



This form is to be used when applying for a bank account with Cayman National Bank (Isle of Man) Limited ("Cayman National" and/or the "Bank") on behalf of a Limited Company, Sole Trader, Partnership, Limited Partnership, Limited Liability Partnership ("LLP") or Limited Liability Company ("LLC") (the "Applicant") as set out in this Company/Partnership/Sole Trader Bank Account Application Form (the "Application"). It should be completed in conjunction with the accompanying Mandate (as appropriate to the nature of the business/entity) and Cayman National Entity Self-Certification Form.

Please complete this form, in BLOCK CAPITALS and tick where necessary.

SECTION 1: BUSINESS DETAILS

Please state the type of business/entity opening an account (please tick)

Form with checkboxes for: Limited Company, Sole Trader, Partnership, Limited Partnership, Limited Liability Partnership ("LLP"), Limited Liability Company ("LLC")

Registration & Incorporation

Please complete as applicable

Please state the full legal name of the entity (in the case of a Sole Trader please provide proprietor's full name)

Trading name, if different from legal name, and/or previous name(s) used where applicable (where an incorporated entity has changed its name a Certificate of Change of Name should be provided with this Application)

Registration or incorporation number, Date of registration or incorporation, Country of registration or incorporation, Country of regulation (if applicable)

If the entity is a regulated business please state the name of its regulator

Please provide the registered office address for the entity below (where applicable)

Postal/ZIP code

Is the entity/business registered for Value Added Tax ("VAT")? Yes No

If 'Yes', please provide VAT registration number

Contact Details

Please complete as applicable

Correspondence address (where different from the registered office address above)

Postal/ZIP code

Name of principal contact, Email address, Website address, Preferred contact number (incl. area code), Facsimile number (incl. area code), Preferred contact method (e.g. post, email, phone)



SECTION 2: BUSINESS ACTIVITY

Note: All Banks in the Isle of Man are required to comply with legal and regulatory requirements in respect of the prevention of money-laundering and the financing of terrorism. Therefore, it is important that we understand your business and the activity it will undertake. Please complete the following section in full. This will assist us in meeting our obligations and reduce the likelihood of delays in the event that we need to refer individual account transactions back to you.

Business Purpose & Background

Please complete as applicable

Please state the nature of the entity/business (e.g. trading entity, property ownership, investment holding, etc.)

[Empty text box for nature of entity/business]

What activity will be undertaken and in which jurisdictions/countries will it operate or enter into business/contractual relationships?

[Empty text box for activity and jurisdictions]

Please state the purpose/rationale for the establishment of the entity/business

[Empty text box for purpose/rationale]

What is the estimated annual trading turnover? (please state currency and amount)

[Empty text box for annual trading turnover]

Principal place of business/operations

[Empty text box for principal place of business/operations]

Postal/ZIP code

[Empty text box for postal/zip code]

[Empty text box for postal/zip code]

If the principal place of business/operations is different to the registered office/correspondence addresses please advise the reason why?

[Empty text box for reason why]

In which jurisdiction(s) is the entity/business tax registered?

[Empty text box for jurisdiction(s)]

Please provide the Tax Identification Number ("TIN") for the entity/business

[Empty text box for TIN]

Is the entity/business listed on an established securities market/stock exchange? (companies only)

Yes

No

If 'Yes' please provide country of listing and name of stock exchange

[Empty text box for country and stock exchange]

Financial Statements

Please complete as applicable

When is the financial year end for the entity/business?

[Empty text box for financial year end]

Where a business/entity is already established please provide a copy of its latest financial statements

Enclosed

To follow

Accountant's/auditor's name and address

[Empty text box for accountant/auditor name and address]

Postal/ZIP code

[Empty text box for postal/zip code]

[Empty text box for postal/zip code]

Name of principal contact

[Empty text box for name of principal contact]

Preferred contact number (incl. area code)

[Empty text box for preferred contact number]

Email address

[Empty text box for email address]

Facsimile number (incl. area code)

[Empty text box for facsimile number]



SECTION 3: ACCOUNT ACTIVITY AND REQUIREMENTS

Account Activity

Please complete as applicable, using Section 7 where additional space is required

What do you estimate the annual turnover will be through the bank account? (please state currency and amount)

[Text input field]

Please describe expected volume and value of account activity (e.g. number of credit and debit transactions per annum, typical transaction values, etc.)

