusted Novus Bank Limited, 76 Main Street, P.O. Box. 143, Gibraltar

1. Corporate details

Full legal name of entity *("the applicant"):* _____

_____

Registered business name *(if any*): _____

Country of incorporation: _____ Date of dd/mm/yyyy

and commenced trading _____

Registered Company Number: _____ Country of domicile: _____

Countries of Tax Residence *(list all countries in which the entity is tax resident/liable for taxes):*

Tax Country: _____ Tax ID/Ref. Number: _____

Tax Country: _____ Tax ID/Ref. Number: _____

Is your company taxable in any country other than as stated above? ☐ Yes ☐ No

If 'YES' then please list here: _____

Registered office address: _____

_____

Mailing address *(if different from reg. office address):* _____

_____

Primary contact details: _____

Telephone: Country Code: _____ Area Code: _____ Number: _____

Mobile: Country Code: _____ Area Code: _____ Number: _____

Email address*:* _____

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Has the Applicant a permanent place of business from which it conducts commercial activities?		
☐ Yes	☐ No	If yes, where is this located? *(Please supply all addresses of more than one)*

The Applicant is introduced to Trusted Novus Bank by: _____

2. Board of Directors/Council of Management

Please supply the names of those persons occupying a position of management, direction or administration *(regardless of the name given to that position)* who, acting without power of attorney, have the authority conferred by the entity's constitutional documents to open a bank account and thereafter issue changes to the bank mandate.

_____

_____ _____

Name Office title/capacity/position

_____

_____ _____

Name Office title/capacity/position

_____

_____ _____

Name Office title/capacity/position

_____

_____ _____

Name Office title/capacity/position

Please supply the following documentation on the members of the Board of Directors/Council of Management

a) If a director is a natural person, then:
   - An Individual Details Form, and
   - Certified copy of identification and address verification documents

b) If a director is a corporate body (e.g. limited company):
   - An Associated Corporate/Trust Details Form with supporting documentation

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3. Ownership and Control

Tick the appropriate box

Is the Applicant a publicly listed Company on a recognised stock Exchange?	☐ Yes - Proceed to Section 4 (Services required and expected activity)
	☐ No - Complete part A below (and parts B and C as appropriate)

A. Current principal shareholders: *a principal shareholder is a legal or natural person who owns or controls through direct or indirect ownership at least 25% of the issued share capital (or voting rights) of the company. Note: if there are no shareholders with at least 25% holding, please provide a list of those with at least 10%*

Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____

Please supply the following documentation on the principal shareholders:

a) If the principal shareholder is a publicly listed company on a recognised stock exchange, then:
   - an Associated Corporate / Trust Details Form

b) If a principal shareholder is a natural person, then:
   - An Individuals Details Form, and
   - certified copy of identification and address verification documents

c) If a principal shareholder is not a publicly listed company or natural person, then:
   - An Associated Corporate / Trust Details Form with supporting documentation

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Are there any principal shareholders listed in part A that are: a) not natural persons, or b) natural persons who are not beneficial owners of the shares	☐ Yes - complete part B or this section below
	☐ No - proceed to part C of this section

B. Ultimate beneficial owner(s):

Where a shareholder is a holding company, trustee or nominee, we must look behind this to the ultimate beneficial owner(s). By "ultimate beneficial owner" we mean the natural person(s) who is able to exercise direct or indirect control over the Applicant's business or is entitled to acquire direct ownership of it. This includes any person who effectively controls:

a) at least 10% of the issued share capital of, or the voting rights in, the Applicant, or

b) enough of the issued share capital that, if the Applicant's entire income were distributed among the participators, that person who is entitled to receive at least 10% of the amount distributed, or

c) the right to receive at least 10% of the assets available for distribution in the case of a winding-up *(without prejudice to the right of creditors)*

Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____
Name:	_____ _____	Percentage ownership:	_____

Please supply the following documentation on each ultimate beneficial owner:

1) Individuals Details Form, and
2) A complete set of certified copies of identification and address verification documents.

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Is the Applicant part of a wider group structure? E.g. a) There are one or more layers in the ownership and control structure between the Applicant's shareholders and the ultimate beneficial owner(s) – i.e. a chain of ownership/control, or b) The Applicant owns or controls other companies, firms, or entities through direct or indirect ownership of at least 25% of the capital *(or voting rights)*	☐ Yes: Please provide: - the overall group structure in diagrammatic form *(corporate family tree)* - Associated Corporate/Trust Details Form on each entity that stands in a direct linear ownership or control relationship with the Applicant ☐ No: Proceed to section 4, Services required and expected activity

4. Services required and expected activity

Indicate the services required and the expected activity on the account by completing all parts (A to G) of this section.

