

CORPORATE INFORMATION

Section A

Company Name

Business Trading Name: (if different from Company Name)

Company Registration # (Corporate/VAT etc.)

Registered Address:

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Mailing Address: (if different)

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Primary Contact Person

(Office number):

(Mobile):

(Fax):

E-mail:

Website:

Nature of Business

Type of Business

☐ Corporation

☐ Partnership

☐ Registered Business

☐ Financial Institution

Corporations	Certificate of Incorporation / Continuance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Articles of Incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Notice of Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Notice of Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Signed By-laws	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Share Certificate(s) (if not provided or applicable, please complete page 5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Registered Company	Certificate of Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Copy of Application for Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Partnership	Partnership Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Resolution Authorizing the Partnership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

REGULATORY DETAILS

Section B

1. Is the company, any of its Directors or Senior Officers a related party ⁱ of SigniaGlobe Financial Group Inc.?

☐ Yes

☐ No

If "Yes", please specify:

2. Is the company, any of its Directors or Senior Officers a "Politically Exposed Person" (PEP)ⁱⁱ?

☐ Yes

☐ No

If "Yes", please specify:

3. Purpose of the Account

4. Source of Initial Funds ⁱⁱⁱ

5. Expected Activity Level^{iv}

6. Expected Transaction Frequency ^v

7. Domiciliation of Activity ^{vi}

ⁱ **Related Party** - An individual who is, or has, relatives or close associates employed in a senior capacity by SigniaGlobe Financial Group Inc., Cave Shepherd and Company Limited, GraceKennedy Limited, or any related company.

ⁱⁱ **PEP** - An individual, an immediate family member (i.e., parent, spouse, child, or sibling), or a close friend of an individual; who performs important public functions for government or a quasi-government agency. (For example, a political figure, permanent secretary, senior official in government or quasi-government agency, chair of a statutory board, etc.).

ⁱⁱⁱ Where is your money coming from to establish the account?

^{iv} For loans, multiply the monthly loan amount by 12. For deposits and brokerage, estimate the total amount you plan to invest in a calendar year. For FX, the amount of money you expect to wire in a calendar year.

^v Transactions vary by department: Each payment made represents a transaction for loans; for deposits, it is each time an additional deposit is made; for FX, it is per wire; and for brokerage, for each purchase or sale order.

^{vi} Which countries will you use to conduct significant business operations?

INSTRUCTIONS: Authority and Indemnity

Section C

Tick all that apply: ☐ VERBAL ☐ FAX ☐ EMAIL

To: *SigniaGlobe Financial Group Inc.*

It would be convenient and in my/our interest if I/we could at any time and from time to time, send verbal instructions/facsimile transmissions/ instructions by means of electronic mail to SigniaGlobe Financial Group Inc. in relation to any and all my/our existing accounts, facilities and other agreements with SigniaGlobe Financial Group Inc. ("SGFG") and any accounts, facilities and other arrangements which I/we may now or in the future have with SGFG.

In consideration of SGFG agreeing to accept verbal instructions/facsimile transmissions/instructions by means of electronic mail from me/us as aforesaid, I/we agree:

1. That SGFG may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me/us from time to time, and I/me voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That once verbal instructions/facsimile transmissions/instructions by means of electronic mail have been given to SGFG purportedly by the person (or by any of the persons, if more than one) specified below, SGFG shall have no obligation to check or verify the authenticity or accuracy of such verbal instructions/facsimile transmissions/instructions by means of electronic mail purporting to have been sent by me/us and may act thereon as if same had been duly given by me/us;
3. That in acting on verbal instructions/facsimile transmissions/instructions by means of electronic mail SGFG shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such verbal instructions/facsimile transmissions/ instructions by means of electronic mail may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by any verbal instructions/facsimile transmissions/instructions by means of electronic mail on which SGFG may act if SGFG has in good faith acted in the belief that such verbal instructions/facsimile transmissions/instructions by means of electronic mail were given by me/us;
4. That SGFG may, in its absolute discretion, decline to act or in accordance with the whole or any part of a verbal instruction/facsimile transmission/instruction by means of electronic mail pending further inquiry to or further confirmation (whether written or otherwise) by me/us, so however that SGFG shall not be under any obligation to so decline in any case, and SGFG shall in no event or circumstance be liable in any respect for not so declining; and
5. To release SGFG from and indemnity SGFG against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, SGFG having acted in accordance with the whole or any part of any verbal instruction/facsimile transmissions/ instructions by means of electronic mail or having exercised (or failed to exercise) the discretion upon SGFG in Clause 4 above.

