

CLIENT SERVICES QUESTIONNAIRE

CLIENT SERVICES QUESTIONNAIRE

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

Name of Company/Corporate or Partnership	
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Kleinwort Hambros

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

UK

SG Kleinwort Hambros Bank Limited
One Bank Street, Canary Wharf
London E14 4SG

Guernsey

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

Jersey

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

Gibraltar

SG Kleinwort Hambros Bank Limited, Gibraltar Branch
Unit 5.02, Madison, Midtown, Queensway
Gibraltar GX11 1AA

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PART 1 COMPANY/CORPORATE OR PARTNERSHIP DETAILS

Name and Address	
Full name of the Company/Corporate or Partnership (referred to throughout this questionnaire as the 'Company/Corporate or Partnership')	
Registered office address (or, if none, principal place of business) of the Company/Corporate or Partnership	Trading address of the Company/Corporate or Partnership
Postcode	Postcode
Telephone	
Email address	
Website address	
Registered Company/LLP no.	
Country of incorporation	
Date of incorporation	
Principal business of the Company/Corporate or 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/CORPORATE OR PARTNERSHIP DETAILS

Financial Details

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

Turnover	
Profit	
Total Net Worth (Assets – Liabilities)	

Further Details

Source of assets for the company	
Source of wealth for the beneficial owner(s) or partner(s) holding a 10% or more stake in the entity	

PART 1 COMPANY/CORPORATE OR PARTNERSHIP DETAILS

Complete where applicable

DIRECTORS(S)/PARTNER(S)

N.B. Any further directors(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

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

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

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

Email address

PART 1 COMPANY/CORPORATE OR PARTNERSHIP DETAILS

Complete where applicable

CORPORATE DIRECTOR(S)

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

Email address

Director 2

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Email address

Director 3

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Email address

Director 4

Company name

Registered address

Postcode

Company no.

Contact name(s)

Telephone

Email address

PART 1 COMPANY/CORPORATE OR PARTNERSHIP DETAILS

Complete where applicable

UNDERLYING BENEFICIAL OWNER(S)/PARTNER(S)

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

Underlying Beneficial Owner/Partner 1	Underlying Beneficial Owner/Partner 2
Surname	Surname
Forename(s)	Forename(s)
Former name: e.g. maiden name/former married name/any previous name(s)	Former name: e.g. maiden name/former married name/any previous name(s)
Title (Mr/Mrs/Ms/Miss/Dr/Other)	Title (Mr/Mrs/Ms/Miss/Dr/Other)
Position	Position
Shareholding	Shareholding
Permanent residential address	Permanent residential address
Postcode	Postcode
Nationality	Nationality
Place of birth	Place of birth
Date of birth DD / MM / YYYY	Date of birth DD / MM / YYYY
Country of tax residence	Country of tax residence
US Person? Yes <input type="checkbox"/> No <input type="checkbox"/>	US Person? Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone	Telephone
Email address	Email address

PART 1 COMPANY/CORPORATE OR PARTNERSHIP DETAILS

UNDERLYING BENEFICIAL OWNER(S)/PARTNER(S)

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

Underlying Beneficial Owner/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

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

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

Country of tax residence

US Person? Yes No

Telephone

Email address

Underlying Beneficial Owner/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

Shareholding

Permanent residential address

Postcode

Nationality

Place of birth

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

Country of tax residence

US Person? Yes No

Telephone

Email address

PART 2 SANCTIONS AND EMBARGOES 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, on behalf of (insert the name of the Company/ Corporate or Partnership),

you expressly agree to this sharing. Kleinwort Hambros take 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

1. Are you or any of its subsidiaries, affiliates, joint ventures, directors or officers the target of any economic or financial sanctions administered by the UN, the EU, HMT OFSI (Her Majesty's Treasury – Office of Financial Sanctions Implementation), OFAC (Office of Foreign Assets Control), 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.

