Associated corporate / Trust details

Trusted Novus Bank

Form to be completed by each associated corporate entity or trust in connection with an account held with Trusted Novus Bank, 76 Main Street, P.O. Box 143, Gibraltar

Please refer to the guidance notes, "What we need from you to open an account with us"

Associated corporate/trust details

C N: _____ C P: _____

(to be filled in by Trusted Novus Bank) *(to be filled in by Trusted Novus Bank)*

1. Corporate/Trust Details

Legal name of corporate entity (or name of the trust): _____

_____

Business/Trading Name *(if different):* _____

_____

Country of incorporation *(or trust's governing law):* _____

Date of incorporation: dd/mm/yyyy

Registered Address (or trustee's address): _____

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/trust taxable in any country other than as stated above? Please Select

If you answered 'YES' to the above, please give details: _____

_____

Telephone: _____

Country Code: _____ Area Code: _____ Number: _____

Do you hold, or are you associated with an existing account held with the Bank? Please Select

This form is being completed in respect of a *(tick the appropriate box)*

☐ Regulated financial services provider – a firm authorised to provide banking, insurance, investment, or fiduciary services ➡ Complete section 2, 8, and 9
☐ Publicly listed company ➡ Complete section 3, 8, and 9
☐ Private limited company, foundation, or partnership ➡ Complete sections 4, 5, 6, 7, 8, and 9
☐ Trust ➡ Complete sections 4, 6, 7, 8, and 9
☐ Other legal arrangement (please specify): ➡ Complete sections 4, 5, 6, 7, 8, 9 and 10

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2. Authorised financial services provider

(tick the appropriate box)
☐ Bank or Building Society (Depository Institution)
☐ Specified Insurance company
☐ Insurance intermediary
☐ Investment Entity – Dealing/Trading or managing or investing on behalf of a customer or other persons
☐ Collective Investment Scheme administrator, operator, or trustee
☐ Company manager or Professional trustee

Country & Name of Regulatory Authority: _____

_____

Licence number: _____

Global Intermediary Identification number (GIIN): _____

3. Stock Exchange Listings

Recognised Stock Exchange(s) listed: _____

4. Board of Directors/Management *(or Trustees & Protectors, Settlors)*

_____ _____	_____
Name	Office title *(e.g., Director, Trustee, Protector, Settlor)*
_____ _____	_____
Name	Office title
_____ _____	_____
Name	Office title

Associated corporate/trust details

5. Principal Shareholders/Members/Partners / Trust Beneficiaries

List the persons/entities with at least 25 per cent capital ownership or voting rights and indicate whether they hold their respective interests for their own account as the sole beneficial owners.
[Note: if there are no holdings of 25 per cent or more, please provide a list of those persons/entities with at least 10 per cent ownership].
We may ask you to supply a copy of the Declaration of Trust, or such other written agreement drawn up between the parties to evidence the beneficial interest.

Full name: _____ Percentage ownership _____ %
Beneficial owner? Please Select ▶ If no, name of beneficial owner *(or name of trust)*

_____

Full name: _____ Percentage ownership _____%
Beneficial owner? Please Select ▶ If no, name of beneficial owner *(or name of trust)*

_____

Full name: _____ Percentage ownership _____ %
Beneficial owner? Please Selects ▶ If no, name of beneficial owner *(or name of trust)*

_____

Full name: _____ Percentage ownership _____ %
Beneficial owner? Please Select ▶ If no, name of beneficial owner *(or name of trust)*

_____

Associated corporate/trust details

6. Nature of Business

The entity or trust is engaged in.

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 or services provided. Avoid vague or general, non-specific descriptions like "the company is a provider of real estate consultancy services" - this description is too vague; it should also give details of typical consultancy assignments. *(Please attach a separate sheet if required)*

What is the geographical reach of the Applicant's activities? *(If necessary, click the plus to get an extra row)*		
List here the countries where the major assets are held (or are most likely to be held in the foreseeable future)	*List here the countries where your main customers are located (or are most likely to be located in the foreseeable future)*	*List here the countries where your main suppliers are based (or are most likely to be based in the foreseeable future)*

Associated corporate/trust details

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

7. Supporting documentation required to be submitted with this form

A. Copy of the corporate entity's Certificate of Incorporation *(or equivalent)* or a company search *(or similar extract from a public register)* containing the entity's full name and registration number. For Trusts, a copy of the Trust Deed
B. For each natural person named in sections 4 or 5 of this form *(including named beneficial owners)* an Individual details form
C. For each body corporate or trust named in sections 4 or 5 of this form an Associated corporate/trust details form.

8. U.S. status*:

To determine your U.S tax status 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 the appropriate boxes below and refer to the Inter Governmental Agreement 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 strongly recommends that you seek independent expert tax advice as may be required in order to ascertain your US/FATCA status/classification):*

- a U.S. Entity *(* if 'Yes' then please certify your U.S tax status using the appropriate IRS form e.g., IRS Form W9 or other such IRS form as may be appropriate)* — Please Select
- a U.S Resident *(* if 'Yes' then please certify your U.S tax status using the appropriate IRS form e.g., IRS Form W9 or other such IRS form as may be appropriate)* — Please Select
- a U.S. taxpayer for any other reason *(* if 'Yes' then please certify your U.S tax status using the appropriate IRS form (e.g., IRS Form W9 or other such IRS form as may be appropriate)* — Please Select
- a Financial Institution *(* if 'Yes' then please certify your U.S tax status using the appropriate IRS form (e.g., IRS Form W8 BenE, Form W9 or other such IRS form as may be appropriate)* — Please Select
- an Active Non-Financial Foreign Entity — Please Select
- a Passive Non-Financial Foreign Entity — Please Select

Associated corporate/trust details

I/we hereby certify that *(Tick as appropriate)*

☐ THE COMPANY IS NOT A U.S. PERSON FOR U.S. TAX PURPOSE
☐ THE COMPANY IS A U.S. PERSON FOR U.S. TAX PURPOSE

*Note: Section 7 in the Legal Requirements Section of the General Terms & Conditions defines the obligations of individuals in relation to their U.S. person status

9. Signature

I/we hereby confirm that the above information is true and correct. I hereby confirm and undertake that that I/we, on my/our own initiative, will notify the Bank, within 30 days of any change in the details described above and/or my/our U.S. status:

Signature: _____

Name of person completing and signing this form: _____

_____

Capacity in which signed *(e.g., Director/Trustee etc)*: _____

Place: _____

Date: dd/mm/yyyy

Associated corporate/trust details

Privacy Policy

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

- To assess and process the associated entity in respect of any account(s) directly or indirectly related to
- For Security, identification, and verification purposes
- To comply with our legal obligations including but not limited to tax reporting where applicable

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 Assess our General Privacy policy please refer to www.trustednovusbank.gi/privacy