

Company Transfer Form (for completion by the person(s) wishing to transfer a company to Cayman National)

I/we (the "Beneficial Owner(s)") request the transfer of the existing Isle of Man company set out below to Cayman National Trust Company (Isle of Man) Limited ("Cayman National") for the provision of company administration/Registered Agent and/or Registered Offices services, as required.

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

SECTION 1: COMPANY DETAILS

Name of Company	<input type="text"/>			
Date of incorporation	<input type="text" value="DD/MM/YEAR"/>	Registered Number	<input type="text"/>	
Type of company (please select one option from each section)	1931 Companies Act	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>
	2006 Companies Act	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>
Authorised and Issued Share Capital				
Please state the amount of Authorised Share Capital (1931 Act company only).				
Number of shares	<input type="text"/>	Denomination, e.g. £1 Ordinary Shares	<input type="text"/>	
Please state the total number of shares in issue (all companies)			<input type="text"/>	
Services Requested				
Please select which service you require from Cayman National	Full Company Management	<input type="checkbox"/>	Registered Agent ONLY	<input type="checkbox"/>
	Registered Office ONLY	<input type="checkbox"/>	Registered Agent & Office	<input type="checkbox"/>
Registered Office				
The Company's Registered Office will be located at Cayman National House, 4-8 Hope Street, Douglas, Isle of Man, IM1 1AQ, unless otherwise requested below				
<input type="text"/>				
		Postal/ZIP Code	<input type="text"/>	
What is your reason/objective for transferring the Company to Cayman National?				
<input type="text"/>				
Please provide details of your current Company Administrator				
Name of current administrator	<input type="text"/>			
Contact person	<input type="text"/>			
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>	
Address	<input type="text"/>			
		Postal/ZIP Code	<input type="text"/>	

Cayman National Trust Company (Isle of Man) Limited
 Cayman National House 4-8 Hope Street Douglas Isle of Man IM1 1AQ British Isles
 T +44 (0)1624 646901 F +44 (0)1624 662192 fiduciary@caymannational.im www.caymannational.im

Member of the Republic Financial Holdings group of companies. Registered in the Isle of Man No: 131302C

VAT No GB 000 717 527

Cayman National Trust Company (Isle of Man) Limited is licensed by the Isle of Man Financial Services Authority.

SECTION 2: COMPANY OFFICERS AND OWNERSHIP
Shareholders
Please complete as applicable

Please provide the full name(s) of the legal person(s)/entities that are Shareholders of the Company and, where more than one, their respective share of its ownership

<i>Full name(s)</i>	<i>Ownership (%)</i>
Total	

Beneficial Ownership and Control
Please complete as applicable

Where shares are not held directly by the true Beneficial Owners(s) of the Company (e.g. where held in a legal entity name) please provide the full name of the Beneficial Owner(s) below, together with a structure chart evidencing their ownership

<i>Entity name(s)</i>	<i>Full name(s) of Beneficial Owner</i>

Completed Beneficial Ownership structure chart enclosed?

 Yes No

Controller

Does any person exercise effective control over the Beneficial Owners(s), the Company's activities and/or any director(s)/employee(s)?

 Yes No

If Yes please set out the nature of the person's influence below:

--

Company Direction & Management
Please complete as applicable

Company Director(s)

 Where the *Full Company Management* service has been selected the directors and Company Secretary (where applicable) will normally be provided by Cayman National. It is our policy that mixed boards will only be permitted in exceptional circumstances and with our prior agreement

 Where the *Registered Agent* or *Registered Office* (or both combined) service has been requested please list the Company's director(s) and Company Secretary (where applicable) below, together with any legal person(s) authorised to act on the Company's behalf or who exercise(s) control over the Beneficial Owners, Shareholder(s), the Company's activities and its director(s)/employee(s) (where applicable)

<i>Full name(s)</i>	<i>Role (e.g. director, agent)</i>

Note: For the person(s) identified above please also complete the Key Persons part of this application form in Section 4.