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

2. Are you located within or operating from any of the following countries and regions?:

a) Countries: Afghanistan, Belarus, Burma/Myanmar, Burundi, Central African Republic, Cuba, Democratic Republic of Congo, Egypt, Eritrea, Iraq, Lebanon, Libya, North Korea, Republic of Guinea, Republic of Guinea-Bissau, Russia, Somalia, Sudan, South Sudan, Syria, Tunisia, Venezuela, Yemen or Zimbabwe Yes No

b) Regions: Crimea, Donetsk People's Republic, Luhansk People's Republic or Sevastopol Region 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 2 SANCTIONS AND EMBARGOES 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. Do you or any of your companies¹ or Trusts connected to you have any investments, business or other dealings in Oil, Gas, Military and/or the banking sectors in Russia? Yes No
-
5. If the answer to Question 2, 3 or 4 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, Region 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, Regions or Sanctioned Person.
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- d) Please explain the controls that you have in place to ensure the activity related to any Countries subject to US comprehensive Sanctions, Regions or Sanctioned Person does not directly or indirectly involve any Kleinwort Hambros account, relationship, or service.
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¹“Companies” means any legal entity (including any subsidiaries, branches, joint ventures) in which you hold directly or indirectly more than 10% of the share capital or the voting rights.

PART 3 IDENTIFICATION DOCUMENTS

Kleinwort Hambros must verify the identity and address of all Clients and of certain persons relating to your account including those to whom you provide third party authority.

Where you have been met face to face by an employee of Kleinwort Hambros (or the wider Societe Generale Group), **you are required to provide two different documents; one form of identity and one form of address verification.** In all other circumstances, you must provide two documents verifying your identity and two documents verifying your address.

Identity Verification

Additional information may be required depending on the nationalities you hold. Your Private Banker will contact you if additional information is required.

Passport	(current and valid)
National Identity Card	(current and valid)
Driving licence	(current and valid) Note, this can only be used once i.e. it cannot be used for identity and address verification.

If you do not have any of the above, please speak to your Private Banker.

Notes

- All documents must be valid, in date and the photograph must be clear.
- All other information must be clear and legible including: the passport number, issuing office, date of issue, expiry date, date and place of birth and signature of the holder.
- Copies of any residency or right to remain/stay visas noted in the passport should also be provided.

Address Verification

Driving licence	(current and valid)
Bank or mortgage statement	Note, credit card and online statements are not acceptable.
Utility bill	(for your permanent residential address e.g. gas, electricity, water, telephone) Note, mobile phone bills and online statements are not acceptable.
Property tax bill or income tax notification for the current year	This can be more than 3 months old provided it relates to the current tax year.

Notes

- Your residential address document must be no more than 3 months old. This can be either an original document or a certified copy, which should be clear and good quality.
- PO Box addresses are not acceptable as a permanent residential address.
- Documents sent to a Care of (c/o), Trading as (T/A) or a holiday home address are not accepted.
- Documentation verifying your residential address must be in English. When such documentation is in a foreign language, a full translation must be provided and certified.

Certifying Documents

Any documents you provide which have not been seen in their original form by your Private Banker must be certified. The certifier must see the original document and cannot certify email or scanned copies. The original certified document is to be sent to your Private Banker at Kleinwort Hambros. A list of who can certify documents is outlined further overleaf.

The certifier must:

1. 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.”**
2. Sign and date the document being certified.
3. Provide contact information – name, address, title, occupation and form of the certified should be recorded clearly in BLOCK CAPITALS. Where appropriate, a firm’s official stamp must be used.

Who Can Certify Documents?

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

- An employee of Kleinwort Hambros, including the wider Societe Generale Group.
- 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 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.
- Kleinwort Hambros cannot accept certifications from a certifier who is closely related/connected to the person whose document is being certified (e.g. family member or work in the same regulated firm where the firm has less than 5 regulated employees such that independence could be compromised).

PART 4 BANKING SERVICES

COMPANY/CORPORATE OR PARTNERSHIP ACCOUNT DETAILS

Type of account required e.g. property a/c, bill a/c etc.	
Which branch 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"/>

Kleinwort Hambros Visa Debit Card

Do you require a KH Visa Debit card?
Note, please use stand-alone form for additional cardholders

Yes No

Cardholder 1

Card currency

GBP USD EUR

Name as you wish it to appear on the card (26 letter maximum per line, including spaces)

<input type="text"/>
<input type="text"/>

Cardholder 2

Card currency

GBP USD EUR

Name as you wish it to appear on the card (26 letter maximum per line, including spaces)

<input type="text"/>
<input type="text"/>

For additional cardholders please contact your Private Banker

COMPANY/CORPORATE OR PARTNERSHIP CURRENT BANK ACCOUNT DETAILS

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

Name of bank		
Address of bank		
	Postcode	
Account number	Roll number (if applicable)	Sort code or equivalent
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 4 BANKING SERVICES