For email indemnity please list all authorized email addresses below:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:

Dated (YYYY/MM/DD)

Name of Corporate Entity

Name of Authorised Person(s)

Signature of Authorised Person(s)

DIRECTORS AND OFFICER DUE DILIGENCE AND SIGNATURE SHEET

Section D

Name of Company:

Please list all directors and officers of the company and confirm whether they are authorized signatories on this account. Each director or officer listed below, both signatories and non-signatories, must complete an identity form. There are separate forms for signatories and non-signatories.

First Name	Last Name	Business Relationship	Address	Authorized Signatory	Specimen Signature ^{vii}
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

We hereby certify to SigniaGlobe Financial Group Inc. that the

(insert number)

signatures appearing above are authentic.

We hereby inform SigniaGlobe Financial Group Inc. that any

(insert number)

of the above signatures can provide instructions on this account.

Dated (YYYY/MM/DD)

Note: This signatory page can be updated in the future, providing an existing signatory or signatories sign off on the update. Your above instructions will determine the number required to sign off on the change.

^{vii} Only signatories are required to provide a specimen signature.

DECLARATION OF SHAREHOLDER AND BENEFICIAL OWNERS

Section E

Name of Company ("The Company"):

Company Number:

As at the _____ Day of _____ 20 ____

I hereby certify that the undermentioned persons are shareholders of the Company as of the date hereof:

Shareholder	Ultimate Beneficial Owner (if different)	Shareholding %
Total		100%

Note: Any shareholders who are not directors or officers, will need to provide two (2) valid forms of ID, a recent form of proof of address and should complete Section G - "Individual Director/ Shareholder/ Officer Identification form (Non-Signatory)."

If the ultimate beneficial owner differs from the shareholder, on a separate sheet, please provide the relationship.

For complex structures, please ensure that you provide full details of the ownership chain from the company through to the ultimate beneficial owners on Section H. You are invited to attach a business ownership chart for clarity.

Corporate Secretary / Director

(Affix Company Seal)

INDIVIDUAL DIRECTOR/ SHAREHOLDER/ OFFICER IDENTIFICATION FORM (SIGNATORY)

Section F

Name

FIRST

MIDDLE

LAST

Permanent Address

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Mailing Address (if different from permanent address)

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Customer Identification

Any two [2] of the following:

National ID

Driver's License

Passport

National ID

☐

National ID#

Expiration Date

ID Enclosed?

☐ Yes

☐ No

Driver's License

☐

Driver's License#

Expiration Date

ID Enclosed?

☐ Yes

☐ No

Passport

☐

Passport#

Expiration Date

ID Enclosed?

☐ Yes

☐ No

Proof of Address from last three (3) months. Any one of the following:

Bank/ Credit Union Statement

☐

Credit Card Statement

☐

Official Government Tax Assessment

☐

Rental Agreement & Utility Bill

☐

Exception Letter

☐

Date of Proof of Address

Proof of Address Attached?

☐ Yes

☐ No

Occupation

Name of Employer

Address of Employer

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Preferred Contact Number

Email Address

Date of Birth

Country of Birth

Nationality#1

Nationality #2

Nationality#3

Nationality #4

Tax Residency

Country	Tax Identification	If no TIN, give a reason

Note: If you are a US citizen or resident for tax purposes we will require you to provide us with a W- 9.
If you were born in the US, but have voluntarily surrendered your citizenship, please evidence by the attached documents.
(Complete W8Ben & letter of explanation for Non-U.S. clients with U.S. indicia.)

Dated (YYYY/MM/DD)

Signature

INDIVIDUAL DIRECTOR/ SHAREHOLDER/ OFFICER IDENTIFICATION FORM (NON-SIGNATORY)

Section G

Name

FIRST

MIDDLE

LAST

Permanent Address

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Mailing Address (if different from permanent address)

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Customer Identification	Any two [2] of the following:			National ID	Driver's License	Passport
National ID	<input type="checkbox"/>	National ID#	Expiration Date	ID Enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License	<input type="checkbox"/>	Driver's License#	Expiration Date	ID Enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passport	<input type="checkbox"/>	Passport#	Expiration Date	ID Enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proof of Address from last three (3) months. Any one of the following:	Bank/ Credit Union Statement <input type="checkbox"/>	Credit Card Statement <input type="checkbox"/>	Official Government Tax Assessment <input type="checkbox"/>	Rental Agreement & Utility Bill <input type="checkbox"/>	Exception Letter <input type="checkbox"/>	
Date of Proof of Address					Proof of Address Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Occupation

Name of Employer

Address of Employer

LINE 1

LINE 2

PARISH

COUNTRY

POSTAL CODE

Preferred Contact Number

Email Address

Date of Birth

Country of Birth

Nationality#1

Nationality #2

Nationality#3

Nationality #4

Tax Residency

Country	Tax Identification	If no TIN, give a reason

Note: If you are a US citizen or resident for tax purposes we will require you to provide us with a W-9.
If you were born in the US but have voluntarily surrendered your citizenship please evidence by the attached documents.
– (Complete W8Ben & letter of explanation for Non-U.S. clients with U.S.)

