



STRICTLY CONFIDENTIAL

RELEVANT INDIVIDUAL DUE DILIGENCE INFORMATION FORM

(Required To Be Completed By All Persons Applying To Do Business)

AND

GUIDANCE NOTES









PERSONAL INFORMATION

ANTI-MONEY LAUNDERING LEGISLATION CURRENTLY IN FORCE IN THE BRITISH VIRGIN ISLANDS AND AMENDED FROM TIME TO TIME, IMPOSES DUTIES AND OBLIGATIONS REGARDING THE VERIFICATION OF IDENTITY OF APPLICANTS FOR BUSINESS WHICH CCP IS OBLIGATED TO UPHOLD.

EACH RELEVANT INDIVIDUAL MUST COMPLETE AND SUBMIT A SEPARATE PERSONAL INFORMATION FORM. YOUR APPLICATION MAY BE DELAYED UNTIL THE REQUIRED INFORMATION ON ALL RELEVANT INDIVIDUALS IS RECEIVED

Company/Ship/Trademark	Name:	
Name		
Position in Company:		
Date of Birth:	Place of Birth	
Full Physical Address		
Street Address:_		
City:	State/County:	
Country:	Zip Code:	
Phone:	Fax:	
Cell:	_Email:	
Nationality:	Passport #	
Nationality:	Passport #	
(In case of dual nationali	y include the information for both passports)	
OCCUPATION:		
Please provide a specific	nd identifiable business activity and your current position . Vagu	e references
such as "Businessman" o	"Manager" will not be accepted and will delay the Application to	for Business
process. In the case of n	employment please describe the normal day to day activities such	h as " Hous e
Wife" In case of retireme	at please provide details of previous occupation and your last position	on.





SOURCE OF FUNDS DECLARATION BY SHAREHOLDERS /ULTIMATE BENEFICIAL OWNERS

	DATE:
ELLEN L	ANCIAL CONSULTANTS LIMITED . SKELTON BUILDING, LANE, ROAD TOWN A, BVI
In connecti	ion with the Application for Business for
T 0	(Insert Name of Company/Ship/Trademark)
I confirm t	hat I am a(Insert Shareholder or Ultimate Beneficial Owner)
I hereby de	eclare and confirm the following.
	am making this declaration for the protection of myself as well as CCP Financial Consultants imited.
b) T	he funds or assets totaling the sum of
co fr er	hich were initially transferred to the company/entity or which I intend to transfer into the ompany/entity after this application for business has been effected and any other funds which om time I may thereafter transfer into the company/entity, whether directly or via other ntities under my control and direction, represent funds obtained by me from the following ources:***
w	hat the funds or assets referred to above are my personal property and at the time of transfer I as / am legally entitled to transfer such funds or assets. hat no funds or assets have been derived from any criminal activities of any nature whatsoever.
_	Shareholder / Ultimate Beneficial Owner Name Signature

*** Please be specific and refrain from vague statements such as simply "Personal Savings" Instead elaborate on how the savings were accumulated. Similarly instead of just stating "Business Profits" you should identify the name and type of company which generated the profits and indicate your level of participation in the company for example director and 40% shareholder.





ANY OTHER INFORMATION:

Disease manufacturity of our off	
•	er information you consider important and relevant in terms of expediting
the approval of our Compliance I	Department so that the Application for Business can be approved.
	
	
TAY ADVICADO	
TAX ADVISORS	
•	address of any individual or professional body that has provided legal or
tax advice to you with regards to	the current Application for Business request(if applicable)
Completed and Submitted By	
Name:	Title:
Signature:	Date:
The above information should	be completed with reference to the Guidance Notes . Each relevant
individual should print and sig	n this form and submit their package of information initially via emai
•	• 0

to mail@ccpbvi.com with a copy to zdyett@ccpbvi.com with the original being sent via mail or courier to

CCP Financial Consultants Limited Ellen L. Skelton Building Fishers Lane, Road Town, Tortola, **British Virgin Islands, VG 1110**



CCP Financial Consultants Limited GUIDANCE NOTES



DOCUMENTARY EVIDENCE REQUIRED FOR ALL RELEVANT INDIVIDUALS

The following information is required for each Relevant Individual

- Proof of Physical Address
- One Professional Reference letter
- One Bank Reference letter
- Certified copy of an Approved Government photo ID Document (passport or drivers licence)
- Full name, address and contact details of any individual or professional body that has provided legal or tax advice to each Relevant Individual with regards to the current Application for Business request.