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SECTION 3: COMPANY ACTIVITY AND ASSETS
Purpose and Nature of Company
Please complete as applicable

Please state the purpose of the Company and the nature of its business activity (e.g. property holding, private investment, holding company, trading entity)

Please indicate in which jurisdictions/countries the Company operates and/or enters into business or contractual relationships

Please detail what assets, if any, have been acquired by the Company and their current market value

<i>Description of asset acquired by the Company, e.g. cash, property, investments, etc.</i>	<i>Market value (£'000)</i>
	£
	£
	£
Total value of assets acquired	£

Please describe how the assets acquired by the Company were financed, e.g. commercial loan, share subscription, shareholder loans, retained profits, etc.

Where the funding was from a non-commercial source please give full details of its origin, e.g. the type of funding provided, how much, by whom and its original source, etc.

<i>Type of funding (e.g. shareholder loan, share subscription, etc.)</i>	<i>Amount (£'000)</i>
	£
Provider of funding	
Source of funding	

<i>Type of funding (e.g. shareholder loan, share subscription, etc.)</i>	<i>Amount (£'000)</i>
	£
Provider of funding	
Source of funding	

What is the estimated annual turnover of the Company (please select one option)

- | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|
| Up to £25,000 | <input type="checkbox"/> | Between £100,001 and £250,000 | <input type="checkbox"/> |
| Between £25,001 and £100,000 | <input type="checkbox"/> | Over £250,000 | <input type="checkbox"/> |

If Over £250,000 please enter amount of expected annual turnover

£

SECTION 4: KEY PERSONS
Notes for Completion

For each Beneficial Owner, director, controller or person authorised to act on behalf of the Company identified in Section 2 above please complete a Key Person questionnaire below. It is a legal and regulatory requirement that we properly identify the individuals owning, managing or controlling each company that we offer full company management, Registered Agent and/or Registered Office services to. In addition, for each Beneficial Owner, we seek to understand his/her business background and source of wealth and request a resume of his/her business experience to assist us in complying with our legal and regulatory responsibilities.

Cayman National reserves the right to decline applicants where information requested has not been provided and/or where the information supplied is insufficient for it to meet its 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 persons' party to a Company to complete a Cayman National 'Individual Self-Certification' form.

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 Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number

Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes please detail nature of relationship below

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 Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>

Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number

Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes please detail nature of relationship below

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 Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>

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Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>
Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number			
<input type="text"/>			
Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes please detail nature of relationship below			
<input type="text"/>			

Key Person 4		<i>Please complete as applicable</i>	
Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Former Names (e.g. maiden name)	<input type="text"/>
Tel. Number	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YYYY"/>
Email Address	<input type="text"/>	Place of Birth	<input type="text"/>
Residential Address	<input type="text"/>	Passport Number	<input type="text"/>
	<input type="text"/>	Place of Issue	<input type="text"/>
	<input type="text"/>	Nationality	<input type="text"/>
Country	<input type="text"/>	Country of Domicile	<input type="text"/>
Postal/ZIP Code	<input type="text"/>	National Insurance Number (UK only)	<input type="text"/>
Country of Tax Residence ^{See below}	<input type="text"/>	Tax ID Number	<input type="text"/>
Where tax resident in more than one country please list below all jurisdictions of residency together with Tax ID Number			
<input type="text"/>			
Completed Cayman National 'Individual Self-Certification' form enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Details of business background/experience enclosed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you connected to a Beneficial Owner (by way of family, business or contractual relationship)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes please detail nature of relationship below			
<input type="text"/>			

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SECTION 5: OTHER DETAILS
Professional Advisors
Please complete as applicable

Please provide details of your preferred/current Investment Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Please provide details of your Tax Advisor

Name of Firm

Contact Person

Tel. Number

Email Address

Business Address

Country

Postal/ZIP Code

Banking
Please complete as applicable

Please provide details of your current bankers below. If the Company requires a new bank account we can introduce it to Cayman National Bank and Trust Company (Isle of Man) Limited. If you would prefer that an account be opened with an alternative bank, and wish Cayman National to co-ordinate the submission of an account application, please provide details of your preferred choice of Bank below.