THIS DIRECTOR/OFFICER/ SHAREHOLDER IS NOT A SIGNATORY TO THIS ACCOUNT.

Dated (YYYY/MM/DD)

Signature

INTERMEDIATE CORPORATE SHAREHOLDERS

Section H

Where the ownership structure involves more than one (1) intermediate corporate shareholders, please provide the following additional information in respect of each company. (Please continue on a separate sheet, if necessary.)

Have you attached the ownership chain for group? ☐ Yes ☐ No

Company Name	Company Registration Number
Registered Office Address	LINE 1LINE 2
PARISH	COUNTRYPOSTAL CODE
Country of incorporation	Name of Regulator (if applicable)
Regulatory Licence (if applicable)	Type of Licence (if applicable)

Company Name	Company Registration Number
Registered Office Address	LINE 1LINE 2
PARISH	COUNTRYPOSTAL CODE
Country of incorporation	Name of Regulator (if applicable)
Regulatory Licence (if applicable)	Type of Licence (if applicable)

Company Name	Company Registration Number
Registered Office Address	LINE 1LINE 2
PARISH	COUNTRYPOSTAL CODE
Country of incorporation	Name of Regulator (if applicable)
Regulatory Licence (if applicable)	Type of Licence (if applicable)

Company Name	Company Registration Number
Registered Office Address	LINE 1LINE 2
PARISH	COUNTRYPOSTAL CODE
Country of incorporation	Name of Regulator (if applicable)
Regulatory Licence (if applicable)	Type of Licence (if applicable)

Company Name	Company Registration Number
Registered Office Address	LINE 1LINE 2
PARISH	COUNTRYPOSTAL CODE
Country of incorporation	Name of Regulator (if applicable)
Regulatory Licence (if applicable)	Type of Licence (if applicable)

Please note that we reserve the right to request further information and documents relating to ownership and control structure of each corporate entity within the ownership chain.

PAYMENT DETAILS

Section I

SigniaGlobe offers three (3) convenient methods of receiving payments. Kindly select your preferred method below:

☐ Cheque to be collected from the office

☐ Cheque sent via post

☐ Direct Deposit to bank account

☐ No default payment option

For Direct Deposit, please provide your banking details below:

Local Banking Instructions

Name(s) on Account

Name of Bank or Credit Union

Branch

Type of account

Account Number

Overseas Banking Instructions

Name(s) on Account

Bank Name

Bank Address

Account Number

Swift Code

ABA No.

Intermediary (Optional)

Intermediary Bank

Intermediary Address

Account Number

Swift Code

ABA No.

Dated YYYY/MM/DD

Name of Corporate Entity

Name of Authorised Person(s)

Signature of Authorised Person(s)

Please take special care in providing us with your wire instructions.
Incorrect wire instructions can lead to delays in receiving payments and require additional wire fees.

FOR OFFICIAL USE ONLY

Entered by:

Name (please print)

Signature

Date

Approved and Verified by:

Name (please print)

Signature

Date

CLIENT CONFIRMATION AND SIGNATURE

Section J

Client Agreement

We confirm that the information in this Application is true, complete and accurate.

We confirm that all transactions to the above described account are and will be beneficially owned by the account-holders.

We agree to inform SigniaGlobe Financial Group Inc. of any changes that could affect the operation of the Account, including changes to the full and correct name, nationality, immigration or residency status of the account holders.

We confirm that SigniaGlobe Financial Group Inc. can obtain independent verification of information provided in the application

Data Protection

Please enter the company name below in (1) and (2) to confirm consent.

All personal and corporate data acquired by SigniaGlobe Financial Group Inc. from (1) _____ shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of (2) _____ except where disclosure is mandatory based on the laws of Barbados.

Dated

YYYY/MM/DD

Name of Corporate Entity

Name of Authorised Person(s)

Signature of Authorised Person(s)

SigniaGlobe's Representative's Signature

FOR OFFICIAL USE ONLY

SigniaGlobe's Representative's Name <i>(please print)</i>			
SigniaGlobe's Representative's Signature			
Risk Assessment	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low <input type="checkbox"/> PEP
Compliance Officer		Date	
CEO		Date	
Customer#		Date entered	
Entered by			