[Text input field]

Will you be paying significant or regular amounts from your account?

Yes  No

If 'Yes' please provide details of expected amounts, payees and purpose (e.g. property rental, salaries, loan repayments, suppliers, etc.)

[Text input field]

Are you expecting regular credits into your bank account?

Yes  No

If 'Yes' please provide details of the source, frequency and amount of the expected credits below

[Text input field]

Please provide details below of the amount and source of the initial deposit to be made into your account, together with the jurisdiction/country from which the funds have been generated

[Text input field]

Please provide details below of the source of the ongoing deposits to be made into your account, together with the jurisdiction/country from which the funds will be generated

[Text input field]

Bank Account Type

Please select/complete as applicable

Call Account Yes  No

If 'Yes' please specify currency/currencies required

[Text input field]

Notice Account Yes  No

If 'Yes' please specify currency/currencies required

[Text input field]

Fixed Term Deposit Yes  No

If 'Yes' please specify currency/currencies required

[Text input field]

If selecting Fixed Term Deposit please indicate preferred term (e.g. 1, 3, 6 or 12 months)

[Text input field]

Do you wish to have online view only access to your account(s)?

Yes  No

Please indicate how you would prefer to receive your statements?

Printed & Posted  Via Online Banking

If 'Printed & Posted' how often do you wish to receive statements?

Monthly  Quarterly  Annually

Note: Please refer to Cayman National's Terms and Conditions in relation to the provision of account services to you. Fixed Term Deposits are offered in most major currencies, subject to availability, term, minimum deposit amount and market availability. Please refer to your Cayman National relationship manager for further details. Separate terms and conditions apply to requests for Online Banking services. For Call and Notice accounts credit interest, where payable, will be credited to the account upon which it was earned unless otherwise requested. In respect of Fixed Term Deposit accounts credit interest will normally be paid to a separate servicing account, upon maturity.



SECTION 4: OWNERSHIP AND CONTROL

Shareholders/Partners & Beneficial Ownership

Please complete as applicable

Please identify the members/shareholders/partners and their respective share in the entity/business (not applicable for Sole Traders)

Table with 3 columns: Full name(s), No of shares (if applicable), Ownership (%). Includes a Total row at the bottom.

Where a member/shareholder/partner is not an ultimate beneficial owner (e.g. where holding shares in a nominee capacity only) please provide the full name(s) of the legal person(s) who is/are the ultimate beneficial owners below

Table with 2 columns: Member/shareholder/partner's name, Ultimate beneficial owner(s) name. Includes an equals sign between columns.

Note: For each person identified above please complete the Key Person(s) section of this application form in Section 6. In addition, unless the shares are owned directly by the ultimate beneficial owner(s) enclose an ownership structure chart with this Application.

Key Person questionnaire completed for each member/shareholder/partner and beneficial owner identified above? Yes No Completed beneficial ownership chart enclosed? Yes No

Directors (Companies ONLY)

Please complete as applicable

Please identify below the directors and, where applicable, the company secretary of the entity/business (please also provide the Bank with a copy of the current Register of Directors)

Table with 3 columns: Full name(s), Position (e.g. director), Key Person questionnaire completed? (Yes/No).

Other Key Individuals

Please complete as applicable

Does any person exercise control over the beneficial owner(s), shareholders, the activities of the entity/business and/or any director/partner or employee? Yes No

If 'Yes' explain the nature of the person's influence/control below

Blank text area for explanation of influence/control.

Full name(s) of person(s) exercising influence/control

Blank text area for full name(s) of person(s).

