

CLIENT SERVICES QUESTIONNAIRE

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CLIENT SERVICES QUESTIONNAIRE

Please complete this questionnaire in **BLACK INK** and **BLOCK CAPITALS**.

Name of Company/Partnership	
Private Banker	

The Kleinwort Hambros Group of Companies

Throughout this Client Services Questionnaire, all references to Kleinwort Hambros shall be construed as references to the Kleinwort Hambros entity that will provide you with the particular client service you have selected.

UK

SG Kleinwort Hambros Bank Limited
5th Floor, 8 St James's Square
London SW1Y 4JU

Jersey

SG Kleinwort Hambros Bank (CI) Limited
PO Box 78, SG Hambros House
18 Esplanade, St Helier
Jersey JE4 8PR

Guernsey

SG Kleinwort Hambros Bank (CI) Limited – Guernsey Branch
PO Box 6, Hambro House
St Julian's Avenue, St Peter Port
Guernsey GY1 3AE

Gibraltar

SG Kleinwort Hambros Bank (Gibraltar) Limited
PO Box 375, Hambro House
32 Line Wall Road, Gibraltar

PART 1 COMPANY OR PARTNERSHIP DETAILS

Name and Address	
Full name of the Company/Partnership (referred to throughout this questionnaire as the 'Company/Partnership')	
Registered address of the Company/Partnership	Trading address of the Company/Partnership
Postcode	Postcode
Telephone	
Email address	
Website address	
Registered Company no.	
Country of incorporation	
Date of incorporation	
Principal business of the Company/Partnership including products and services	
Geographic scope of the business	

Group Structure (Including Partnerships Where Applicable)

Please provide details of parent companies, subsidiaries, fellow subsidiaries, associated companies and trusts (a separate form may be used if necessary).

PART 1 COMPANY OR PARTNERSHIP DETAILS

Financial Details

Please provide the following information covering the period of the last three years:

Turnover	
Costs	
Profit	
Assets	
Liabilities	
Net Assets	

Of the funds to be held with SG Kleinwort Hambros, how much do you require to be held for immediate access?

- a) 0-10% b) 11-20% c) 21-40% d) 41-70% e) over 70%

PART 1 SANCTIONS AND EMBARGOS QUESTIONNAIRE

FOR CORPORATES

Please complete this due diligence questionnaire and return to your contact at Kleinwort Hambros. Alternatively, you may respond to these questions via email or by post. The sanctions due diligence information must be provided by a senior officer with sufficient knowledge of the entity's global operations in order to respond appropriately (e.g., CFO, CEO, Compliance Officer, General Counsel, etc.). For Banks or Money Services Business, this questionnaire must be signed by an authorised person within your organisation (e.g. a senior representative of an independent control function, such as Compliance, Legal, or Audit).

Please also note that this questionnaire may be shared with any other entity of Societe Generale Group, for the exclusive purpose of fighting money laundering and terrorist financing. By signing this questionnaire, you expressly agree to this sharing. Kleinwort Hambros took all necessary security measures to ensure the confidentiality of the information transmitted through this questionnaire.

Legal Name of Client and Identification Information

Company (Entity) Name (please specify which entities of the group are covered by this questionnaire)

Questionnaire

Preliminary Question

Does the client (and any entity concerned by this questionnaire) conduct international activity* ? Yes No

If the answer is "no", there is no requirement to complete the questions below.

1. Are you or any of your subsidiaries, affiliates, joint ventures, directors or officers the target of any economic or financial sanctions administered by the UN, the EU, HMT, OFAC, or pursuant to jurisdiction-specific sanctions regimes applicable to the places you are located or operating from? Yes No

a) If yes, please provide details.

2. Are you or any of your subsidiaries, affiliates, or joint ventures located within or operating from any of the following countries:

a) Cuba, Iran, North Korea, Sudan, South Sudan, Syria, and the Crimea and Sevastopol Region, Yes No

b) Afghanistan, Belarus, Burma/Myanmar, Burundi, Central African Republic, DRC, Egypt, Eritrea, Iraq, Lebanon, Libya, Republic of Guinea, Republic of Guinea-Bissau, Somalia, Tunisia, Venezuela, Yemen or Zimbabwe ("Sanctioned Countries")? Yes No

*Depending on client type "international activity" could include, but is not limited to: conducting cross-border business, having subsidiaries/branches/representative offices outside of your country of incorporation, using suppliers that are based abroad, selling goods internationally, using intermediaries abroad, owning properties abroad, owning assets abroad etc.