BANK ACCOUNT ACTIVITY

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

DEPOSITS/PAYMENTS

<p>If the Company/Corporate or 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> <p>You can manage your accounts through our KH Online service.</p>	Incoming	Outgoing
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PART 4 BANKING SERVICES (ADDITIONAL BANK ACCOUNT IF REQUIRED)

COMPANY/CORPORATE OR 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"/>

Kleinwort Hambros Visa Debit Card

Do you require a KH Visa Debit card?
Note, please use stand-alone form for additional cardholders

Yes No

Cardholder 1

Card currency

GBP USD EUR

Name as you wish it to appear on the card (26 letter maximum per line, including spaces)

<input type="text"/>
<input type="text"/>

Cardholder 2

Card currency

GBP USD EUR

Name as you wish it to appear on the card (26 letter maximum per line, including spaces)

<input type="text"/>
<input type="text"/>

For additional cardholders please contact your Private Banker

COMPANY/CORPORATE OR PARTNERSHIP ADDITIONAL CURRENT BANK ACCOUNT DETAILS

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

Name of bank		
Address of bank		
	Postcode	
Account number	Roll number (if applicable)	Sort code or equivalent
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 4 BANKING SERVICES (ADDITIONAL BANK ACCOUNT IF REQUIRED)

ADDITIONAL BANK ACCOUNT ACTIVITY

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

DEPOSITS/PAYMENTS

<p>If the Company/Corporate or 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.</p> <p>(Please do not include Direct Debits or Standing Orders)</p> <p>You can manage your accounts through our KH Online service.</p>	Incoming	Outgoing
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PART 5 THIRD PARTY MANDATE

To Kleinwort Hambros

Account Name

In respect of the above named account(s), the board of directors/partners of the entity hereby authorise you until such time as you shall receive notice to the contrary in writing to consider:

	Authorised Party	Second Authorised Party (if applicable)
Full name		
Telephone		
Email		

(whose signature(s) appears below) as fully empowered by the Company/Corporate or Partnership:

- a** to draw cheques on and/or make withdrawals from and/or give instructions to debit our Company/Corporate or Partnership account(s).
- b** to draw, sign, accept and endorse bills and/or promissory notes and to arrange terms with you for negotiation or discount of any documents.
- c** to withdraw anything held by you by way of security and/or safe custody collection and/or any other purpose whatsoever on our Company/Corporate or Partnership account.
- d** to charge, pledge and deposit with you any of my/our property upon such terms as you may require to secure repayment to you on demand of all Company/Corporate or Partnership liability(ies) and/or indebtedness to you whether present, future, actual and/or contingent including interest and other banking charges.
- e** to give dealing instructions in relation to any of our Company/Corporate or Partnership investments, foreign exchange transactions and in respect of any corporate actions.
We have policy restrictions on who can instruct investment trades, please ask your Private Banker if clarification is required.

(Any of points **a** to **e** may be deleted at the discretion of the Account Holder(s)).

I/We request you to act on the above instructions and in particular to pay and honour all such cheques, bills and/or notes as above mentioned notwithstanding that any such payment may cause my/our said account(s) to be overdrawn or may increase an existing overdraft.

Specimen Signature of the Authorised Party

Signature 

 Date DD / MM / YYYY

Specimen Signature of the Second Authorised Party

Signature 

 Date DD / MM / YYYY

N.B. References and identification will be required for all authorised parties unless they are otherwise known to the bank.

PART 6 DECLARATIONS

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.

IMPORTANT NOTICE

Any services and investments may have tax consequences and it is important to bear in mind that the Kleinwort Hambros Group does not provide tax advice. The level of taxation depends on individual circumstances and such levels and basis of taxation can change. You should seek professional tax advice in order to understand any applicable tax consequences. In addition, the material is not intended to provide, and should not be relied on for, accounting or legal purposes and independent advice should be sought where appropriate.

Some products and services are not available in all Kleinwort Hambros Group entities. Their availability depends on local laws and tax regulations. In addition, they have to comply with the Societe Generale Group Tax Code of Conduct. Furthermore, accessing some of these products, services and solutions might be subject to other conditions, amongst which is eligibility.

KLEINWORT HAMBROS ONLINE (“KH ONLINE”)

KH Online, our simple and secure online service, is available to all clients. Through this service you or your designated third party can manage your accounts, view your account documents and instruct payments. You will be paperless by default, helping to reduce our environmental impact, however you can elect to receive this information by paper as well.