A. Base currency *(the currency of your main country of residence and in which the bulk of your assets and income are based)*	

B. Cash Accounts Required	GBP	EUR	USD	Other
☐ Current account(s)	☐	☐	☐	
☐ No. 1 Account	☐	☐	☐	
If more than one account is to be opened then specify the main settlement Currency. NB: the settlement currency is the denomination of the account to which general a/c fees will be debited *(e.g. customer number, hold mail and safe custody fees)*.				
Expected monthly average *(total)*	CCY		Amount	

C. Money transmission services – INCOMING telegraphic transactions			
Do you expect to receive regular incoming telegraphic payments?	☐ Yes	☐ No	"No" go to section D
If "Yes" then on average how many would you expect on a monthly basis?			
Over the course of a month the transactional values are likely to be	☐ fixed	☐ fairly constant	☐ widely fluctuating

Specify expected average transaction value range	CCY		Amounts between _____ and _____			
Specify the countries from which you expect to receive incoming telegraphic transactions: *(This must be completed if you expect to receive telegraphic payments)*						
Expected remitter (s)	Self	☐ Yes	☐ No	Other(s)	☐ Yes	☐ No
If Others "YES" – give a brief explanation as to the likely remitter(s) and nature of the transactions:						

D. Money transmission services – OUTGOING telegraphic transactions						
Do you expect to make regular outgoing telegraphic payments? *(not incl. payment of general household bills)*			☐ YES	☐ NO	"NO" go to section E	
If "YES" then on average how many would you expect to make on a monthly basis?						
Over the course of a month the transactional values are likely to be		☐ fixed	☐ fairly constant		☐ widely fluctuating	
Specify expected average transaction value range	CCY		Amounts between		and	
Specify the countries from which you expect to send outgoing telegraphic transactions: *(This must be completed if you expect to make telegraphic payments)*						
Expected beneficiary	Self	☐ YES	☐ NO	Other(s)	☐ YES	☐ NO
If Others "YES" – give a brief explanation as to the likely beneficiary(ies) and nature of the transactions:						

E. Cashier services – Deposit transactions						
Do you expect to make regular deposits in cash?			☐ YES	☐ NO	"NO" go to section F	
If "YES" then on average how many would you expect on a monthly basis?						
Over the course of a month the transactional values are likely to be			☐ fixed	☐ fairly constant	☐ widely fluctuating	
Specify expected average transaction value range	CCY		Amounts between		and	

F. Cashier services – Withdrawal transactions						
Do you expect to make regular cash withdrawals?			☐ YES	☐ NO	"NO" go to section G	
If "YES" then on average how many would you expect on a monthly basis?						
Over the course of a month the transactional values are likely to be			☐ fixed	☐ fairly constant	☐ widely fluctuating	
Specify expected average transaction value range	CCY		Amounts between		and	

G. Security trading and safe custody				
Do you expect to make use of our security trading /safe custody?	☐ YES		☐ NO	
If "YES" then indicate expected size of the portfolio	CCY		Amount	

5. Passive /Active Income

Is less than 50%of the company's annual gross income passive? *(i.e. derived from investments such as dividends, interest, rents and royalties)*	☐ YES	☐ NO
Are less then 50% of the company's assets passive? *(i.e. they produce or are held to produce passive income)*	☐ YES	☐ NO

6.Nature of business

Do the activities of the company substantially consist of holding *(in whole or in part)* the outstanding stock, or providing financing and services to, one or more subsidiaries that engage in trade or business other than that of a financial institution *(see guidance notes for definition of a financial institution)*	☐ YES	☐ NO

Is the company's stock regularly traded on an established securities market or is the company a related entity of an entity the stock of which is regularly traded on an established securities market. *(if yes please provide full details of the related entity and relevant stock market)*	☐ YES	☐ NO

Tick the appropriate box Is the applicant's sole and exclusive purpose the holding of financial instruments and bank accounts within Trusted Novus Bank?	☐ YES » Proceed directly to section 8, Source of Funds
	☐ NO » Complete the rest of this section

Full description of the company's business, its main market(s), assets, products traded and/or services provided.
Please provide a full description of the business, the main assets held, and products and services provided. Please avoid vague or general, non-specific descriptions such as "the company is a provider of real estate consultancy services" – this description is too vague; it should also give details of the typical consultancy assignments *(please attach a separate sheet if required)*