PART 1 SANCTIONS AND EMBARGOS QUESTIONNAIRE

FOR CORPORATES CONTINUED

3. Are you or any of your subsidiaries, affiliates, or joint ventures engaged in transactions, investments, business, or other dealings that directly or indirectly involve or benefit any Sanctioned Countries or any person or entity which is the target of any sanctions ("Sanctioned Persons")? Yes No

4. If the answer to Question 2 or 3 is "yes", the list of subsidiaries or joint ventures concerned must be provided and the following questions must be answered for each of those entities if they have a relationship with Kleinwort Hambros (including the client itself).

a) Please explain and detail what percentage of sales and/or purchases involve each Sanctioned Country or Sanctioned Person.

b) Please explain if there is an intention to expand the scope of this activity.

c) Please confirm that you will not directly or indirectly use any Kleinwort Hambros account, relationship, or service to conduct, facilitate, or route any funds related to activity with any countries subject to US comprehensive sanctions or Sanctioned Person.

d) Please explain the controls that you have in place to ensure the activity related to any countries subject to US comprehensive sanctions or Sanctioned Person does not directly or indirectly involve any Kleinwort Hambros account, relationship, or service.

PART 1 DIRECTOR(S)/PARTNER(S)

Complete where applicable

N.B. Any further director(s) or partner(s) should be listed on a separate form.

Director/Partner 1

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Director/Partner 2

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Director/Partner 3

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Director/Partner 4

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

PART 1 UNDERLYING BENEFICIAL OWNER(S)

Complete where applicable

N.B. Any further underlying beneficial owner(s) should be listed on a separate form.

Underlying Beneficial Owner 1

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Underlying Beneficial Owner 2

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Underlying Beneficial Owner 3

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

Underlying Beneficial Owner 4

Surname

Forename(s)

Former name: e.g. maiden name/former married name/any previous name(s)

Title (Mr/Mrs/Ms/Miss/Dr/Other)

Position

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

Date of birth **DD / MM / YYYY**

Telephone

Facsimile

Email address

PART 1 CORPORATE DIRECTOR(S)

Complete where applicable

N.B. Any further corporate director(s) should be listed on a separate form.

Director 1

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

Director 2

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

Director 3

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

Director 4

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Facsimile

Email address

COMPANY'S/PARTNERSHIP'S CURRENT BANK ACCOUNT DETAILS

Please give details of the main bank account of the Company/Partnership

Name of bank		
Address of bank		
	Postcode	
Account number	Roll number (if applicable)	Sort code or equivalent
■ ■ ■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	■ ■ ■ - ■ ■ ■ - ■ ■ ■

PART 2 BANKING SERVICES

COMPANY/PARTNERSHIP ACCOUNT DETAILS

Type of account required e.g. property a/c, bill a/c etc.	
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/> Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Currency of account (multiple possible)	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> _____
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

BANK ACCOUNT ACTIVITY

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

PAYMENTS/DEPOSITS

<p>If the Company/Partnership is likely to require Kleinwort Hambros to make or receive any regular international payments, please provide details of the estimated frequency, source and destination countries and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)</p>	Incoming	Outgoing

PART 2 BANKING SERVICES (ADDITIONAL BANK ACCOUNT IF REQUIRED)

COMPANY/PARTNERSHIP ADDITIONAL ACCOUNT DETAILS

Type of account required e.g. property a/c, bill a/c etc.	
Which entity do you wish to provide the service?	Gibraltar <input type="checkbox"/> Guernsey <input type="checkbox"/> Jersey <input type="checkbox"/> UK <input type="checkbox"/>
Currency of account (multiple possible)	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> _____
Do you require segregated income and capital accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL BANK ACCOUNT ACTIVITY

Purpose of the account	
Estimated frequency of transactions	
Estimated value range of transactions	
Source of account opening funds	

PAYMENTS/DEPOSITS

<p>If the Company/Partnership is likely to require Kleinwort Hambros to make or receive any regular international payments, please provide details of the estimated frequency, source and destination countries and of the expected beneficiary or remitter. (Please do not include Direct Debits or Standing Orders)</p>	Incoming	Outgoing

PART 3 DECLARATION

DATES AND FREQUENCY OF VALUATIONS AND STATEMENTS

Valuations and Statements will be sent quarterly unless otherwise requested below.

