

Corporate Banking
Account Opening Application Form

Section 4 About the Controllers

Page 5 to 7 of this form is to be completed by ALL Directors, Nominees and Authorised Signatories of the Company – Please fill, print/copy and complete as many copies of this page as required.

4.1 Personal Details

UK regulations require the collection of information regarding an account holder's tax residency and citizenship. Therefore, please complete the relevant questions below and provide the information requested. Please note that we may be required to share this information about you with the relevant tax authorities.

Regulations based on the 'OECD Common Reporting Standard ("CRS")' require FCMB Bank (UK) Limited to collect and report certain information about an account holder's tax residency. If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside the United Kingdom, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to Her Majesty's Revenue and Customs (HMRC) or the tax authorities in the country where your company may be located.

As a Bank, we are not allowed to give tax advice. If you have any questions about the form, these instructions, or defining your tax residency status, please speak to your tax adviser or local tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal.

Title: MR. Surname: REWANE

First Name: BISMARCK Other Names: JEMIDE

Date of Birth: 22/04/52 Country of Birth: NIGERIA

Town of Birth: WARRI Nationality: NIGERIAN

Passport Number: A50499816 Date of Issue: 28/02/18 Date of Expiry: 27/02/23

Email Address: bjrewane@gmail.com

Tax Identification Number (TIN): N-38624 Residency Start Date: SINCE BIRTH

The format of the TIN for a number of jurisdictions is provided in the OECD information portal for CRS. For the purposes of CDOT reporting, it should be noted that Guernsey, Jersey and Gibraltar use social security numbers, whereas the Isle of Man issues National Insurance Numbers.

Please tick a reason **A B** or **C** in the below box, If you are unable to provide a Tax Identification Number (TIN) or any further information on your TIN status

Reason A The country where the account holder is tax resident does Not issue TINs to its residents ☐

Reason B* The account holder is otherwise unable to obtain a TIN or equivalent number ☐

Reason C No TIN is required.
(Note. Only select this reason if the authorities of the country of tax residence entered) ☐

*If Reason B is selected; please provide further information on page 15

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Current Domicile Address: 3, Olofin Street, Victoria Island

Home Phone Number: 08027789021 Mobile Phone Number: 08167789021

Period at Domicile address, from: 1985 to Date

Please fill the following if the total period at the "Domicile Address" is less than 2 years

Previous Domicile Address (1): _____

Period at Domicile address (1), from: _____ to _____

Previous Domicile Address (2): _____

Period at Domicile address (2), from: _____ to _____

Current Tax Residence Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Correspondence Address (if applicable): _____

Employment ☒ Current/previous

Current Employment Status: Employed Occupation (Current/Former): Economist

Name of Employer (Former/Current): Financial Derivatives Co. Ltd

Employers Address (Former/Current): 9a, Idejo str., Victoria Island, Lagos

Please provide names of other entities / companies / where you are a controlling person; see Annexure C (B) for examples of capacity*

Capacity: _____

Capacity: _____

Capacity: _____

** A Controlling Person is a natural person who exercises control over an entity. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the FATF Recommendations.*

Have you ever been involved with a company that has been subject to bankruptcy, creditor's process, insolvency, either voluntary or involuntary, or any other similar proceedings? No

(If yes, please give details in the additional information sheet on Page 15)

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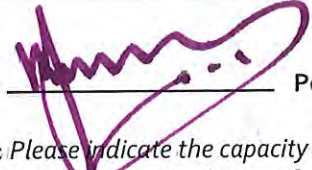
Declaration and Signature

I understand that the entity Financial Derivatives Co. Ltd is making an application to FCMB Bank (UK) Limited for banking services. I confirm that the details contained herein above are true and complete to the best of my belief and information. Should any of the details change, or should my involvement in the entity change in any material way, I shall inform FCMB Bank (UK) Limited immediately.

I further understand that FCMB Bank (UK) Limited may make credit reference search and/or searches on other data bases for fraud prevention, anti-money laundering and sanctions/embargos for the purpose of assessing this application for opening account. I am aware that the credit reference/fraud prevention agencies may record any searches, and other lenders may use this record when assessing a credit application from me or any member of my household. By signing this application I give my consent to these searches being made by FCMB Bank (UK) Limited or its authorised entity.

Print Name: Bismark J. Kewana

Date: 04/07/19

Signature: 

Position / Capacity: Managing Director

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.

Declaration and Signature

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with FCMB Bank (UK) Limited "the Bank" setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to Her Majesty's Revenue and Customs (HMRC) and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the United Kingdom.

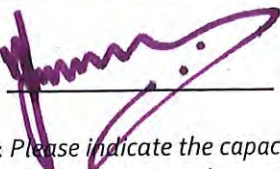
I certify that I am authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Bank within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in this form or causes the information contained herein to become incorrect. This includes any changes to the information on Controlling Persons and to provide the Bank with a suitably updated self-certification and Declaration within 60 days of such change in circumstances.

Print Name: Bismark J. Kewana

Date: 04/07/19

Signature: 

Position / Capacity: Managing Director

Note: Please indicate the capacity in which you are signing the form. If you are signing as a Power of Attorney, please attach a certified copy of the power of attorney.