

*Consolidation of: (a) 'Business Account Questionnaire'; 'Enhanced Due Diligence' form; 'PEP Identification' form; and 'Cash Intensive Business Customer Review' form.



Corporate & Investment Banking Questionnaire

Business Information

| | |
|------------------------|------------------------------|
| Company Name: | Company Registration Number: |
| | |
| Date of Incorporation: | Country of Incorporation: |
| | - Select - |

Registered Address:

| | | | |
|----------------------------|----------------|--------------------|------------|
| Street Address: | | Town / City : | |
| Province / State / Parish: | | Country: | - Select - |
| | | Zip / Postal Code: | |
| Mailing Address: | Same as above? | - Select - | |
| Physical Address: | Same as above? | - Select - | |

Contact Person:

| | | | |
|-------|-------------------|------------------------|--------|
| Name: | Position / Title: | Business Phone Number: | Email: |
| | | | |

Beneficial Ownership Information

The following information is required for each individual, if any directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise owns 10% or more shares of the above mentioned legal entity

| Full Legal Name | Residential Address | Birth Country | Citizenship Country | % Holding |
|-----------------|---------------------|---------------|---------------------|-----------|
| | | - Select - | - Select - | |

Business Profile

Do any of your Business' directors or owners hold or previously held public office with any government? If yes, kindly indicate the name of the person, the office held, and respective country/government

Yes

Name of Person:

Describe the nature of Business:

What is the intended purpose of the account?

Countries your Business currently trades with or intends to do business with:

1

- Select -

What kind of accounts are you interested in establishing?

List the company's main trading counterparties:

1

What is the estimated dollar amount in annual turnover at the company-level?

Would your company require Cash Management Services?

(For example: Foreign Exchange, Merchant Services, Trade Finance, etc.)

- Select -

Business Activity

1. a) Are you an agent of a Money Service Business (MSB) (e.g. Money Gram, Western Union, etc.)?

Yes

b) MSB names which whom you have an agent agreement:

2. Does your Business or its customers/clients manufacture, distribute, dispense or sell any type of marijuana or its by-products?

- Select -

3. Does your Business trade/engage in virtual/digital currencies, blockchain network or technology developed for this purpose?

- Select -

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|--|------------|
| 4. Does your Business operate as a casino or engage in gaming (poker, video/machines gaming dealing, etc..?) | - Select - |
| 5. a) Does your Business perform Third Party Transactions (conduct transactions on your account on behalf of another party) for customers/clients? | Yes |
| b) Does your Business have an AML/CTF policy/program? | - Select - |
| Additional Information | |
| | |