

**COMPANY INFORMATION** Section A

Company Name \_\_\_\_\_

Business Trading Name: *(if different from Company Name)* \_\_\_\_\_

Company Registration # *(Corporate/VAT etc.)* \_\_\_\_\_

Tax ID# *[US entities only]* \_\_\_\_\_

Barbados Tax Identification Number (TIN)

Business Address \_\_\_\_\_

Primary Contact \_\_\_\_\_

Contact *(telephone)* (Office): \_\_\_\_\_ (c): \_\_\_\_\_ (Fax): \_\_\_\_\_

Contact *(other)* E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Nature of Business \_\_\_\_\_

Type of Business  Corporation  Partnership  Registered Business  Financial Institution

**\*Documents Required**

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) <i>(if not provided or applicable, please complete page 5)</i>	<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			

**REGULATORY DETAILS** Section B

1. Is the company, any of its Directors or Senior Officers a related party <sup>i</sup> 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)<sup>ii</sup>?  Yes  No If "Yes", please specify: \_\_\_\_\_

3. Purpose of the Account \_\_\_\_\_

4. Source of Initial Funds <sup>iii</sup> \_\_\_\_\_

5. Expected Activity Level<sup>iv</sup> \_\_\_\_\_

6. Expected Transaction Frequency <sup>v</sup> \_\_\_\_\_

7. Domiciliation of Activity <sup>vi</sup> \_\_\_\_\_

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

<sup>ii</sup> **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.).

<sup>iii</sup> Where is your money coming from to establish the account?

<sup>iv</sup> For loans, multiply the monthly loan amount by 12. For deposits and investments, estimate the total amount planned to be invested in a calendar year. For FX, estimate how much money is expected to be wired in a calendar year.

<sup>v</sup> How many transactions are expected to be conducted in a year?

<sup>vi</sup> Which countries will you use to conduct significant business operations?

**CORPORATE CLIENT APPLICATION FORM**

All customers must complete Section C (check boxes on this page)

**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: .....

*Please note that correspondence originating only from the above email addresses will be acknowledged.*

Dated this ..... day of ..... 20 .....

Name of Company .....

Name of Authorised Person(s) .....

Signature of Authorised Person(s) .....





DIRECTORS AND OFFICER DUE DILIGENCE <sup>vii</sup> Section E

**Directors**

Full Name	Address	Occupation	Signatory	Specimen Signature <sup>viii</sup>
			<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	

**Officers**

Full Name	Address	Occupation	Signatory	Specimen Signature <sup>viii</sup>
			<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 this ..... day of ..... 20 .....

<sup>vii</sup> All information provided for each Director and Officer must be supported by certified copies of two (2) forms of valid government-issued ID and a recent proof of address.  
<sup>viii</sup> Only signatories are required to provide a specimen signature.

DECLARATION OF SHAREHOLDER & BENEFICIAL OWNERS <sup>ix</sup> Section F

Name of Company ("the Company")

Company No.

*CERTIFICATE AS TO THE SHAREHOLDERS*

AS AT THE ..... DAY OF ..... 20.....

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

	Legal Owner	Beneficial Owner	% of Shares
1			
2			
3			
4			
5			
6			

*Dated this* ..... *day of* ..... 20.....

.....  
*Director*

(Affix Company Seal)

<sup>ix</sup> Not applicable if the company's share certificates have been submitted.

# CORPORATE CLIENT APPLICATION FORM

All customers must complete and sign Section G (below)

## CLIENT CONFIRMATION AND SIGNATURE Section G

### 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. may obtain independent verification of information provided in the application.

We

*Please print name*

certify that the company

*Company Name*

or its beneficial owners are / are not US citizens or residents for tax purposes.

<i>Signatory (please print)</i>	<i>Signatory (please print)</i>
<i>Authorised Signature (please affix company seal)</i>	<i>Authorised Signature (please affix company seal)</i>
<i>SigniaGlobe's Representative</i>	<i>Date</i>

### FOR OFFICIAL USE ONLY

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