

LENNOX PATON Corporate Services

CLIENT QUESTIONNAIRE FOR BAHAMAS IBC

NAME OF COMPANY: _____

TO BE COMPLETED BY EACH SHAREHOLDER, DIRECTOR AND BENEFICIAL OWNER (IF OTHER THAN A SHAREHOLDER).

1. NAME: _____

2. DATE AND PLACE OF BIRTH: _____

3. NATIONALITY(IES): _____

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

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:

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

8. SOURCE OF INCOME OR ASSETS OF CLIENT: _____

Please provide the following:

- (a) copies of the relevant pages of the Client's passport(s) or copy of a national identity card(s) that show:
 - (i) number and country of issuance;
 - (ii) issue date and expiry date; and
 - (iii) signature of holder

(where applicable, this information should also be provided by Directors, Trustees or General Partners of the Client)

- (b) Two (2) professional/financial references from persons who have known you for at least three (3)-years.
- (c) if the Client is a company or other structure, please provide certified copies of the constitutive documents of the company.

I/we hereby authorize Lennox Paton Corporate Services Limited to obtain independent verification of any information provided herein.

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 FINANCIAL AND CORPORATE SERVICE PROVIDERS ACT, 2000.

Signature: _____ Date: _____