



Corporate Services Ltd.

POLITICALLY EXPOSED PERSON (PEP) FORM

I, the individual named below, hereby declare that the following information is correct and true.

COMPANY DETAILS:

Name of Company No. of shares owned (if applicable)

PERSONAL DETAILS:

Surname First Name Middle Name Sex

Relationship to the Company: _____

Date of Birth (dd/mm/yy): _____/_____/_____

Place of Birth: _____

Home Address: _____

Country of ordinary residence or domicile: _____

Tel.: (H) () _____(WK) () _____ Other: () _____

Fax: (H) () _____ WK) () _____ Email: _____

Source of Income and Annual Income Range _____

Occupation: _____ Name of employer: _____

OR if self-employed, nature of self-employment: _____

Principal Place of Business: _____

Business Tax ID Number (or country equivalent) _____

Business Address: _____

Mailing address (if different from above): _____

Countr(y)/(ies) in which PEP does business: _____

PEP CLASSIFICATION :

Please indicate the basis upon which you are classified as a PEP (*Please select all of the following that apply*):

I, a parent, a sibling, my spouse, a child, another family member or a close associate, currently holds or has held one of the following positions within the last 12 months:

- A position in the executive, legislative, administrative, military or judicial branches of government, whether elected or not,

Yes No

- Head of state or head of government Yes No
 - Senior government official Yes No
 - Senior official in a major political party Yes No
 - Senior executive in a major statutory or government owned corporation Yes No
 - Senior position at an international organization or branch thereof Yes No
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IDENTIFICATION:

1. Attach a certified copy of relevant pages of **passport** or other Government issued photo identification showing number and country of issuance, issue and expiry date and signature.
 2. Attach a certified copy of your **proof of permanent residential address** (i.e. utility bill dated within the past 90 days or confirmation letter of permanent residential address by an attorney).
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SIGNATURE:

I hereby authorize you to independently verify any information provided herein and undertake to immediately inform you of any changes to the above.

Signature: _____ Date: _____

Client No: (To be filled by HJCS): _____

HJCORP/FORM I: 05/19