Note: For each director, company secretary and other key individual identified above, together with persons authorised to operate the bank account, please also complete the Key Person(s) section of this application form in Section 6 below.



SECTION 5: ADDITIONAL INFORMATION

Additional Background

Please complete as applicable, using Section 7 where additional space is required

Marketing Preferences

Periodically, we may contact you to keep you advised of relevant products and services from the Cayman National group. Please indicate your agreement that we may do so. You may change your mind at any time in the future, should you wish, by advising us.

Yes  No

Pre-existing Relationship(s)

Do you have an existing Cayman National relationship?

Yes  No

If 'Yes' please provide details of the relationship below, including account name and account number

[Empty text box]

Who are your existing bankers? (please state bank name and address)

[Empty text box]

Introduction to Cayman National

How did you hear about Cayman National?

[Empty text box]

What is your rationale/reason for opening an account with Cayman National in the Isle of Man?

[Empty text box]

Asset Holding Vehicles

If the entity/business has been established for asset holding purposes please detail the assets held, their current market value and the geographic location of where they are held

[Empty text box]

Where the assets of the entity/business have accumulated other than by way of trading activity please provide full details of the source of wealth from which they were acquired.

[Empty text box]

SECTION 6: KEY PERSON(S)

Note: For each Key Person identified in Sections 1-5 above (including a Sole Trader, where applicable), together with account signatories where different, please complete a Key Person questionnaire below. It is a legal and regulatory requirement that we properly identify individuals owning, controlling or acting as an agent for each entity/business, their background, business experience and source of wealth (unless simply an employee of the entity/business or where providing services in a professional capacity, e.g. a director provided by a corporate service provider as part of its administration agreement with the entity/business).

To assist us in complying with our legal and regulatory responsibilities please provide us with a brief resume of the business experience of each key person (unless an employee or providing services in a professional capacity as set out above).

We reserve the right to decline Applicants where information requested has not been provided and/or where the information supplied is insufficient for us to meet our legal and regulatory obligations.

We are obliged under various international agreements (collectively "the Agreements") entered into by the Isle of Man in relation to the automatic exchange of information for tax matters and under the relevant regulations and guidance notes made in furtherance of such Agreements (collectively "the Regulations") to collect and, in some instances, share with the relevant tax authorities' certain information about clients' tax arrangements and in relation to their activities with us. To comply with our obligations, we require all Key Person's to complete and sign the self-declaration contained within the Key Person questionnaire.



Key Person 1

Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Former name(s) / other name(s) used	<input type="text"/>
Tel. number (incl. area code)	<input type="text"/>	Date of birth	<input type="text"/>
Email address	<input type="text"/>	Place of birth	<input type="text"/>
Nationality	<input type="text"/>	Passport number	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of issue	<input type="text"/>

Current residential address (incl. country)

Postal/ZIP Code

Previous residential address (incl. country) if less than 3 years at current address

Postal/ZIP Code

Are you connected to any other beneficial owner (e.g. through family, business or other contractual relationship)? Yes  No

Do you hold a public or high-profile position and/or have a connection to persons holding such positions? Yes  No

If 'Yes' to either question above please detail nature of relationship/connection/position below

What is your capacity/role as a Key Person in relation to the business/entity?

Director/Partner  Sole Trader  Shareholder  Beneficial Owner  Agent  Authorised Signatory

Evidence of identity and personal residential address enclosed? (see Section 7 below) Yes  No

Declaration of Tax Residency Please complete this section in full, irrespective of country of tax residence

Country of tax residence <small>See below</small>	<input type="text"/>	Country of domicile	<input type="text"/>
Tax ID number	<input type="text"/>	National Insurance number (UK only)	<input type="text"/>

If tax resident in more than one country please list all jurisdictions of residency and corresponding Tax ID numbers

(a) I confirm that I am a US citizen and/or resident in the US for tax purposes (e.g. Green Card holder or resident under the substantial presence test) and my US taxpayer identifying number ("US TIN") is provided above. See <https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test> or

(b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached US Department of State Certificate of Loss of Nationality or

(c) I confirm that I am not a US citizen or resident in the US for tax purposes

I declare that the above information is true and complete and undertake to advise Cayman National promptly of any change to my tax status that would cause any information in this Key Person questionnaire to be inaccurate or incomplete and provide you with a completed 'Individual Self-Certification' form (see [www.caymannational.im](http://www.caymannational.im)) within 90 days of the change occurring.