What is the Applicant's estimated annual turnover?	CCY		Amount	
What is the Applicant's estimated gross income?	CCY		Amount	
What is the value of the Applicant's estimated total assets?	CCY		Amount	

7.Source of funds

Will the source of funds deposited with Trusted Novus Bank consist wholly or partly of financial injections by the Applicant's owners from their own private funds *(or of other revenues not generated by the Applicant itself from its declared business activities)?*

☐ YES ☐ NO

If you answered yes, then please indicate the initial source(s) of private wealth. *(If necessary you may supply details on a separate sheet).*

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Source(s) of initial private wealth:

For monies and investments introduced to the applicants account with Trusted Novus Bank, we must have full and accurate details of the source from which those derive, Therefore, please state:

Total amount of initial investment/deposit	CCY		Amount	
Method of payment e.g. bank transfer				
Source of funds e.g. company profits, company reserves, sale of property/assets etc				
Name and address of the Bank from which initial deposit/investment will be effected				
Name of the bank account from which the initial deposit will be transferred				

Likely source of future funds

Please describe below the more likely sources of ongoing funds for this account -e.g. sales, trade receipts, rental income, payments for services etc

8. US Status *

In order to determine your U.S. tax status/classification for FATCA/other reporting purposes, and to determine the qualification of the account holder(s) for the purpose of United States Withholding Tax, you hereby declare and confirm that Trusted Novus Bank shall consider you as: (please tick appropriate boxes below)

(Please refer to the Intergovernmental Agreement (IGA) signed between the Governments of Gibraltar and the United States of America for the definition of a Financial Institution or Active/Passive NFFE. A copy of the Intergovernmental Agreement between Gibraltar and the United States can be found on the US Government website. https://home.treasury.gov/*. Trusted Novus Bank cannot give tax advice and so strongly recommends that you seek* expert *independent tax advice as this may be required to ascertain your US/FATCA status/classification).*

-a US Entity *(if *"YES" then please certify your US tax status using the appropriate IRS form e.g. IRS form W9 or other such IRS forms as may be appropriate).* ☐YES ☐ NO

-a US Resident *(if *"YES" then please certify your US tax status using the appropriate IRS form e.g. IRS form W9 or other such IRS forms as may be appropriate).* ☐YES ☐ NO

-a US taxpayer for any other reason *(if *"YES" then please certify your US tax status using the appropriate IRS form e.g. IRS form W9 or other such IRS forms as may be appropriate).* ☐YES ☐ NO

-a Financial Institution *(if *"YES" then please certify your US tax status using the appropriate IRS form e.g. IRS form W9 ,W8 BenE or other such IRS forms as may be appropriate).* ☐YES ☐ NO

-an Active Non Financial Institution ☐YES ☐ NO

-a Passive Non Financial Institution ☐YES ☐ NO

I/we hereby certify that *(tick as appropriate)*
☐ The company is not a U.S. person for U.S. tax purposes
☐ The company is a U.S. person for U.S. tax purposes

*Note: Section 24 of the General Terms and Conditions defines the obligations of individuals in respect of their U.S. person status

9.Letter of undertaking by Directors in respect of bearer shares

This section is to be completed if the Applicant is a company limited by shares.

Note: if the person signing this Letter of Undertaking is not authorised or licensed under the Financial Services Act 1989 or 1998, the Banking Act 1992, or the Insurances Companies Act *(or international equivalent/s)* we will in most cases require a separate Letter of Undertaking from an officer in the company who is so authorised, or any other person connected with the company (e.g. a Registered Agent) who we deem to be a suitable person to provide us independent assurance in relation to this issue of shares to bearer. We will advise you accordingly.

To: Trusted Novus Bank

Re:

_____

Full legal name of the entity *(hereinafter referred to as "the Company")*

In connection with this Application to open a bank account with you, we confirm that *(tick appropriate box)*:

☐ The Company's Articles of Association *(or equivalent document)* does not contain any provisions that permit the issue of shares to bearer. Moreover, we undertake that for as long as the Company maintains an account with you it will not seek to issue bearer shares without your prior written approval.

☐ The Company's Articles of Association *(or equivalent document)* contains provisions that permit the issue of shares to bearer. However no part of the Company's authorised share capital has been issued to bearer. Moreover we undertake that for as long as the Company maintains an account with you it will not seek to issue bearer shares without your prior written approval.

For and on behalf of the Company.