Name of Bank

Contact Person

Tel. Number

Email Address

Branch Address

Country

Postal/ZIP Code

Please indicate below in which currencies you wish the Company to maintain accounts

Financial Reporting
Please complete as applicable
FULL COMPANY MANAGEMENT SERVICE

Where a full Company Management Service is to be provided Cayman National will require copies of all past financial statements together with the cashbook ledger for the current financial period from your current Company Administrator. It is our normal working practice to produce financial statements for companies fully managed by Cayman National. However, if you prefer that the financial statements are independently produced and/or audited please provide details of your preferred choice of accountant below. Alternatively, Cayman National will be happy to recommend a suitably qualified firm to you

Name of Firm	<input type="text"/>		
Contact Person	<input type="text"/>		
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>
Do you wish to receive copy bank statements for the Company?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes how frequently do you wish to see them?	Monthly	<input type="checkbox"/>	Quarterly <input type="checkbox"/>
To whom should copy bank statements and annual accounts be sent?	<input type="text"/>		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postal/ZIP Code	<input type="text"/>

REGISTERED AGENT/REGISTERED OFFICE ONLY SERVICE

Please provide details of who will produce the Company's financial statements and tax returns and arrange to provide a copy of the Company's accounting records to us, at least annually.

Name of Firm	<input type="text"/>	Contact Person	<input type="text"/>
Tel. Number	<input type="text"/>	Email Address	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	Postal/ZIP Code	<input type="text"/>	

ALL COMPANIES

Please enclose a copy of the last three years' financial statements for the Company

Copy of financial statements enclosed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Taxation
Please complete as applicable

Is the Company registered for Value Added Tax (VAT)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes please provide the Company's VAT number	<input type="text"/>			
In which jurisdiction(s) is the Company tax resident?	<input type="text"/>			

Other
Please complete as applicable

Does the Company currently have a Company Seal?

 Yes No

Is it anticipated that any loans will be made to the Company? (if Yes please specify details of proposed amount/terms below)

 Yes No
Due Diligence and Additional Information Requirements
Evidence of Identity

A certified copy of the Passport for each Beneficial Owner, controller, director/Company Secretary (where applicable and not appointed by Cayman National) or other interested party should be provided to Cayman National at the time of this application. 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. The certifier should state that the document is a *true copy of the original*.

Evidence of Residential Address

A certified copy of a current (i.e. not more than 6 months old) utility bill, rates bill or bank statement evidencing the individual's private residential address should be provided for each Beneficial Owner, controller, director/Company Secretary (where applicable and not appointed by Cayman National) or other interested party to Cayman National at the time of this application. 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. The certifier should state that the document is a *true copy of the original*.

Suitable Certifiers

Suitable persons to certify evidence of identity include:

- 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 external regulated business as defined in the Code

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.

Tax Self-Certification Form

As part of our commitment to meet internal standards for the automatic exchange of information for tax matters we require each Beneficial Owner, controller, director/Company Secretary (where applicable and not appointed by Cayman National) or other interested party to complete a Cayman National Individual or Entity Self-Certification form (as appropriate).

Evidence of Source of Wealth/Funds

As part of our commitment to assist in the detection and prevention of all crime (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, your business background and the source of any assets being acquired by the Company. Considerable delays may be experienced in incorporating the Company 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.

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SECTION 6: DECLARATIONS AND CONFIRMATION**Important Note**

Cayman National and its personnel expect to be fully indemnified by the Beneficial Owner(s) in respect of services provided and actions taken for and on behalf of, or in relation to, the Company. The Beneficial Owner(s) will be required to enter into appropriate legal engagements in connection with the administration of the Company and/or provision of Registered Agent/Registered Office services (as required), as well as confirming agreement to the Standard Terms of Business governing the management of the Company.

