

Section A: BUSINESS NAME AND REGISTRATION DATA		FOR INTERNAL USE
Legal Name of the Entity:		Client's Mnemonic: _____
Trading Name: (If different from Legal Name)		
Company Registration No.:		Business Tax No:
Country of Incorporation:		Date of Incorporation:
Taxpayer ID Type:	<input type="checkbox"/> TRN <input type="checkbox"/> TIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN <input type="checkbox"/> NI <input type="checkbox"/> EIN <input type="checkbox"/> OTHER _____	
Taxpayer Identification No.:		Country of Issue:
GIN (If applicable):	Fax No: (including area code)	Phone No: (including area code)

Section B: BUSINESS BACKGROUND DETAILS			
Business Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Private Foundation (Charities/Clubs/Societies/Churches)	<input type="checkbox"/> Government Entity (incl. School) <input type="checkbox"/> Tax Exempt Organisation <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Pension Fund
US Tax Status:	<input type="checkbox"/> Participating FFI <input type="checkbox"/> Non Participating FFI <input type="checkbox"/> Non-Profit Organisation	<input type="checkbox"/> Registered Deemed Compliant FFI <input type="checkbox"/> Exempt Beneficial Owner <input type="checkbox"/> Other:	<input type="checkbox"/> Passive NFFE <input type="checkbox"/> Active NFFE
Name of Sector/Industry:			
Publicly Traded Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Symbol:	
Name of Stock Exchange:			

Section C: ADDRESSES	
Address of Registered Office:	Street No. & Name
District/City/Town:	Parish/State/Province/County:
Zip Code/Postal Code:	Country:
Mailing Address:	Street No. & Name
District/City/Town:	Parish/State/Province/County:
Zip Code/Postal Code:	Country:

Section D: Business Activities
State brief description of business activity:

Will the business handle any money for third party:

Yes

No

If Yes, state the name of the third party and nature of the arrangement:

Section E: DIRECTORS INFORMATION			
Full Name (first name/last name)	Percentage Ownership	Full Name (first name/last name)	Percentage Ownership

Section F: MAJOR SHAREHOLDERS – with 10% or more Ownership			
Full Name (first name/last name)	Percentage Ownership	Full Name (first name/last name)	Percentage Ownership

Section G: AUTHORISED BEARERS			
NAME	ID TYPE	ID NO.	EXPIRY DATE

Section H: ACKNOWLEDGEMENT & DISCLOSURE

Acknowledgement

I acknowledge that the information requested by this form is required for the purpose of Victoria Mutual Wealth Management Limited (VMWM) complying with its legal and regulatory requirements. In the even that full and adequate information is not provided, VMWM hereby expressly reserves the right at its sole discretion to close the account upon giving at least fourteen (14) days prior notice in writing.

Disclosure

VMWM is hereby authorised to disclose to third parties any information about the account holder and the accounts held by the account holder and shall not be liable whatsoever in relation to any information disclosed in any or all of the following circumstances:

- a) The subsidiaries and affiliates or organisations within the Victoria Mutual Group including overseas operations.
- b) To provide your personal and non personal information to credit agencies or credit bureaus AND to request your personal and non personal information from credit agencies or credit bureaus, financial institutions or any creditor in respect of your credit worthiness.
- c) If VMWM shall deem it necessary to make such disclosures to protect the interest of the company from any harm, loss or injury.
- d) To comply with any requirement for disclosure imposed by laws applicable to the business activities and operations of the company, or pursuant to the directives of the court having jurisdiction in relation to the business activities and operations of VMWM, or to such duly empowered government agency or department or in circumstances where applicable laws of a

foreign jurisdiction applies to the business activities and operations of VMWM, including but not limited to compliance with financial regulatory requirements and tax compliance laws.

- e) In any other circumstances in which the account holder shall give written authorization to make such disclosure.
- f) To government authorities in other countries where you hold residency or citizen status or you are subject to the applicable taxation laws in other countries in respect of accounts held with VMWM, in compliance with laws in respect to foreign account reporting requirements or any agreement entered into by VMWM with such government agency.

We have received the terms and conditions through electronic mail and have reviewed, understood and agreed to be bound by the various terms and conditions of the account operation agreement and acknowledge that same may be amended by VMWM in its sole discretion at any time and from time to time, as permitted under those terms and conditions.

We authorize VMWM to obtain independent verification of this information, if necessary.

Executed under the common seal of the Company by Director/ Secretary/Proprietor

Name	Signature	Date (dd/mm/yyyy)
Name	Signature	Date (dd/mm/yyyy)

Please affix Company Seal here

I hereby certify that the signature(s) appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.

Name of Witness: _____

Signature of Witness: _____

Date: _____

Please affix Stamp or Seal in this Box