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Please See Instruction Page

NRA CLIENT PROFILE FORM FOR PERSONAL HOLDING COMPANIES, OFFSHORE TRUSTS, FOUNDATIONS AND OPERATING COMMERCIAL ENTITIES

Name of Corporation/Trust/Foundation: \_\_\_\_\_ Account No.: \_\_\_\_\_

Jurisdiction of Formation of Corporation/Situs of Trust/Foundation: \_\_\_\_\_

Amount and Type of Initial Deposit and Where Funds are Coming From: \_\_\_\_\_

Client Referred by (Specify Name): \_\_\_\_\_

Related Firm Accounts: \_\_\_\_\_

I. PERSONAL DATA FOR BENEFICIAL OWNERS OF PERSONAL HOLDING COMPANIES ("PHC")/SETTLORS OF TRUSTS/CREATORS OF FOUNDATIONS (Note: an additional Client Profile Form must be completed for each additional beneficial owner/settlor/creator. List number of pages attached: \_\_\_\_\_)
Beneficial Owner/Settlor/Creator Data (these individuals should not be US Citizens/Residents)
Name of Beneficial Owner/Settlor/Creator \*Passport or CEDULA No. (Valid Passport or CEDULA Copy Required.)
Primary Residence Address (P.O. box not acceptable)
Telephone (home) Telephone (business) Date of Birth Citizenship
Estimated Net Worth Estimated Liquid Assets Estimated Annual Income
Employer's Name Occupation and Title
Employer's Address
Nature of Business (specify if individual and/or immediate family members are or have been political officials):
Other Sources of Wealth (inheritance, etc.):
Other Current Bank/Brokerage Relationships (include account number, office location, phone number, name of contact person and account value):

II. DATA FOR OPERATING COMMERCIAL ENTITIES (do not complete for PHCs)
Type of Legal Entity [ ] Partnership [ ] Corporation Date of Incorporation
Nature of Business (Be specific and indicate whether wholesale or retail. If it is a financial institution [e.g., bank or brokerage], specify whether the institution is investing its own proprietary funds or the funds of third parties. Attach additional pages as necessary.):
Annual Revenue in US \$: Parent Company/Group
Key Client Contacts (list name, title, phone number, department):
Other Current Bank/Brokerage Relationships (include account number, office location, phone number, name of contact person and account value):

III. ADDITIONAL COMMENTS

I certify that this information is accurate to the best of my knowledge.

IR Signature: \_\_\_\_\_ (Print Name Below)

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

Firm Designee Signature: \_\_\_\_\_ (Print Name Below)

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

Accounts may be changed to liquidating transactions or withdrawals only if this form is not completed in sufficient detail.

COR3481 Revised 7/01

## GUIDELINES FOR COMPLETING THE NRA CLIENT PROFILE FORM

- Name of corporation/trust/foundation: **Insert legal name**
- Account: **Insert account number**
- Jurisdiction of formation of corporation/situs of trust/foundation: **Insert jurisdiction**
- Type of Initial Deposit and where funds are coming from: **Insert amount and type of deposit used to establish relationship and describe from where initial deposit funds are coming.** List name and location of transferring institution.
- Client Referred By: **Insert name of the person or entity who referred the client and phone number and account number (if applicable) of referral party. Indicate how long the person or entity has known this person and in what capacity, i.e. relationship to client.**
- Related Firm Accounts: **Complete if client or immediate family members has/have other accounts at the firm and indicate account numbers. Specify relationship and note if accounts are at the same firm.**

### I. PERSONAL DATA FOR BENEFICIAL OWNERS OF PHC/SETTLORS OF TRUSTS/CREATORS OF FOUNDATIONS (Note: an additional Client Profile Form must be completed for each additional beneficial owner/settlor/creator. List number of pages attached.)

- Name of beneficial owner/settlor/creator: **Insert legal name**
- Passport or CEDULA No.: **Insert number and copy of passport or number and copy of CEDULA (national identity card).** Note: the passport copy/CEDULA copy is also required for all account signatories.
- Primary residence address: **Insert actual legal address of the customer, beneficial owner or settlor. A post office box number is not acceptable as a legal residence.**
- Telephone (home) and Telephone (business): **Insert telephone numbers for home and business.**
- Date of birth
- Citizenship: **List the nationality of the customer, beneficial owner or settlor, not the place the trust or PHC is established.** Check to ensure that the “Prohibited Country” policy is complied with.
- Estimated Net Worth
- Estimated Liquid Assets
- Estimated Annual Income
- Occupation and title: **BE SPECIFIC. Indicate whether information is being provided for client’s current position, or if retired, client’s former position. List profession and describe nature of the business that the client is involved in. Also indicate if the party owns or owned the organization which they work(ed) for. Vague descriptions, like finance, investments, sales, or housewife are unacceptable. Specify if client is retired. If so, indicate date of retirement and most recent occupation and title. If self employed, list name of company, if any.**
- Employer’s name. **If retired, indicate name of former employer.**
- Employer’s address
- Nature of Employer’s Business: **BE SPECIFIC.** Indicate whether client is/was owner of the business. (For retirees, specify nature of former business). Depending on the type of business the employer is or was engaged in, the following information may be appropriate: principal products or services bought, sold or produced; list countries or regions exporting to; estimate number of employees and annual revenue; number of stores owned; offices or production plants; end client for sales (retail, wholesale, military, wealthy individuals).
- Other Sources of Wealth: **Indicate specifically how the customers accumulated their wealth.** If the wealth source is an inheritance, describe the inheritance (i.e. spouse’s life insurance). If the wealth source is a business, identify the business. If family funds, how did the family acquire its wealth. This question must also be completed for retired individuals.
- Other Current Bank/Brokerage Relationships: **Client must list at least one other institution, preferably U.S., where an account is maintained. Provide entity name, contact individual and either a phone number or address.**

### II. DATA FOR OPERATING COMMERCIAL ENTITIES (do not complete for PHCs)

- Type of Legal Entity: **Insert partnership or corporation**
- Nature of Business: **BE SPECIFIC**
  - Depending on the type of business the client is or was engaged in, the following information may be appropriate: principal products or services bought, sold or produced; list countries or regions exporting to; estimate number of employees and annual revenue; number of stores owned; offices or production loans; end client for sales (retail, wholesale military, wealthy individuals).
  - Consider describing the industry the client is involved in, principal business lines, primary trade areas, and which countries major customers are located in.
  - Consider obtaining the following: a current annual report, audited financial statements for the prior years.
- Annual Revenue in US \$
- Parent Company/Group: **Information must be provided if name of parent/group differs from company name.**
- Key Client Contacts: **List name, title, phone number, department**
- Date of Incorporation
- Other Current Bank/Brokerage Relationships: **Client must list at least one other institution, preferably U.S., where an account is maintained.**