Signature  Date

**Important Note:** If you have selected (a) above then under US Internal Revenue Services ("IRS") regulations you should also provide the Bank with a completed, signed and dated IRS Form W-9.



Key Person 2

Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Former name(s) / other name(s) used	<input type="text"/>
Tel. number (incl. area code)	<input type="text"/>	Date of birth	<input type="text"/>
Email address	<input type="text"/>	Place of birth	<input type="text"/>
Nationality	<input type="text"/>	Passport number	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of issue	<input type="text"/>

Current residential address (incl. country)

Postal/ZIP Code

Previous residential address (incl. country) if less than 3 years at current address

Postal/ZIP Code

Are you connected to any other beneficial owner (e.g. through family, business or other contractual relationship)? Yes  No

Do you hold a public or high-profile position and/or have a connection to persons holding such positions? Yes  No

If 'Yes' to either question above please detail nature of relationship/connection/position below

What is your capacity/role as a Key Person in relation to the business/entity?

Director/Partner  Sole Trader  Shareholder  Beneficial Owner  Agent  Authorised Signatory

Evidence of identity and personal residential address enclosed? (see Section 7 below) Yes  No

Declaration of Tax Residency Please complete this section in full, irrespective of country of tax residence

Country of tax residence <small>See below</small>	<input type="text"/>	Country of domicile	<input type="text"/>
Tax ID number	<input type="text"/>	National Insurance number (UK only)	<input type="text"/>

If tax resident in more than one country please list all jurisdictions of residency and corresponding Tax ID numbers

- (a) I confirm that I am a US citizen and/or resident in the US for tax purposes (e.g. Green Card holder or resident under the substantial presence test) and my US taxpayer identifying number ("US TIN") is provided above. See <https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test> or
- (b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached US Department of State Certificate of Loss of Nationality or
- (c) I confirm that I am not a US citizen or resident in the US for tax purposes

I declare that the above information is true and complete and undertake to advise Cayman National promptly of any change to my tax status that would cause any information in this Key Person questionnaire to be inaccurate or incomplete and provide you with a completed 'Individual Self-Certification' form (see [www.caymannational.im](http://www.caymannational.im)) within 90 days of the change occurring.

Signature  Date

**Important Note:** If you have selected (a) above then under US Internal Revenue Services ("IRS") regulations you should also provide the Bank with a completed, signed and dated IRS Form W-9.



Key Person 3

Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Former name(s) / other name(s) used	<input type="text"/>
Tel. number (incl. area code)	<input type="text"/>	Date of birth	<input type="text"/>
Email address	<input type="text"/>	Place of birth	<input type="text"/>
Nationality	<input type="text"/>	Passport number	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of issue	<input type="text"/>

Current residential address (incl. country)

Postal/ZIP Code

Previous residential address (incl. country) if less than 3 years at current address

Postal/ZIP Code

Are you connected to any other beneficial owner (e.g. through family, business or other contractual relationship)? Yes  No

Do you hold a public or high-profile position and/or have a connection to persons holding such positions? Yes  No

If 'Yes' to either question above please detail nature of relationship/connection/position below

What is your capacity/role as a Key Person in relation to the business/entity?

