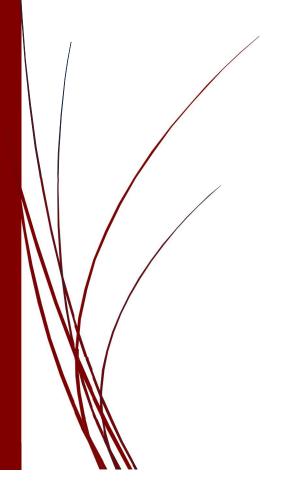
[Date]

# Corporate Account

**Opening Form** 





## **ALHAMBRA BANK & TRUST LIMITED**



#### **Form Submission Instructions:**

- 1. Complete and sign your application using black ink.
- 2. Gather all specified requirements listed in the form.
- 3. **Return your completed and signed application** along with the specified requirements via any of the following methods:
  - 1. Scan & Email (recommended) abt@abt.ky

Acceptable file formats include: JPG,JPEG,PNG,PDF

Include your Name in the Email Subject

Mail
 750 B St. Suite 2850, Symphony Towers
 San Diego 92101, California, United States

	Corporate Details	
Name of the Company	Country of Incorporation	Registration Number
Website	Country of Birth:	-
Type of Entity		
□ LLC □ Partnership	<ul><li>☐ Corporation</li><li>☐ Trust</li></ul>	Others:
Registered Office Address		
Address	Apt, Suite, Floor, etc.	-
State/Province	Postal Code	Country
Mailing Address		
Address	Apt, Suite, Floor, etc.	-
State/Province	Postal Code	Country
Phone Number	Fax Number	Email
Primary Client Details		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth	-
Passport Number	Country of Issuance	-



Residence Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Mailing Address:		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	Email
Secondary Beneficial Owner		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth	
Passport Number	Country of Issuance	
Residence Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Mailing Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	Email
Non-Benefi	ciary Authorized Signatories	
Management Company Name		



Management Company Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	Email
Primary Authorized Person		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth:	
Passport Number:	Country of Issuance:	
Residence Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Mailing Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	Email
Secondary Authorized Person		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth	
Passport Number	Country of Issuance	
Residence Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country



Mailing Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	Email
Third Client Details		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth	
Passport Number	Country of Issuance	
Residence Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Mailing Address		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number:	Home Phone Number	Email
E	mployment Details	
Primary Beneficial Owner Employment Deta	ails	
Occupation or Job Title		
Name of Company/Employer/Industry		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Phone Number	Email Address:	



Retired	Yes No	
Others		
Secondary Beneficial Owner Employment D If Employed	etails	
Occupation or Job Title		
Name of Company/Employer/Industry		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Phone Number	Email Address	
Retired: YesNo Others:		
OECD CRS Statu	us (Common Reporting Standard)	
Townsides a country	<del></del>	
Tax residence country	Taxpayer identification number	
Hereinafter, the tax residency is presumed to OECD CRS list, please specify the Tax ID number country, please add other jurisdictions.		
Please specify whether the company is		
☐ Active Non-Financial E	Entity	
<ul> <li>Passive Non-Financial</li> </ul>	Entity	
☐ Managed Investment 0	Company	
☐ Specified Investment (	Company	
□ Other		
Please specify Legal Entity Ide	ntifier:	
Ownershi	p and Management Details	
Please provide details of all beneficial ownershares in the company are owned by the trus Please continue anot	•	and ALL the beneficiaries.
Name	Percentage	_



Name		Percer	ntage	
Name		Percer	ntage	
Please provide detail	s of all directors and of	fficers	of the company	
Name		Percer	ntage	
Name		Percer	ntage	
Name		Percer	ntage	
		Financi	al Details	
Type of Account:		Deixata	Donking	
	CD		Banking:	
	CD		Money Market	
		Inves	tment:	
	Stocks		Mutual Funds	
	Bonds		Real Estate	
	ETF		Others	
	Anı	nual Inc	ome Range:	
	\$100,000 \$250,000			
	\$100,000- \$250,000 \$250,001- \$500,000			
	\$500,001-\$1,000,000			
	Greater than \$1,000,00	)		
			of Wealth:	
	Income from employm			
	Income from dividends		sts	
	Income from real estat			
	Donation/ inheritance/		settlement	
	Income from sale of as		£	
	Other source of income	e. Speci	ту	