Frequency	
Day	

N.B. Channel Islands and Gibraltar clients only: Where there have been no transactions on an account during the agreed statement period, a statement will not normally be sent to you. However, you will always receive an annual statement for your account.

COPY CORRESPONDENCE

Please provide details of where copy correspondence should be sent. Please also state the capacity in which the recipient will be receiving the copy correspondence (e.g. as the Company's/Partnership's lawyer/accountant) and tick the type of documentation to be provided.

Addressee 1		Copy Correspondence	
Name		Bank Account	<input type="checkbox"/>
Capacity		Statements	<input type="checkbox"/>
Address		Deposit advices	<input type="checkbox"/>
		Investment Account	<input type="checkbox"/>
		Contract notes	<input type="checkbox"/>
		Statements	<input type="checkbox"/>
	Postcode	Valuations	<input type="checkbox"/>

Addressee 2		Copy Correspondence	
Name		Bank Account	<input type="checkbox"/>
Capacity		Statements	<input type="checkbox"/>
Address		Deposit advices	<input type="checkbox"/>
		Investment Account	<input type="checkbox"/>
		Contract notes	<input type="checkbox"/>
		Statements	<input type="checkbox"/>
	Postcode	Valuations	<input type="checkbox"/>

PART 3 DECLARATION

COPY CORRESPONDENCE CONTINUED

Addressee 3		Copy Correspondence
Name		Bank Account <input type="checkbox"/>
Capacity		Statements <input type="checkbox"/>
Address		Deposit advices <input type="checkbox"/>
	Postcode	Investment Account <input type="checkbox"/>
		Contract notes <input type="checkbox"/>
		Statements <input type="checkbox"/>
		Valuations <input type="checkbox"/>

REQUESTS FOR INFORMATION

You agree that Kleinwort Hambros may give the following people any information requested by them in writing in relation to the Company's/Partnership's account(s). (tick where appropriate):

Accountant	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

Solicitor	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

Tax Adviser	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both	

Other <input type="text"/>	Contact Details
Bank account(s) only <input type="checkbox"/>	
Investment account(s) only <input type="checkbox"/>	
Both <input type="checkbox"/>	

PART 3 DECLARATION

MANDATE

We, the signatories, request Kleinwort Hambros to open a

Company Account

Partnership Account

Limited Partnership Account

I/We authorise Kleinwort Hambros to act on all instructions relating to such account(s) and to honour and debit to such account(s), whether in credit or overdrawn or becoming overdrawn or closed in consequence of such debit, all cheques, drafts or other orders or receipts for money signed, bills of exchange and promissory notes drawn, accepted or made on behalf of the Company/Partnership provided they are signed or accepted by:

Any authorised signatories acting alone; or*

All authorised signatories acting together; or*

A specified number of authorised signatories acting together*
Please specify number below:

Other instructions*
Please specify below:

*Only one of the above options must be completed. If not completed, Kleinwort Hambros will default to all authorised signatories acting together.

until Kleinwort Hambros receives notice in writing to the contrary signed in accordance with the above instructions.

Authorised Signatories

Name in full (BLOCK CAPITALS)	Official position	Signature

Alternatively, a separate list of authorised signatories may be provided.

PART 3 DECLARATION

MANDATE

Mandate by a Partnership only

The partners will jointly and severally be liable to Kleinwort Hambros for repayment and satisfaction of all moneys, obligations and liabilities at any time due, owing or incurred from or by the Partnership to Kleinwort Hambros together with interest, commission, charges and any expenses incurred by Kleinwort Hambros including all legal and other costs on a full indemnity basis.

It is understood that any balance which may now or hereafter stand to the credit of the account(s) and also any stocks, shares, bonds or securities or other documents, packages or items of any description now or hereafter held by Kleinwort Hambros for this/these account(s) shall belong to the survivor or survivors of the partners absolutely in the event of any/either of the partners dying while such account(s) continue(s).

Upon any partner ceasing to be a partner by death or otherwise, Kleinwort Hambros may, failing the receipt of written notice to the contrary from the Partnership, or any of the partners, or the legal personal representatives or trustees of any of the partners, treat the surviving or continuing partner or partners (or if different the partner or partners for the time being) as having full power to carry on the business of the Partnership and to deal with its assets as freely as if there had been no change in the Partnership.

This authority shall remain in force until revoked notwithstanding any change in the constitution or name of the Partnership and shall apply notwithstanding any change in the membership of the Partnership by death, bankruptcy, retirement or otherwise or the admission of any new partner or partners.