Director/Partner  Sole Trader  Shareholder  Beneficial Owner  Agent  Authorised Signatory

Evidence of identity and personal residential address enclosed? (see Section 7 below) Yes  No

Declaration of Tax Residency Please complete this section in full, irrespective of country of tax residence

Country of tax residence <small>See below</small>	<input type="text"/>	Country of domicile	<input type="text"/>
Tax ID number	<input type="text"/>	National Insurance number (UK only)	<input type="text"/>

If tax resident in more than one country please list all jurisdictions of residency and corresponding Tax ID numbers

- (a) I confirm that I am a US citizen and/or resident in the US for tax purposes (e.g. Green Card holder or resident under the substantial presence test) and my US taxpayer identifying number ("US TIN") is provided above. See <https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test> or
- (b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached US Department of State Certificate of Loss of Nationality or
- (c) I confirm that I am not a US citizen or resident in the US for tax purposes

I declare that the above information is true and complete and undertake to advise Cayman National promptly of any change to my tax status that would cause any information in this Key Person questionnaire to be inaccurate or incomplete and provide you with a completed 'Individual Self-Certification' form (see [www.caymannational.im](http://www.caymannational.im)) within 90 days of the change occurring.

Signature  Date

**Important Note:** If you have selected (a) above then under US Internal Revenue Services ("IRS") regulations you should also provide the Bank with a completed, signed and dated IRS Form W-9.





Key Person 4

Please complete as applicable

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Former name(s) / other name(s) used	<input type="text"/>
Tel. number (incl. area code)	<input type="text"/>	Date of birth	<input type="text"/>
Email address	<input type="text"/>	Place of birth	<input type="text"/>
Nationality	<input type="text"/>	Passport number	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of issue	<input type="text"/>

Current residential address (incl. country)

Postal/ZIP Code

Previous residential address (incl. country) if less than 3 years at current address

Postal/ZIP Code

Are you connected to any other beneficial owner (e.g. through family, business or other contractual relationship)? Yes  No

Do you hold a public or high-profile position and/or have a connection to persons holding such positions? Yes  No

If 'Yes' to either question above please detail nature of relationship/connection/position below

What is your capacity/role as a Key Person in relation to the business/entity?

Director/Partner  Sole Trader  Shareholder  Beneficial Owner  Agent  Authorised Signatory

Evidence of identity and personal residential address enclosed? (see Section 7 below) Yes  No

Declaration of Tax Residency Please complete this section in full, irrespective of country of tax residence

Country of tax residence <small>See below</small>	<input type="text"/>	Country of domicile	<input type="text"/>
Tax ID number	<input type="text"/>	National Insurance number (UK only)	<input type="text"/>

If tax resident in more than one country please list all jurisdictions of residency and corresponding Tax ID numbers

- (a) I confirm that I am a US citizen and/or resident in the US for tax purposes (e.g. Green Card holder or resident under the substantial presence test) and my US taxpayer identifying number ("US TIN") is provided above. See <https://www.irs.gov/individuals/international-taxpayers/substantial-presence-test> or
- (b) I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached US Department of State Certificate of Loss of Nationality or
- (c) I confirm that I am not a US citizen or resident in the US for tax purposes

I declare that the above information is true and complete and undertake to advise Cayman National promptly of any change to my tax status that would cause any information in this Key Person questionnaire to be inaccurate or incomplete and provide you with a completed 'Individual Self-Certification' form (see [www.caymannational.im](http://www.caymannational.im)) within 90 days of the change occurring.

Signature  Date

**Important Note:** If you have selected (a) above then under US Internal Revenue Services ("IRS") regulations you should also provide the Bank with a completed, signed and dated IRS Form W-9.



SECTION 7: ADDITIONAL INSTRUCTIONS

Supplementary Answers

Please complete where required

Where additional information has been required, or where there is insufficient space to fully answer questions contained within this Application, please use the space provided below:

Multiple empty horizontal lines for providing supplementary answers.

Checklist

Please tick as applicable

Please enclose the following information with your Application (where applicable) to avoid delays in processing your account requirements:

Table with 2 columns of items and checkboxes for 'Yes' and 'No' under the heading 'Enclosed'. Items include Certificate of Incorporation, Partnership agreement, Articles of Organisation, Business profile of Key Persons, Source of wealth information, Copy of Register of Members, Bank Account Signing Mandate, Memorandum & Articles of Association, Certificate of trading/registration, Audited/unaudited financial statements, Due diligence for Key Persons, Copy of Register of Directors, Beneficial ownership structure chart, and Signatory list.