	Investment Profile			
What are the investment objectives/	strategy?			
☐ Conservative:				
☐ Conservative t	Conservative to Moderate: Include a mix of bonds and stable stocks.			
☐ <b>Moderate</b> : Bala	ance between stocks and bonds.			
☐ Growth & Inco	<b>me:</b> Emphasize growth stocks with some in	ncome-generating assets.		
☐ <b>Aggressive</b> : Pri	oritize high-risk, high-reward investments.			
What is the time horizon of the inves	tment objectives?			
☐ Up to 1 year				
☐ Between 1 and	5 years			
☐ More than 5 yea	-			
<b>,</b>	···			
	Investment Experience			
Level of Investment Experience:				
☐ Little Knowledg	•			
	vledge (5-10 Years)			
□ Very Knowledg	eable (Over 10 Years)			
	Confirmation			
Are you a U.S. resident or citizen, or do	you have any other relationship with the U	.S.?		
□ Yes	□ No			
If you selected <b>No</b> , please specify:				
Name	Tax Identification Number			
Address	Apt, Suite, Floor, etc.			
State/Province	Postal Code	Country		
U.S. person other than Specified U.S	. person			
	<u> </u>			
Name	Tax Identification Number			
Address	Apt, Suite, Floor, etc.			
State/Province	Postal Code	Country		
Financial Institution Holding GIIN		GIIN		
		_		
Active Non- Financial Entity	Passive Non- Financial Entity			



	rs, shareholders, Ultimate Beneficial any, Politically Exposed Persons (PEF	• • •
□ Yes	□ No	
If you selected <b>No</b> , please spec	rify:	
Name of the PEP	Their Position	Country
Thank you for completing this A form, you acknowledge and cont		and Trust Limited. By signing this application
·	cuments of Alhambra Bank and Trus and Trust Limited.	agree to be bound by and comply with the st Limited, that shall govern my business
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date



#### **DECLARATION**

In the following paragraphs "Bank" shall mean Alhambra Bank & Trust Limited

- 1. I declare the information given in this application form, together with the documents detailed in the checklist, is complete and accurate.
- 2. I authorize the Bank to make any credit reference searches or other enquiries in connection with this application. The Bank may store, and process information obtained by the Bank from this application and from its dealings with me/us.
- 3. I declare the account will only be used for legal purposes.
- 4. I agree to inform the Bank immediately of any changes in our status that could affect the operation of the account. I undertake to supply additional information to the Bank when requested to do so either because of this application or from the subsequent conduct of the account.
- 5. I request and authorize the Bank to receive instructions and information via electronic or telephonic communication equipment ("Electronic Communication") which shall include but not be limited to facsimile and email, given from time to time by me and to act on such instructions and information. I agree that the Bank shall not be obliged to satisfy itself that such instructions are authentic or given in good faith. I agree that the Bank shall not be responsible for any errors or fraud arising from delivery, receipt, or transmission of any instructions via Electronic Communication and agree to assume full responsibility for all actions taken by the Bank or any of its correspondents or agents in accordance with instructions purporting or appearing on their face to have been received from me. Any action taken in good faith by the Bank or any of its correspondents or agents resulting from or in connection with any such Electronic Communication shall be binding on me. I agree to indemnify and hold harmless the Bank, its correspondents or agents, from and against any and all liabilities obligations, losses, damages, penalties, actions, judgements, suits, costs, expenses or disbursements of any kind or nature whatsoever which may be imposed upon incurred by, or served against the Bank or its correspondents or agents by reason of their actions taken in accordance with Electronic Communication.
- 6. I agree the Bank may, but shall not be obliged to, record all telephone calls, and may retain such recordings to be used, if necessary, to evidence the terms of the relevant telephone conversation providing all such recordings shall remain the property of the Bank.
- 7. I agree to pay the Bank's usual and customary fees for acting in accordance with any instructions received. The Bank may debit our account with such fees and charges.
- 8. I confirm and agree that I am responsible for reviewing upon receipt all account statements or other notifications relating to the account of if I fail to do so, the Bank will not be liable for any losses incurred after the time such information should have been discovered.