Where the Beneficial Owner(s) intend(s) to provide instructions by telephone or facsimile, an indemnity must be signed. Where the Beneficial Owner(s) request(s) that Cayman National acts on the instruction of an agent, both the agent and the Beneficial Owner(s) will be required to sign an indemnity.

Potential clients are recommended to take professional legal and taxation advice relevant to their personal circumstances and to their own jurisdiction prior to commencing any form of business relationship with Cayman National. Cayman National does not provide such advice directly but can assist clients to obtain independent professional advice if necessary.

Cayman National applies strict “know your customer” checks and procedures in accordance with all relevant regulatory and anti-money laundering legislation and in codes.

Accordingly, professional references, along with independently certified copies of identification documents (as detailed above) are required for all new clients. A detailed understanding of the purpose and background to the establishment of any offshore structure is required (as detailed above) along with documentary support for all major transactions passing through the books of a managed company.

If Cayman National is requested to accept instructions from an agent, Cayman National will contact the agent to request references and a certified copy of his/her passport as if he/she was the Beneficial Owner. Acceptance by Cayman National of the agent as being a suitable party from whom to accept instructions will be subject to the same due diligence procedures as for the Beneficial Owner(s) and may require completion of the self-certification documents.

Cayman National reserves the right to request any additional documentation it considers necessary to determine the bona fides of any transaction. Failure by a client to provide adequate supporting documentation in respect of any significant transaction may result in the relationship being closed and appropriate reports filed with the relevant regulatory and anti-money laundering authorities.

Declarations*Please sign where indicated below*

This declaration must be signed by the Beneficial Owner(s) prior to the transfer of company services

I/we confirm that the above information is true and complete and I/we hereby request the transfer to Cayman National of the company administration/Registered Agent/Registered Office, as set out above on my/our behalf.

I/we confirm that I/we have read and understood the Standard Terms of Business and the Important Notes above.

I/we agree that the company responsibility fee will be charged annually in advance and additional charges, representing specific additional services and the cost of time spent administering the Company in accordance with Cayman National's Schedule of Fees and Charges, will be charged from time to time in arrears.

I/we further understand that any quoted fees will be reviewed on an annual basis and any alterations will be discussed and agreed between ourselves. Notwithstanding this point, we understand that fees may be reviewed from time to time in light of prevailing circumstances.

I/we confirm that I am/we are the Beneficial Owner(s) of the Company and hereby certify the following:

1. That in arriving at my/our decision to transfer the company administration/Registered Agent/Registered Office (as appropriate), 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 by a representative of Cayman National that:
 - a. Cayman National is not able to give me/us tax or legal advice regarding the Company;

Declarations (continued)
Please sign where indicated below

- b. I/we acknowledge that Cayman National may be required to disclose information (the “Information Exchange”) concerning the Beneficial Owner(s) and/or controlling person(s) and/or the assets of the Company. Such information may be reported to the USA under the terms of the Foreign Accounts Tax Compliance Act (“FATCA”) and to the United Kingdom and other various countries under the terms of the Common Reporting Standard (“CRS”) as developed by the Organisation for Economic Co-operation and Development.
3. I/we hereby confirm that in relation to the Information Exchange a self-certification form has been provided to Cayman National in respect of each and every Beneficial Owner, controller or non-Cayman National director/Company Secretary (if required) of the Company.
4. I/we hereby declare that I am/we are not currently insolvent and that I/we are not seeking to hinder, delay or defraud any creditors, or engage in any illegal conduct and that I am not engaging Cayman National to facilitate or otherwise engage in such conduct.

	<i>First signatory</i>	<i>Second signatory (if applicable)</i>
Signature		
Name <i>(please print)</i>		
Date	DD/MM/YYYY	DD/MM/YYYY

If signing on behalf of a corporation please also provide the following

Your signing capacity		
Name of company		

	<i>Third signatory (if applicable)</i>	<i>Fourth signatory (if applicable)</i>
Signature		
Name <i>(please print)</i>		
Date	DD/MM/YYYY	DD/MM/YYYY

If signing on behalf of a corporation please also provide the following

Your signing capacity		
Name of company		

June 2019