

Bank use only
Account name:

Company Profile for Intermediary Advised Clients

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How to complete this Company Profile for Intermediary Advised Clients

Please read this Company Profile for Intermediary Advised Clients carefully. For your own benefit and protection you should ensure that you understand the questions contained herein. It is essential that you complete all information accurately and comprehensively, in order that we can give you the best possible service.

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.

If you do not understand any point please ask us for further information.

Section A - Company details

About the company

Name of company:

Contact name:

Registered office address:
.....

Correspondence address:
.....

Country:

Country:

Postcode:

Postcode:

Company registration number:

Telephone:

Date of registration: **D D M M Y Y Y Y**

Email address:

Country of registration:

Number of employees:

Business activity:
.....
Please include e.g. nature of business and countries of operation

Please indicate company U.S. FATCA Status:

PFFI

NPFFI

SCHIV

Active NFFE

Passive NFFE

Other:

GIIN:

Annual turnover:

Key
PFFI (Participating Foreign Financial Institution)
NPFFI (Non Participating Foreign Financial Institution)
SCHIV (Sponsored Closely Held Investment Vehicle)
Active NFFE (Active Non Financial Foreign Entity)
Passive NFFE (Passive Non Financial Foreign Entity)

GIIN: Global Intermediary Identification Number (a 19-character identification number assigned by the IRS following entity registration.)

Annual profit:

Section A - Company details

Please note: Corporate directors may be required to provide additional documentation.

Company directors

About you - First director

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

[Empty box for Tax identification / National Insurance number]

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

[Empty box for Permanent residential address]

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

[Empty box for Employer address]

Email address:

.....

Country:

Gender: Male Female

Postcode:

Section A - Company details

Company directors

About you - Second director (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

Email address:

Country:

.....

Gender: Male Female

Postcode:

Section A - Company details

Company directors

About you - Third director (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

.....

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

.....

Email address:

Country:

.....

Gender: Male Female

Postcode:

Section A - Company details

Company directors

About you - Fourth director (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

.....

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

.....

Email address:

Country:

.....

Postcode:

Gender: Male Female

Section A - Company details

Beneficial Owners (owning 10% or more directly or indirectly)

About you - First beneficial owner

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

.....

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

.....

Email address:

Country:

.....

Gender: Male Female

Postcode:

Marital status:

Percentage shareholding: %

Section A - Company details

Beneficial Owners (owning 10% or more directly or indirectly)

About you - Second beneficial owner (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

Surname:

Tax identification / National Insurance number:

.....

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

.....

Email address:

Country:

Gender: Male Female

Postcode:

Marital status:

Percentage shareholding: %

Section A - Company details

Beneficial Owner (owning 10% or more directly or indirectly)

About you - Third beneficial owner (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

Email address:

Country:

Gender: Male Female

Postcode:

Marital status:

Percentage shareholding: %

Section A - Company details

Beneficial Owner (owning 10% or more directly or indirectly)

About you - Fourth beneficial owner (if applicable)

Title (Mr, Mrs, Miss, Ms, Other):

Tax domicile:

Forename(s):

Tax residence:

.....

Tax identification / National Insurance number:

Surname:

[Empty box for tax identification / National Insurance number]

Other name(s) used (former, maiden, other):

Passport number:

.....

Country of issue:

.....

Nationality:

Date of birth: **D D M M Y Y Y Y**

Nationality 2:

Country of birth:

Residential or/and Working visas held (e.g. Green card/UK Tier 1):

Permanent residential address:

[Empty box for permanent residential address]

.....

Employment details

If retired, what was your former occupation and who were you employed by?

Country:

Employment status:

Postcode:

Occupation:

Home telephone:

Employer:

Work telephone:

Employer address:

Mobile telephone:

[Empty box for employer address]

Email address:

Country:

.....

Gender: Male Female

Postcode:

Marital status:

Percentage shareholding: %

Section B - Source of wealth - beneficial owners

Source of wealth for all beneficial owners

Please describe the activities and background that created the total net worth and assets of the company such as details of business activities, sales of assets etc., including geographical sphere of such activities.

First Beneficial Owner

Second Beneficial Owner (if applicable)

Third Beneficial Owner (if applicable)

Fourth Beneficial Owner (if applicable)

Evidence supporting source of wealth for all beneficial owners

Please attach documentary evidence supporting the information given. For example, evidence of income from business activities, or a letter from a solicitor or accountant confirming the source of wealth. If no supporting evidence is available, please provide below a further brief explanation of the circumstances leading to the establishment of the company's overall wealth:

First Beneficial Owner

Second Beneficial Owner (if applicable)

Third Beneficial Owner (if applicable)

Fourth Beneficial Owner (if applicable)

Section B - Source of funds - company

Where are the funds being received from?

Funds are to be transferred from an existing investment adviser - Please provide their details below:

Name of adviser:

Address:

Country:

Postcode:|.....|.....|.....|.....|.....

Funds are to be transferred from a bank or similar institution - Please provide the details below:

Bank name:

Bank address:

Country:

Postcode:|.....|.....|.....|.....

Account name:

Account number:

Sort code:

Amount:

Please state the reason for opening this account:

Does the company have a Power of Attorney or Signatory Authority (not listed in Company Directors or Beneficial Owners sections on this form) acting over the company affairs?

Yes

No

If yes, please provide details:

Name:

Residence:

Nationality:

Anticipated transactions within forthcoming 12 months:

If you are likely to require SG Kleinwort Hambros to make or receive any regular payments, please provide details of the estimated amount, frequency, source and destination countries, and of the expected beneficiary or remitter. (Please include Direct Debits of Standing Orders)

Source of funds

Please describe the activities that created the funds that the company is investing. For example, business activity, including location or details of assets sold.

Section C - Bank details

Please provide us with your bank details below to enable us to make payments to you upon your instruction.

Bank name:
.....

Account number:

Sort code:

Account name:
.....

<p>Bank use only</p> <p>Client name:</p> <p>Client number:</p> <p>Relationship manager:</p>	<p>Signed by SG Kleinwort Hambros staff member</p> <p>.....</p> <p>Print name:</p> <p>Date: D D M M Y Y Y Y</p>
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Consumer deposit protection - UK clients only



SG Kleinwort Hambros Bank Limited is covered by the Financial Services Compensation Scheme (“FSCS”). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. Most depositors – including most individuals and businesses – are covered by the scheme.

Regulatory information

In respect of deposits, an eligible depositor is entitled to claim up to £85,000. For joint accounts, each account holder is treated as having a claim in respect of their share so, for a joint account held by two eligible depositors, the maximum amount that could be claimed would be £85,000 each (making a total of £170,000). The £85,000 limit relates to the combined amount in all the eligible depositor’s accounts with the bank, including their share of any joint account, and not to each separate account.

In relation to investment services the limit is £50,000 per person. Compensation will be payable, however, only in circumstances where we have been in default to you of our obligations. It will not be available merely because your investments have not performed as well as you had expected unless we are somehow at fault.

For further information about the schemes (including the amounts covered and eligibility to claim) please contact your Private Banker or refer to the FSCS website: www.fscs.org.uk.

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SOCIETE GENERALE GROUP