_____ _____

Name of Director Signature

Signature Card

For an account with
Trusted Novus Bank, 76 Main Street, PO Box 143, Gibraltar

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Name of signatory:
Capacity e.g. Director/Authorised signatory etc

Signature: _____

Name of signatory:
Capacity e.g. Director/Authorised signatory etc

Signature: _____

Name of signatory:
Capacity e.g. Director/Authorised signatory etc

Signature: _____

Name of signatory:
Capacity e.g. Director/Authorised signatory etc

Signature: _____

Name of signatory:
Capacity e.g. Director/Authorised signatory etc

Signature: _____

Please supply the following documentation on the authorised signatories:

- An individual details form
- A full set of certified true copies of identification and address verification documents

Please do not write here – for bank use only			
Client name			
Client number		Date account opened	
No. of signatures			

10. Secret password

With a secret password Trusted Novus Bank will provide information over the telephone in accordance with our General Conditions of Business *(enclosed)*
I/We would like the secret password attached to my/our account to read:

_____

Signing Mandate and Declaration

To: Trusted Novus Bank

Re:

_____

Full legal name of entity *(herein after referred to as "the Applicant")*

We hereby certify that at a meeting ("the Meeting") of persons duly authorised to direct the affairs of the Applicant it was resolved to open an account with you. Pursuant to the resolutions passed *(a certified true copy of the same we submit with this application),* we authorise you until further notice in writing to accept

_____
_____

Please insert the number of officers or other duly authorised person(s) required to sign *(e.g."any one may sign solely" "all to sign jointly" "any two of three" etc):*

as discharge for withdrawals or for any purpose in connection with this account *(or any subsequent accounts)* including the closure thereof. The name(s) and specimen signature(s) of the person(s) authorised to sign on the account appear in the Signature Card section of this Corporate Account Application.

We affirm that, to the best of our knowledge and belief, the information provided and declarations made in this Corporate Account Application and in each of the Individual Details forms and Associated Corporate/Trust details form submitted pursuant to this application are true, complete and accurate and that any material changes thereto will be notified to you immediately. We agree that any signature to this declaration shall be taken as acknowledgment that we have read and understood the terms and conditions *(the "Terms")* contained in the General Terms and Conditions of Business and do hereby accept them to be binding upon us in relation to all accounts we may open with you. Moreover we accept that the Terms as amended from time to time shall form an agreement between the Applicant and you as if incorporated herein.

Signed by the Chairman for and on behalf of the Applicant: _____

Place: _____ Date: dd/mm/yyyy_____

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Privacy policy

The information in this form is collected by the bank for the following purposes:

- To assess and process the application and opening of the account
- To personalise your experience (your information helps us respond to your individual needs)
- To improve customer service (your information helps us to be more effectively respond to yourcustomer service requests)
- For Security, identification and verification purposes
- To comply with our legal obligations

The General Privacy policy from Trusted Novus Bank will give you a comprehensive overview about how we handle data, including information we may collect from our customers. We explain in detail about the information we hold, what we do with this data and when we share it outside of Trusted Novus Bank (and with whom). You can read more about your rights and how you can contact us if you have any queries or concerns around your data. In order to Assessour General Privacy policy please refer to www.trustednovusbank.gi/privacy

To avoid undue delay in the processing of your application, please read our guidance notes, what we need from you to open an account with us, and check that:

☐ all relevant sections of this application form are fully completed and the descriptive information supplied in relation to the nature of business and the source of funds is clear, complete and verifiable with the latter evidenced by supporting documentation (guidance notes, Step 4).

☐ the requisite corporate documents are appended (guidance notes, Step 3).

☐ the Individual Details Form has been completed for each Key Individual and the descriptive information in relation to the source of income/wealth is clear, complete and verifiable (guidance notes, Step 1).

☐ copies of identification and address verification documents are appended (guidance notes, Step 2) and are correctly certified by a Suitable Certifier (guidance notes, Step 5)

☐ an Associated Corporate /Trust Details Form has been completed for each corporate director and shareholder and on each entity in a Group structure in direct linear relationship with the Applicant. The descriptive information in relation to the entity's nature of business is clear, complete and verifiable (guidance notes, Step 3).

☐ a corporate family tree is appended where applicable (guidance notes, Step 3)

☐ an original signed Terms of Business in relation to investment services.

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Please do not write here – for bank use only			
Client name:			
Report name:			
Customer number		Introducer	
Citizenship		Valuation currency	
Activity		Language	
Classification		Account Manager	