Notes:

- 1. In addition to the above please also complete and return a 'Cayman National Entity Self-Certification' form, a copy of which would have been provided to you with this Application.
2. Where a company/entity is formed/incorporated outside of the Isle of Man please provide an up to date Certificate of Good Standing/Incumbency from the relevant company registry.
3. We reserve the right to request additional documentation where we consider this appropriate in understanding the nature and activity of the business/entity and in meeting our legal and regulatory obligations.

**Due Diligence Requirements***For your information***Evidence of identity and residential address**

A certified copy of the current Passport/National Identity Card for each Key Person should be provided to Cayman National at the time of this Application. If you do not hold an identify form set out above please refer to Cayman National for guidance on alternative forms of identification. In addition, an original or certified copy of a current (i.e. not more than 6 months old) utility bill, rates bill or bank statement evidencing each Key Person's private residential address should also be supplied. Please note that mobile telephone bills will not normally be accepted.

**Certification wording**

The certifier must sign and date the copy document, clearly printing his/her name in capitals underneath and indicating his/her qualification, position/capacity and contact details. He/she should state that the document is a *true copy of the original*.

**Suitable certifiers**

- a member of the judiciary, a senior civil servant, or a serving police or customs officer;
- an officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity;
- a lawyer or notary public who is a member of a recognised professional body;
- an accountant who is a member of a recognised professional body;
- a company secretary who is a member of a recognised professional body;
- a director, company secretary or manager of a business regulated in the Isle of Man or an equivalent external regulated business.

**Covering letters/documents of certification**

The certifier may complete a covering letter or document provided it is attached to the copy identification document(s), i.e. the certification is not written on the copy identification document itself, as long as the covering letter or document contains the information specified in the paragraph above, and it is clear in the letter itself that it refers to the attached document beyond any doubt.

**Evidence of source of wealth/funds**

As part of our commitment to assist in the detection and prevention of all crimes, including money-laundering, the financing of terrorism and tax evasion, we will request details from you about the source of your wealth/funds and, specifically, the funds being paid into your account (unless you are solely acting as an authorised signatory and/or in a professional capacity ONLY (e.g. acting as a corporate director on behalf of a licensed corporate service provider in the provision of administration services to an entity). Considerable delays may be experienced in opening your account where this information is not provided at the outset. Given the variety of circumstances that might apply it is not possible to give definitive instruction about what constitutes satisfactory evidence of wealth/funds. However, we would encourage you to discuss your Application as soon as possible with a Cayman National relationship manager, who will be pleased to provide guidance.

**Professional References**

Cayman National applies strict "know your customer" checks and procedures in accordance with all relevant regulatory and anti-money laundering legislation and codes. Accordingly, we may at our sole discretion require professional references, in addition to independently certified copies of identification documents (as detailed above and required for all Key Persons).

**SECTION 8: DECLARATIONS AND CONFIRMATION****Important Note***For your information*

A detailed understanding of the income, source of wealth and general business background to all new Applicants is required (as detailed above) in order to be able to provide banking services to you. We may also request documentary support for transactions that we consider to be material and/or unusual when compared to your expected account use and activity. This is to help prevent delays in the processing of account transactions on your behalf.

We reserve the right to request any additional documentation we consider necessary to determine the bona fides of any transaction. Failure by an Applicant, when requested, to provide adequate supporting documentation in respect of any significant transaction may result in the relationship being suspended pending the receipt of the information requested, or closed.

An incomplete application form or lack of supporting documentation will lead to a delay in the opening of the account. No funds will be accepted until such time that you have received notification from us that your account has been opened.

**Declarations***Please sign where indicated below*

I/we confirm that I/we have read, understood and completed all sections of this application form and that the above information is true and complete and I/we hereby request Cayman National to open an account relationship on my/our behalf.