Mandate by a Company and Limited Partnership only

The Company/Partnership shall be fully liable to Kleinwort Hambros for repayment and satisfaction of all moneys, obligations and liabilities at any time due, owing or incurred in respect of any such dealings in the name of the Company/Partnership or jointly with any others together with interest, commission, charges and any expenses incurred by Kleinwort Hambros including but not limited to all legal and other costs on a full indemnity basis.

It has been further resolved by the Company/Partnership

That Kleinwort Hambros be furnished with (a) copies of any special or extraordinary resolutions that may from time to time be passed by the Company/Partnership and (b) any certificates of incorporation on change of name of the Company/Partnership. Kleinwort Hambros shall be notified immediately in writing signed by any director or the secretary of the Company/Partnership of any change in name or registered address which may from time to time take place.

PART 3 DECLARATION

MANDATE

Private eBanking Service

If a codeword is used and a request/instruction does not contain it, Kleinwort Hambros reserves the right not to act on the instruction. The codeword should not be a word that is likely to be guessed by anyone pretending to act on behalf of the Company/Partnership. Authorised signatories must use the agreed codeword in respect of all requests regarding the account(s), including the giving of instructions.

I/We request that a codeword is used in relation to the Company's/Partnership's account(s)

The codeword I/we wish to use is: _____

The Private eBanking Service offers a means of accessing the Company's/Partnership's account(s) via the internet. Further details about this service are set out in the Terms of Business. A person nominated by the Company/Partnership can access the account(s) via the Private eBanking Service but not operate the account(s) on behalf of the Company/Partnership (view-only access).

The authorised signatory(ies) wish(es) to use the Private eBanking Service to access the account(s) Yes No

Name of the individual nominated to access the Private eBanking Service:

Privacy, Confidentiality, Data Protection and Marketing

Kleinwort Hambros is a data controller in respect of your personal data. The collection of information (including personal data) in this document is necessary to enable us to provide our services to you, to comply with our legal obligations and to pursue our legitimate interests. Further information on how we gather, store and process your personal data and your rights in respect of such personal data can be found in our Privacy Notice which is available on our website at: www.kleinworthambros.com/en/important-information.

It is important that you read and understand the Privacy Notice and the conditions in the Terms of Business headed "Confidentiality", "Data Protection" and "Credit Reference Agencies" which explain how Kleinwort Hambros will deal with your information (including your confidential information and personal data). The Terms of Business are also available on our website at: www.kleinworthambros.com/en/important-information

Occasionally we may analyse and use the information we hold about you to send you market updates and intelligence, client satisfaction surveys and invitations to events and to give you information and marketing about products and services offered by us which we believe may be of interest to you. This is in addition to the normal dialogue you have with your Private Banker in relation to the products or services that we provide. If you do not wish to receive such information by post or email, please tick the relevant box(es) below:

	Email	Post
Market updates and intelligence	<input type="checkbox"/>	<input type="checkbox"/>
Events	<input type="checkbox"/>	<input type="checkbox"/>
Financial promotions	<input type="checkbox"/>	<input type="checkbox"/>
Client satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>

PART 3 DECLARATION

MANDATE

Terms and Conditions

You should be aware that your relationship with Kleinwort Hambros will be governed by and is subject to this Client Services Questionnaire and our Terms of Business. The Terms of Business should be read in conjunction with this Client Services Questionnaire.

Monitoring of Telephone Calls

As further explained in the Terms of Business, all telephone conversations with us (and any help desk established in connection with the 'Private eBanking Service') may be monitored and/or recorded without use of a warning tone with a view to improving our service to you and to protect both you and us and to help establish facts.

PART 3 DECLARATION

By signing this declaration:

- I/We confirm that I/we have read and understood this Client Services Questionnaire;
- I/We confirm that all the details provided by me/us in this Client Services Questionnaire are true and correct to the best of my/our knowledge and belief;
- I/We acknowledge receipt of the Terms of Business and confirm that I/we have read and understood them and agree to be bound by them as they may be amended from time to time;
- I/We will provide you with any future ancillary document(s) that may affect the information provided herein.
- I/We hereby acknowledge and understand that Kleinwort Hambros does not provide tax, legal or accounting advice and confirm that I/we have taken my/our own advice as I/we deem appropriate before signing the below.