Notarization and Certification

A duly appointed Notary Public under seal of his or her office may notarize copies of all documents as evidence of their authenticity. However as an alternative, copies of documents may be certified by a CCP Employee, Lawyer, Banker, Accountant or other regulated person. See <u>Required Standards for Certification of Documents</u>

Proof of Physical Address

A notarized or certified copy of a recent utility bill or statement from a financial institution (e.g. a bank, credit union, building society), will fulfill this requirement as long as the physical address is shown thereon. Note that the copies should be legible and utility bills or statements older than three months will not be accepted. See Required Standards for Certification of Documents

References

The Professional Reference must be from a respected professional who knows the Relevant Individual in a professional capacity (i.e. not simply an acquaintance) for at least five (5) years and who must not be a relative of the Relevant Individual. The Bank reference must be from a bank with which the Relevant individual has maintained a long term banking relationship. The references must be current (i.e. not older than one month) and be addressed directly to CCP. References addressed "To Whom It May Concern" are not acceptable. (At the discretion of the CCP Compliance Officer for qualifying Relevant Individuals only one reference may be required i.e. either a Professional Reference OR a Bank Reference).

Identification Documents

Identification documents (valid passport and/or driver's license) must be notarized or certified and have a clear and legible photograph along with the specimen signature of the Relevant Individual. The notary public or other person certifying should legibly sign the copy of the document and state his capacity or position on the document and must state that the photograph bears a true likeness of the Relevant Individual. See Required Standards for Certification of Documents.





GUIDANCE NOTES

REQUIRED STANDARDS FOR CERTIFICATION OF DOCUMENTS

Where documents verifying identity or residential address are required to be certified they shall not be accepted by CCP unless they are properly certified in accordance with the following:

CCP shall not accept a certified copy of a document presented for a Business Relationship or transaction unless it is satisfied that the Person certifying the document:

- a. is <u>independent</u> of the Individual or Legal Person whose documents are being certified.
- **b.** is subject to professional rules of conduct or statutory compliance measures which carry penalties for breach

Attached as **EXHIBIT 1** is a template which can be used to provide acceptable certification for a Passport or other Government Issued Photo Identification

Attached as **EXHIBIT 2** is a template which can be used to provide acceptable certification for a proof of address.

In all cases if the above templates are not used the person certifying the documents MUST:

- a. Insert the date of certification
- **b.** Sign the document and affix a seal of stamp
- c. Provide adequate contact details to enable further queries or clarification





EXHIBIT 1

PASSPORT / PHOTO ID CERTIFICATION				
Date:				
COUNTRY OF PASSPORT / PHOTO ID:				
PASSPORT / PHOTO ID NUMBER:				
IN THE NAME OF:				
In my capacity as				
(insert description of capacity of person certifying)				
I hereby certify that the holder of the passport / photo ID the details of which are				
provided above, appeared before me on the above date and that the attached is a true				
copy of the original and the picture that appears thereon is a true likeness of the holder.				
Signed:				
Name:				
Capacity:				
Address:				
Address:				
Address:				
Telephone:				
Email:				

Documents may be certified by a CCP Employee with signing authority, A Lawyer, Accountant or other Qualified Professional Advisor, An Officer or Employee of a Bank or other regulated financial institution, A Commissioner of Oaths, A Police Officer or any other person authorized to provide certification according to local legislation.





EXHIBIT 2

UTILITY BILL CERTIFICATION

Date:	
UTILITY COMPANY:	
ACCOUNT NUMBER:	
IN THE NAME OF :	
BILLING DATE:	
In my capacity as	
(insert description of capacity o	of person certifying)
I hereby certify that the original utility bill the details of v	which are provided above was
presented to me for certification on the above date and the	e attached is certified as a true
copy of the original.	
Signed:	
Name:	
Capacity:	
Address:	
Address:	-
Address:	-
Telephone:	
Email:	-

Documents may be certified by a CCP Employee with signing authority, A Lawyer, Accountant or other Qualified Professional Advisor, An Officer or Employee of a Bank or other regulated financial institution, A Commissioner of Oaths, A Police Officer or any other person authorized to provide certification according to local legislation.