



**RELEVANT INDIVIDUAL
DUE DILIGENCE INFORMATION FORM**

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. THE COMPANY TRANSFER PROCESS MAY BE DELAYED UNTIL THE REQUIRED INFORMATION ON ALL RELEVANT INDIVIDUALS IS RECEIVED.

Company Name: _____

Name _____

Position in Company: _____

Date of Birth: _____ Place of Birth _____

Full Physical Address

Street Address: _____

Street Address: _____

City: _____ State/County: _____

Country: _____ Zip Code: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Nationality: _____ Passport No.: _____

Nationality: _____ Passport No.: _____

(In case of dual nationality include the information for both passports)

OCCUPATION:

Please provide a specific and identifiable business activity and your current position being held. Vague references such as "Businessman" or "Manager" will not be accepted and will delay the transfer process. In the case of no employment please describe the normal day to day activities such as "House Wife" In case of retirement please provide details of previous occupation and your last position.



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SOURCE OF FUNDS DECLARATION

BY SHAREHOLDERS /ULTIMATE BENEFICIAL OWNERS

DATE: _____

FORWARD ASSOCIATES LIMITED
PALM GROVE HOUSE,
ROAD TOWN
TORTOLA, BVI VG1110

In connection with the Transfer Application for _____
(Insert Name of Company)

I confirm that I am a _____
(Insert Shareholder or Ultimate Beneficial Owner)

I hereby declare and confirm the following.

- a) I am making this declaration for the protection of myself as well as Forward Associates Limited and their associates.
- b) The funds or assets totaling the sum of _____ which were initially transferred to the company or which I intend to transfer into the Company after the transfer has been effected and any other funds which from time to time I may thereafter transfer into the Company, whether directly or via other entities under my control and direction, represent funds obtained by me from the following sources:***

- c) That the funds or assets referred to above are my personal property and at the time of transfer I am legally entitled to transfer such funds or assets.
- d) That 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.



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ANY OTHER INFORMATION:

Please provide details of any other information you consider important and relevant in terms of expediting the approval of our Compliance Department so that the Company Transfer can be approved.

TAX ADVISORS

Please provide the full name and address of any individual or professional body that has provided legal or tax advice to you with regards to the current transfer request(if applicable)

DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCE FOR TAX PURPOSES

Please tick either (a) or (b) or (c) and complete as appropriate.

- a. I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green card holder or resident under the substantial presence test) and my U.S. federal taxpayer identifying number (U.S. TIN) is as follows: _____.
- b. I confirm that I was born in the U.S. (or a U.S. territory) but am no longer a U.S. citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- c. I confirm that I am not a U.S. citizen or resident in the U.S. for tax purposes

Complete below if you have non-U.S. tax residences.

DECLARATION OF TAX RESIDENCY (OTHER THAN U.S.)

I hereby confirm that I am, for tax purposes, resident in the following countries (*indicate the tax reference number type and number applicable in each country*).

Country/countries of tax residency	Tax reference number type	Tax reference number

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax reference number:



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Completed and Submitted By

Name: _____

Title: _____

Signature: _____

Date: _____

The above information should be completed with reference to the attached Guidance Notes. Each relevant individual should print and sign this form and submit their package of information initially via email to forwardassociatesbvi@gmail.com with a copy to egrant@forwardassociatesbvi.com with the original being sent via mail or courier to

Forward Associates Limited
P. O. Box 658
Palm Grove House
Road Town, Tortola,
British Virgin Islands, VG 1110

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 transfer 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 Forward Employee, Lawyer, Banker, Accountant or other regulated person. See Required Standards for Certification of Documents

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 Forward. References addressed "To Whom It May Concern" are not acceptable. (At the discretion of the 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 Forward unless they are properly certified in accordance with the following:

Forward 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 independent 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



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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 Forward 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.



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EXHIBIT 2

UTILITY BILL CERTIFICATION

Date: _____

UTILITY COMPANY: _____

ACCOUNT NUMBER: _____

IN THE NAME OF : _____

BILLING DATE: _____

In my capacity as _____
(insert description of capacity of person certifying)

I hereby certify that the original utility bill the details of which are provided above was presented to me for certification on the above date and the attached is certified as a true copy of the original.

Signed: _____

Name: _____

Capacity: _____

Address: _____

Address: _____

Address: _____

Telephone: _____

Email: _____

Documents may be certified by a Forward 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.

APPENDIX B**DIRECTORS CONSENT LETTER**

DATE: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

Forward Associates Limited
Palm Grove House
P.O. Box 658
Road Town, Tortola
British Virgin Islands VG1110

Dear Sirs

Re: Name of Company: _____

I hereby consent to act as a director of the above-named company and confirm that

- I am over eighteen years of age
- I am not an undischarged bankrupt
- I am not disqualified from being a director by the Memorandum and Articles of Association of the Company
- I am not prohibited by any order of the Court from performing the duties of director

Yours Faithfully

Signature