

# LENNOX PATON Corporate Services

## CLIENT QUESTIONNAIRE FOR BVI BUSINESS COMPANY

NAME OF COMPANY: \_\_\_\_\_

AS REQUIRED UNDER BVI REGULATION, WE REQUIRE THAT THIS FORM BE COMPLETED BY EACH SHAREHOLDER, DIRECTOR AND BENEFICIAL OWNER (IF OTHER THAN A SHAREHOLDER) OF THE COMPANY.

1. NAME: \_\_\_\_\_

2. DATE AND PLACE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

3. NATIONALITY(IES): \_\_\_\_\_

4. RESIDENTIAL ADDRESS; TELEPHONE & TELEFAX CONTACT; E-MAIL:

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\_\_\_\_\_

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\_\_\_\_\_

5. OCCUPATION: \_\_\_\_\_

\_\_\_\_\_

6. NAME OF EMPLOYER: \_\_\_\_\_

7. WHERE CLIENT IS A COMPANY OR OTHER STRUCTURE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

(i) NAMES OF DIRECTORS, GENERAL PARTNERS, TRUSTEES, ETC. ADDRESSES, OCCUPATIONS:

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(ii) NAMES OF SHAREHOLDERS OR PRINCIPALS, ADDRESSES, OCCUPATIONS:

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8. SOURCE OF INCOME OR ASSETS OF CLIENT: \_\_\_\_\_

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9. TWO (2) SOURCES FOR A REFERENCE:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I/we hereby authorize Lennox Paton Corporate Services Limited ("LPCS") to obtain independent verification of any information provided herein. I/we hereby consent to disclosure by LPCS of due diligence information provided.

THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT AND IS INTENDED TO BE RELIED UPON BY LENNOX PATON CORPORATE SERVICES LIMITED IN COMPLIANCE WITH THEIR LEGAL OBLIGATION TO CONDUCT DUE DILIGENCE ON PROSPECTIVE AND EXISTING CLIENTS IN ACCORDANCE WITH THE PROVISIONS OF THE ANTI-MONEY LAUNDERING CODE OF PRACTICE, 1999

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS COMPLETED FORM MAY INITIALLY BE RETURNED TO US BY FAX OR EMAIL, **BUT THE ORIGINAL FORM MUST BE RETURNED TO US BY COURIER ALONG WITH THE FOLLOWING DOCUMENTATION:**

- (a) Certified\* copy of the Client's current, valid passport(s) plus any extension pages: AND
- (b) Proof of residential address. This must show your permanent residential address (i.e. not a P.O. Box number). Examples of acceptable documents (only one of the following is required):
- Certified\* copy of a driving licence with address; OR
  - Certified\* copy of a recent utility bill or personal bank or credit card statement no more than two months old e.g. water rates, electricity, telephone (land-line only – not mobile phone), gas; OR
  - an original letter of reference from a professional firm of lawyers or accountants or your Bank. The letter must confirm the length of time you have been known to them (this must be longer than 2 years), the capacity in which they have acted for you and any other relevant details or information regarding their professional relationship with you. If the referee is providing certification of your primary residential address then they must state the address within the body of the letter. This letter should be addressed to Lennox Paton Corporate Services Limited and be issued on the official letterhead of the firm providing the reference.

IN THE EVENT CLIENT IS A COMPANY OR OTHER STRUCTURE, PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- (a) Certified\* copy of the Certificate of Incorporation and Memorandum and Articles of Association of the Company; AND
- (b) Certified\* copy of the Register of Directors of the Company; AND
- (c) Certified\* copy of the Register of Members of the Company; AND
- (d) Personal due diligence questionnaires for two of the Directors; AND
- (e) Personal due diligence for all shareholders holding more than 10% of the shares in the Company.

PLEASE NOTE: Certified\* means verified by a director or manager of a recognized bank or regulated institution, a certified accountant, a notary public, a serving police officer, a member of the judiciary, a lawyer or a British embassy official. The certification must include the following confirmation:

*“I have seen and compared the original document of which a copy is being certified, and the copy is a complete and accurate copy of the original. I hold a current valid licence/certificate to practice as a [state position held]. I am independent of the individual to whom this certification relates and I am subject to professional rules of conduct or statutory compliance measures breach of which is subject to the application of penalties.*

*Name and address of certifier*

*Date of certification”*

Where the document contains a photograph, the certification must also include the following confirmation:

*“The photograph bears a true likeness to the individual to whom this certification relates.”*