

Proof of address provided

# ONBOARDING FORM BUSINESS / INSTITUTION

Date

Bank Use Only
Branch code
CIF
Group Name
Group ID
Acquisition Channel
Customer Category:
Business Institution
Customer Onboarding Place
Relationship Manager Name
Relationship Manager ID

PART 1 - MAIN INFORMATIONS				
1.Legal existence and status				
Business name	Legal structure			
Trading name	Legal form			
0.115 1.15 1.15				
Certificate of registration N°	Incorporation date	Issue Date		
Business licence N°	Issue date	Expiry date		
Other proof(s) of legal existence presented				
	Document 1	Document 2		
Nature of document presented				
Issue date				
Is your entity a subsidiary of an international group?	Yes No	Bank Use Only		
If yes, please complete the information below:	res NO	CIF parent company		
	Country or victorial			
Name of parent company	Country registration	on		
2.Activity				
Business sector				
Activity sector				
Further description of		Number of employees		
income generating activity		. ,		
Main products (Including Countries and Currencies involved)	Main suppliers (Including Countries and Currencies involved)	Main customers (Including Countries and Currencies involved)		
(	(morating countries and carronoles involved)	(mataling occinition and continuous mississe)		
3.Address				
Legal Address (Registered office / principal place of b	usiness) Postal Address			
Address line 1	Address line 1			
Address line 2	Address line 2			
Address line 3	Address line 3			
Town	Town			
Country	Country			

## If hosted, provide name of the host and the hosting address should be indicated as the registered address

If host is a physical person

Name of host Date of birth Place of birth Place of birth

If host is a legal entity

Name of the entity Certificate of registration N°

Legal structure of the entity

## 4. Details of designated contact

Full name Position

Phone number 1 Pro E-mail Address

Phone number 2 Company contact email

Customer's website

#### 5. Tax

Country of taxation Tax identification number (TIN)

# PART 2 - SHAREHOLDING OWNERSHIP

### 1. Shareholder(s)

	Full name	% share	Full name	% share
1		6		
2		7		
3		8		
4		9		
5		10		

## 2. Beneficial owner(s) - more than 10% of shares (UBO)

	Full name	% share	Ownership	Country of residence	Nationality	Bank Use Only
1						
2						
3						
4						

### 3. Director(s)

				Bank Use Only
	Full name	Country of residence	Nationality	CIF
1				
2				
3				
4				

PART 3 - FINANCIAL SITUATION	N (in VUV)			
Document provided		Clos	sing date of financial year	
Turnover (per year)	Turnover - Range	(per year)		
Share capital amount (Paid up)	Total commitments amount	Ne	et profit/loss (per year)	
Multi-banking: Do you have any accounts	with other banks? If yes, please specify in	which bank(s)		
PART 4 - E-MAIL AUTHORITY A	ND INDEMNITY			
Would you like BVL to act on signed instrauthorised signatories? (subject to attaching a scan of the original)		No Yes	s Yes with specificities answer, specific Indemnity form to be completed	
PART 5 - CUSTOMER STATE	MENT			
We certify that the resolution was passed that it was recorded in the Minute Book of	at a meeting of the Board of Directors, aut fithe Company (copy to be provided).	horising the Company to open a b	ank account with BRED Bank Van	uatu and
I/We that the entity details given in this apany changes in the entity profile.	oplication form are true and correct as at the	e date of opening this account. I/w	e further agree to promptly update	the Bank on
	our relationship dealings with the Bank will ize the Bank to confidentially disclose atory compliance requirements			
I/We allow the bank to send me/us comm	unications by e-mail, phone, SMS or by oth	ner communication means regardir	ng products or services I/We have	signed for.
Name of duly	9	ignature	Date	
authorised person	3	gnature	Buio	
Name of date			Dete	
Name of duly authorised person	S	ignature	Date	
PART 6 - BANK USE ONLY				
Stage	Full Name	Signature	•	Date
Preparing	T dil Nulle	Oignature		Date
repailing				
01 11				
Checking				
Authorising				