# **CONSENT RESOLUTION OF THE BOARD OF DIRECTORS OF**

Insert name of company:			<del></del>		
We, the Directors of				•	oany organized under the esolutions taken
with/without a meeting.					
It was <b>RESOLVED</b> that; 1. An investment manage with Alhambra Bank & Tru		-	counts that may be require ayman Islands.	ed fron	n time to time be opened
2. The Directors of the Correquired by the Bank and regarding the company as	o provide all support	ing docum	ete, sign, and execute all the ents required by the Bank		
3.The signing powers shall	be:				
or	may sign jointly may sign alone				
Name:	Signature:		Legal Name of Entity:	Da	ate:
Name:	Signature:		Legal Name of Entity:	Da	ate:
Name:	Signature:		Legal Name of Entity:	Da	ate:
Specimen Signature Ca	rd				
Name:		Signature	e:		Date:
Name		Signature	<del>)</del> :		Date:
Name:		Signature	<del>)</del> :		Date:



## **REQUIREMENTS**

- 1. You must provide documentary evidence of your and your company's identity.
- 2. All Company corporate documents should be certified by a legal professional/ bank or signed with current date by Company's Director/ Secretary/ Authorized Person.
- 3. It is important that all submitted documentation is legible, without image modifications or irrelevant subjects in it. A full-page colored scan copy should be provided for ID documents (with clearly visible machine-readable zone codes if any).

A. Cor	porate documents -Certificate of Incorporation or Registration;
	Memorandum and Articles of Association/ Constitution/ By-Laws;
	Document confirming Director (s) of the company;
	Document confirming UBO or share allocations;
	Document confirming Registered Address of the Company
	Certificate of Good Standing or Incumbency not older than 6 months
B. Ider	ntification copy(ies) -Passport
	National or other government-issued identity card. The document confirming the identity of all Directors, Authorized Signatory and UBO, must contain a photo and a hand-written signature.
	of of Residency -Passport, driving license, residence card or another government-issued ID featuring ntial address other than one that has been uploaded in the Valid ID form.
	Utility bill;
	Account statement or reference letter issued by a recognized credit/ financial institution.



## **Source of Wealth**

The Compliance team retains the authority to seek additional information and supporting documentation. This implies that documents not specified in the table may be requested to ensure the accurate sourcing of funds information.

Description of the source of funds	Documentary evidence required	
	One of the following:	
	Latest Audited Financial Statements	
1. Income from	Full set of documentary evidence for income-generating activities (agreements, invoices,	
Business Activities	transportation documents, account statements confirming transfers of funds, etc.).	
	Documents shall confirm the full cycle of business activities and shall confirm the realized	
	profit.	
2. Investment /	Account statement from a regulated Financial Institution clearly indicating realized profit	
Trading	from the investment/trading activities.	
	Sale contract	
3. Real Estate Sale	Extract from the official Property/Land register confirming the ownership and transfer of	
3. Neat Estate Sale	real estate (in case the Sale contract is not certified by the notary)	
Account statement from the Financial Institution confirming the transfer of funds		
	Full set of documents confirming the ownership and transfer of the ownership of the	
	Company	
4. Company Sale	Sale contract	
4. Company date	Account statement from the Financial Institution confirming the transfer of funds.	
	Documents confirming the value of the Company if it cannot be confirmed through public	
	sources (e.g., Financial Statements)	
	Audited financial statements or board resolution confirming the details of dividend	
5. Dividend	payment.	
Payment	Account statement from the Financial Institution confirming the transfer of funds.	
	Full set of documents or public information confirming the ownership of the Company	