MONITORING OF TELEPHONE CALLS

As further explained in the Terms of Business, all telephone conversations with us 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 6 DECLARATIONS

DATES AND FREQUENCY OF VALUATIONS AND STATEMENTS

Valuations and Statements are quarterly unless otherwise requested below and are available on **KH Online**.

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 AND KH ONLINE ACCESS

Please complete the fields below to indicate requirements for copy correspondence and/or KH Online access. Where KH Online access is being requested, please indicate the preferred level of access required for the designated parties below.

If any additional forms or authority are required these will be provided.

Level 1: view only, Level 3: access to view all aspects and input payments, Level 4: access to view, input and approve payments (dual signatories required), Level 5: access to view, input and approve payments (single sign off).

Authorised Signatory	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

Authorised Signatory	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

Authorised Signatory	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

PART 6 DECLARATIONS

COPY CORRESPONDENCE AND KH ONLINE ACCESS CONTINUED

Please complete the fields below to indicate requirements for copy correspondence and/or KH Online access. Where KH Online access is being requested, please indicate the preferred level of access required for the designated parties below.

If any additional forms or authority are required these will be provided.

Level 1: view only, Level 3: access to view all aspects and input payments, Level 4: access to view, input and approve payments (dual signatories required), Level 5: access to view, input and approve payments (single sign off).

Authorised Signatory	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

Other	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

Other	Contact Details	KH Online
Name		Preferred level of access:
Email		Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Address	Postcode	Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/>
		Opt out of KH Online <input type="checkbox"/>
		Provide paper copies <input type="checkbox"/>

PART 6 DECLARATIONS

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/privacy-notice/

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/banking-and-investment-terms-business/

Occasionally we may analyse and use the information we hold about you to send you market updates and expert insights, information on products and services, general updates, invitations to events and satisfaction surveys 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 wish to receive such information by email, please tick the relevant box(es) below:

- | | |
|--|--------------------------|
| General updates from Kleinwort Hambros | <input type="checkbox"/> |
| Market updates and expert insights | <input type="checkbox"/> |
| Information on products and services | <input type="checkbox"/> |
| Events | <input type="checkbox"/> |
| Satisfaction survey | <input type="checkbox"/> |
-

If you do not wish to receive the aforementioned updates(s) or information in the future, please let your Private Banker know or call us on +44 (0) 207 597 3000. Telephone calls may be monitored or recorded.

MANDATE

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/Corporate or 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/Corporate’s or Partnership’s account(s)

The codeword I/we wish to use is: _____

PART 6 DECLARATIONS

MANDATE

We, the Director(s)/Partner(s), request Kleinwort Hambros to open a

Company Account

Partnership Account

Limited Partnership Account

I/We on behalf of (insert name of the company/partnership/entity),

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/Corporate or 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.

PART 6 DECLARATIONS

MANDATE

Authorised Signatories

Name in Full (BLOCK CAPITALS)	Official Position	Signature

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

PART 6 DECLARATIONS

MANDATE

Mandate by General Partnerships and Limited Partnerships

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 Corporates and Limited Liability Partnerships

The Corporates/Limited Liability Partnerships 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 Corporates/Limited Liability Partnerships 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

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

PART 6 DECLARATIONS

By signing this declaration, for and on behalf of (please insert the name of the company/partnership/entity):

I/We certify that:

- I/We or the above-named company/partnership/entity (as applicable) are responsible for the tax treatment applicable to assets held with the Bank and, to my/our/its best knowledge and belief, are in compliance with all the fiscal obligations, in particular reporting obligations, to which I /we/it are subject in relation to such assets;
- I/We or the above-named company/partnership/entity (as applicable) have/has fulfilled in good faith all tax obligations in relation to the assets held with the Bank and I/we/it are in compliance and commit to complying with the laws and regulations of all jurisdictions to which I/we /it are subject in relation to such assets.
- I/We or the above-named company/partnership/entity understand(s) that any failure to fulfil my tax obligations may expose me/us/it to prosecution as well as financial penalties.
- I/We or the above-named company/partnership/entity commit to informing the Bank immediately of any tax related proceedings to which I/we or the above-named company/partnership/entity (as applicable) may be exposed.

