

SECTION 2 – CONNECTED PARTIES QUESTIONNAIRE GUIDANCE

In the following section please provide details of the Entities and Individuals who are connected to your Business.

Information is requested for those that are:

Principal Owner (P): Immediate shareholder owning any shares in the company

Beneficial Owner (B): Indirect shareholders owning 25%* i.e. shareholding is through a Parent Company of the Business

Directors (D): Those detailed under the Trade License/Company Register

Signatories (S): Those detailed in the Account Mandate

Key Controllers (KC): An Individual or Entity that is elected or appointed to exercise more direct control over the Business by participating in the governance or senior activities e.g. CEO, CFO, Chairman of the Board, Senior Executive

Direct Appointees (DA): A person authorised under an executed instrument to act on your behalf with respect to the banking relationship and also to delegate authority to others to represent you in more limited circumstance e.g. Company Secretary

Power of Attorney (PA): An Individual or Entity with a fully authorised Power of Attorney

For each type of connected party please complete the following Questions

All Entities	Questions 1 + 4
Individuals with an Immediate shareholding Directors	Questions 1 + 2
Individuals with any shareholding of 25% or more* Key Controllers Direct Appointees Power of Attorney Signatories	Questions 1, 2 + 3

Should you require a continuation page to capture additional Connected Parties information please request this from your Case Manager/Relationship Manager

*Your Case Manager/Relationship Manager may request you to provide information on Shareholders with a lower shareholding percentage

SECTION 2 – CONNECTED PARTIES QUESTIONNAIRE

Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
Country of Birth/Incorporation _____	Country of Birth/Incorporation _____
Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____ _____	*Previous Address _____ _____ _____
Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years

**if applicable

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Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
Country of Birth/Incorporation _____	Country of Birth/Incorporation _____
Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____ _____	*Previous Address _____ _____ _____
Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
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 **if applicable

Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
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Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
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Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years

**if applicable

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Are any of the individuals identified in the above sections considered to be influential politically, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below.

Full Name	Current Position	Previous Positions (Dates held until)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the individuals identified in the above sections have any close associates/immediate family members of a person considered to be influential politically or politically exposed or holding any in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Relationship to Close Associate or Family Member	Current Position of Close Associate/ Family Member	Previous Positions of Close Associate/ Family Member (Dates held until)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By completing/declaring the details above (to be signed by Authorised Signatories as per Account Mandate):

- We hereby certify that all information provided herein above are true and correct as of the signature date.
- We undertake to notify the bank of any changes to the information provided.

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____