

# INDIVIDUAL CLIENT INTAKE FORM (Shareholders, Directors, POA, UBOs)

Must be completed in full by all person related to the Entity - please complete online or typewritten.



## I. Individual Information

FIRST & MIDDLE NAME		FAMILY NAME /SURNAME	
CURRENT RESIDENCE ADDRESS			
CITY/TOWN	STATE/PROVINCE	POSTAL CODE	COUNTRY (DO NOT ABBREVIATE)
CURRENT MAILING ADDRESS (If different than above)			
CITY/TOWN	STATE/PROVINCE	POSTAL CODE	COUNTRY (DO NOT ABBREVIATE)
DATE OF BIRTH (dd/mm/yyyy)	CITY/TOWN OF BIRTH	COUNTRY OF BIRTH	NATIONALITY
PASSPORT OR GOVT. ISSUED PHOTO ID NO.	COUNTRY OF ISSUE	ISSUE DATE	EXPIRATION DATE
OCCUPATION		EMPLOYER'S NAME	
HOME TELEPHONE NO.	MOBILE NO.	PERSONAL EMAIL ADDRESS	
WORK TELEPHONE NO.	WORK MOBILE NO. (If different than personal)	WORK EMAIL ADDRESS	

## II. Source of Funds/Wealth (Completed by shareholders with 10% or more ownership)

I declare that the monies or other assets transferred or to be transferred by myself /ourselves or by other persons to the Company, are derived from: (Please be specific)	Please describe your business or employment activities over the past five years: (Please be specific)
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## III. Tax Residence Self Certification

Please provide details for all jurisdictions in which the Account Holder is resident for tax purposes. If you have no residence for tax purposes then enter "none".

COUNTRY OF TAX RESIDENCE 1	TAXPAYER ID NUMBER 1	TIN UNAVAILABLE <input type="checkbox"/>	REASON (Circle): A B C
COUNTRY OF TAX RESIDENCE 2	TAXPAYER ID NUMBER 2	TIN UNAVAILABLE <input type="checkbox"/>	REASON (Circle): A B C

Is the Related Person a U.S. Person?  Yes  No

A U.S. Person includes a U.S. citizen or resident alien of the U.S. (e.g. green card holder) even if residing outside the U.S. See IRS Pub 519 for more information. If "Yes", the Account Holder's U.S. Tax Identification Number must be provided above.

If the "TIN Unavailable" box is selected please insert above an A, B, or C option:  
A - The country/jurisdiction does not issue TINs to its residents  
B - The Individual is otherwise unable to obtain a TIN or equivalent number  
C - This country/jurisdiction does not require SCGIBC to collect a TIN

## IV. Declaration and Signature

If you answer YES to any of the questions below you must supply full details by way of a written attachment to this form:

- a. Have you at any time been convicted of any criminal offense by any court in any jurisdiction or are you currently the subject of a criminal investigation or an extradition request?  Yes  No
- b. Have you, in the last ten years, been censured or disciplined by any professional body to which you belong or belonged, or been dismissed from office or employment or refused entry to any profession or occupation in any part of the world?  Yes  No
- c. Have you or anyone in your immediate family held a Government position or been a politically exposed person (PEP) or been employed in a prominent public function in the last five years?  Yes  No
- d. Have you, in the last ten years, filed for bankruptcy or been adjudicated bankrupt by a court in any part of the world?  Yes  No
- e. Are you an officer, director or 10% (or more) shareholder in a publicly-owned company?  Yes  No

I, the undersigned, hereby CERTIFY that the above information is complete and correct to the best of my knowledge and belief. I hereby confirm that the funds to be placed in any entity or structure for which SCGIBC or their Assignees may act as registered agent do not derive from proceeds of illegal business activity. I recognize that it is advisable to obtain independent tax advice for every corporate or trust structure to be established. I hereby declare that no corporate or trust structure to be established and/or managed by SCGIBC at my request will be used for or involved in an illegal activity, including, but not limited to, money laundering, terrorism, drugs or arms trafficking and tax evasion. I will on a timely basis inform SCGIBC of any change in the information submitted. I hereby expressly agree, without qualification, to hold harmless and indemnify SCGIBC, its partners, its associates, its assignees, their officers and employees, and all other entities and individuals that engage in any transaction in reliance of any fact or statement contained in this Declaration from any liability of any kind with respect to any fact or statement contained in this declaration which is false, untrue or inaccurate in any manner.

NAME OF SIGNER	SIGNATURE
DATE (DD/MM/YYYY)	