Director/Partner 1

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Director/Partner 2

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Director/Partner 3

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

Director/Partner 4

Signature

Please print name in full

Company (if applicable)

Position

Date **DD / MM / YYYY**

Country you were in when signing this:

N.B. Any further director(s)/partner(s) should sign on a separate form.

IDENTIFICATION DOCUMENTS

GUIDANCE REGARDING DOCUMENTATION REQUIRED TO VERIFY YOUR IDENTITY AND ADDRESS

Kleinwort Hambros is required to verify the identity and residential address of all Clients and of certain other persons. This document provides guidance as to the type of documentation that is required and acceptable; who can certify these documents; and the wording that should be used to provide the certification.

Where you have been met face to face by an employee of the Societe Generale Group, including an employee of Kleinwort Hambros, you will be required to provide one document verifying your identity and one document verifying your residential address. In all other circumstances two documents verifying your identity and two documents verifying your residential address will be required.

Verification of Your Identity

Either of the following documents can be provided to verify your identity.

1. Signed passport.
2. National Identity Card.

The copy document provided must be current (i.e. not out of date), provide a full clear photograph, and show the issuing office, document number, date of issue and expiry date; together with the nationality, date of birth, place of birth, and signature of the holder.

Certification of Documents Verifying Your Identity

The person certifying your documents must include all of the following as part their certification:

- The certification must be signed and dated by the person handling the original documents.
- They should write: 'I hereby certify this to be a true copy of an original document and that the photograph therein is a true likeness of that person described therein'.
- The certifier must also provide adequate information so that they may be contacted in the event of a query – the name, address, title, occupation and firm of the certifier should be recorded clearly in BLOCK CAPITALS. Where appropriate a firm's official stamp should be used.

Verification of Your Residential Address

Documents verifying your residential address must be no more than 3 months old and can be either original documents (no certification required) or certified copies, which should be of good quality reproduction. Any of the following documents can be used to verify your residential address:

1. Current driving licence.
2. Statement of a Bank account or Mortgage account – a credit card statement is not acceptable.
3. Utility bill evidencing the provision of an utility service (Gas, Electricity, Water, Telephone) to your residential address – a mobile phone bill is not acceptable.
4. Property Tax bill or Income Tax Notification for the current year * see notes overleaf.

IDENTIFICATION DOCUMENTS

Notes:

- Document 4 on page 21 can be more than 3 months old, provided it relates to the current 'tax' year.
- PO Box addresses are not acceptable as a permanent residential address. In such cases, please refer to your Private Banker.
- Documentation verifying your residential address must be in English. When such documentation is in a foreign language, a full translation, or a translation of the salient points, translated by a party acceptable to Kleinwort Hambros, will be required. In such cases, refer to your Private Banker.

Certification of documents verifying your residential address and other documents

Certification of documents verifying your residential address and any other documents being certified should contain the wording 'I hereby certify this to be a true copy of an original document handed to me by the person described therein'. The other certification requirements detailed above regarding signature, date and certifier information are also required.

Who Can Certify Documents?

The following people can certify photocopies of your identity and address verification documents:

- An employee of the Societe Generale Group, including an employee of Kleinwort Hambros.
- An Official employed by a Bank or Financial Services Business regulated within the EU or within an "EU Equivalent Country" (for guidance as to EU and EU Equivalent countries, refer to your Private Banker).
- An officer of an embassy, consulate or high commission of the country of issue of the identity document.
- A Senior Civil Servant, serving Police Officer or a Customs Officer.
- A Notary, Lawyer, Solicitor, member of the Judiciary, Accountant, Actuary or Tax Adviser, who must be a member of a recognised professional body, thereby subject to professional rules providing for the integrity of his conduct.

Tax Resident Self-Certification Form

International Tax Reporting Agreements require Kleinwort Hambros to collect and report certain information on Client Tax Residency.

Any engagement is subject to satisfactory completion of the Tax Resident Self-Certification Form.

N.B. Where there are more than two parties to a joint account, each party must complete a separate Tax Resident Self-Certification Form.

SG Kleinwort Hambros Bank Limited

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London SW1Y 4JU
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F +44 20 7597 3456

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18, Esplanade, St Helier
Jersey JE4 8PR
T +44 1534 815555
F +44 1534 815640

**SG Kleinwort Hambros Bank (CI) Limited
Guernsey Branch**

PO Box 6, Hambro House
St Julian's Avenue, St Peter Port
Guernsey GY1 3AE
T +44 1481 726521
F +44 1481 727139

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SOCIETE GENERALE GROUP