This declaration is subject to the choice of law elected in the Terms of Business governing my accounts held at the Bank. Any dispute regarding its application shall be subject to the jurisdiction of the place of business of the Bank.

- I acknowledge receipt of the UK's Financial Services Compensation Scheme ('FSCS') document and the Guernsey and Jersey depositors protection scheme via the Terms of Business. All of these documents are viewable on the Kleinwort Hambros website;
- 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 or the above-named company/partnership/entity (as applicable) have taken my/our own advice as I/we deem appropriate before signing the below.

Director/Partner 1

For and on behalf of (please insert the name of the company/partnership/entity):

Signature



Please print name in full

Company (if applicable)

Position

Date

DD / MM / YYYY

Country you were in when signing this:

Director/Partner 2

For and on behalf of (please insert the name of the company/partnership/entity):

Signature



Please print name in full

Company (if applicable)

Position

Date

DD / MM / YYYY

Country you were in when signing this:

PART 6 DECLARATIONS

Director/Partner 3

For and on behalf of (please insert the name of the company/partnership/entity):

Signature



Please print name in full

Company (if applicable)

Position

Date

DD / MM / YYYY

Country you were in when signing this:

Director/Partner 4

For and on behalf of (please insert the name of the company/partnership/entity):

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.

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

For clients of our UK and Gibraltar Branches

Basic Information About the Protection of Your Eligible Deposits

Eligible deposits in SG Kleinwort Hambros Bank Limited are protected by	The Financial Services Compensation Scheme ("FSCS") ¹
Limit of protection	£85,000 per depositor per bank ² The following trading name is part of your bank: Kleinwort Hambros
If you have eligible bank deposits at the same bank	All your eligible deposits at the same bank are "aggregated" and the total is subject to the limit of £85,000 ² .
If you have a joint account with other person(s)	The limit of £85,000 applies to each depositor separately ³ .
Reimbursement period in case of bank's failure	20 working days ⁴
To contact SG Kleinwort Hambros Bank Limited for enquiries relating to your account	United Kingdom SG Kleinwort Hambros Bank Limited One Bank Street, Canary Wharf, London E14 4SG T. 0207 597 3400 Gibraltar SG Kleinwort Hambros Bank Limited, Gibraltar Branch Unit 5.02, Madison, Midtown, Queensway, Gibraltar GX11 1AA T. +350 20002000
To contact the FSCS for further information on compensation	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU T. 0800 678 1100 or 020 7741 4100 E. ICT@fscs.org.uk
More information	www.fscs.org.uk

¹ Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General limit of protection

If a covered deposit is unavailable because a bank is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers a maximum £85,000 per bank. This means that all eligible deposits at the same bank are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases, eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for 6 months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under www.fscs.org.uk

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

For clients of our UK and Gibraltar Branches

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

⁴ Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayment amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation.

If you have not been repaid within these deadlines, you should contact the Financial Services Compensation Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under www.fscs.org.uk

Other important information

In general, all retail depositors and businesses are covered by Depositor Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank shall also confirm this on the statement of account.

EXCLUSIONS LIST

A deposit is excluded from protection if:

1. The holder or beneficial owner of the deposit has never been identified in accordance with money laundering requirements. For further information, contact your bank.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund¹
 - public authority, other than a small local authority

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

¹Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

This document is issued by SG Kleinwort Hambros Bank Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the UK. The company is incorporated in England and Wales under number 964058 with registered office at One Bank Street, Canary Wharf, London E14 4SG. Services provided by non-UK branches of SG Kleinwort Hambros Bank Limited will be subject to the applicable local regulatory regime, which will differ in some or all respects from that of the UK. Please see the Information Documents on our website for further information: <https://www.kleinworthambros.com/en/important-information>.

SG Kleinwort Hambros Bank Limited

One Bank Street, Canary Wharf
London E14 4SG
T +44 20 7597 3000
F +44 20 7597 3456

**SG Kleinwort Hambros Bank Limited
Jersey Branch**

PO Box 78, SG Hambros House
18, Esplanade, St Helier
Jersey JE4 8PR
T +44 1534 815555
F +44 1534 815640

**SG Kleinwort Hambros Bank 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

**SG Kleinwort Hambros Bank Limited
Gibraltar Branch**

Unit 5.02, Madison
Midtown, Queensway
Gibraltar GX11 1AA
T +350 2000 2000
F +350 2007 9037

www.kleinworthambros.com



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