I/we acknowledge receipt of a copy of Cayman National's Schedule of Fees and Charges, and agree that where applicable to me/us that such fees and charges may be debited to my/our account with you at the time the relevant service is requested, unless otherwise set out in Cayman National's Schedule of Fees and Charges.



**Declarations *(continued)***

*Please sign where indicated below*

I/we acknowledge receipt of a copy of Cayman National's Terms and Conditions and agree to be bound by the terms as set out therein. In the event that there is any inconsistency between this Application and Cayman National's Terms and Conditions then this Application will take priority.

I/we confirm that I/we/the shareholders/the partners (delete as appropriate) are the beneficial owner(s) of the account(s) being opened with you unless otherwise advised herein and that the account(s) being opened with you will not be used or funded from any activity which could be considered illegal or immoral under the law of my/our country of residence and/or domicile or that of the Isle of Man.

I/we hereby certify the following:

1. That in arriving at my/our decision to open the above account I/we have not relied upon any statement made by, or in the name of, Cayman National or any director or employee of Cayman National;
2. That I/we have been advised that Cayman National is not able to give me/us tax advice regarding the account(s) and that I/we have been advised that I/we should make enquiries as to, and attend, as appropriate, to any local reporting requirements relating to the account(s) in my/our country of residence/domicile;
3. I/we undertake to advise Cayman National promptly (and provide an updated Entity Self-Certification form within 90 days in the event of a change in the tax status of the entity/business) where any change in circumstances occurs which causes any of the information in this Application to be inaccurate or incomplete;
4. Where legally obliged to do so, I/we hereby acknowledge that Cayman National may share this and other information in relation to my/our activities with external regulatory bodies and authorised third parties in relation to anti-money laundering, countering the financing of terrorism or tax reporting following the introduction of legislation which is enforceable on the Isle of Man;
5. I/we authorise Cayman National to provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of Cayman National for tax purposes, a copy of this form and to disclose to such tax authorities or such party any additional information that Cayman National may have in its possession that is relevant to my/our qualification for any benefits claimed on the basis of this Declaration. I/we acknowledge and agree that information contained in this Application and information regarding balances and any income paid or credited to or for the benefit of the account(s) which I/we hold may be reported to the tax authorities in the Isle of Man, which may in turn provide the information to the country or countries in which the entity/business and/or its Key Person(s) is/are resident for tax purposes.
6. I/we hereby undertake to advise Cayman National of any change to the directors, company secretary, partners, members/shareholders and beneficial owners (where applicable) within 30 days of a change occurring and provide Cayman National with a completed Key Person questionnaire and accompanying due diligence in respect of each new person so advised.

Signature	<input type="text"/>	<input type="text"/>
Name <i>(please print)</i>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Capacity <i>(e.g. director, partner, company secretary)</i>	<input type="text"/>	<input type="text"/>

Cayman National Bank (Isle of Man) Limited is a subsidiary of Cayman National Corporation Ltd whose ultimate owner is Republic Financial Holdings Limited, a publicly quoted company incorporated in Trinidad and Tobago and regulated by the Central Bank of Trinidad and Tobago as a financial holding company. Clients' deposits are placed with a spread of approved counterparties or invested in marketable debt instruments issued by sovereign states, multi-development banks, public sector entities and banks. Prospective depositors should satisfy themselves as to the financial standing of Cayman National Bank (Isle of Man) Limited and the group based upon publicly available information. An abridged version of Cayman National Bank (Isle of Man) Limited's latest annual financial statements is available on [www.caymannational.im](http://www.caymannational.im)

Cayman National Bank (Isle of Man) Limited whose registered office is at Cayman National House, 4-8 Hope Street, Douglas, Isle of Man, IM1 1AQ, British Isles is regulated by the Isle of Man Financial Services Authority. Cayman National Bank (Isle of Man) Limited is a participant in the Depositors' Compensation Scheme as set out in the Isle of Man Depositors' Compensation Scheme Regulations 2010.