



Serving Essential & Commercial Needs

CONFIDENTIAL

CLIENT INFORMATION FORM

All information provided within this form is confidential. This information is requested by law and in compliance with anti-money laundering legislation. Any information that you volunteer in this form will be held in the strictest confidence and will not be disclosed to any third party outside of our identity verification processes. Failure to provide full, correct and true information may lead to refusal of your application.

Information given in this form may also help us to provide you with the correct services and facilities and may assist us in identifying products and services that are tailored to your own specific needs and requirements.

This information will NOT be filed by any third party and will remain confidential at all times.

SECTION (1): ABOUT YOU

FAMILY NAME:

FORENAME(S):

DATE OF BIRTH:

NATIONALITY:

MARITAL STATUS:

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

☐ Single

PASSPORT NUMBER:

PASSPORT EXPIRY DATE:

PLACE OF ISSUE:

If Married; FULL
NAME OF SPOUSE:

OCCUPATION OR
PROFESSION:

NUMBER OF
DEPENDANTS:

PROFESSIONAL
QUALIFICATIONS:

STATE OF HEALTH:

☐ Good

☐ Fair

☐ Poor

PERSONAL CONTACT INFORMATION

YOUR RESIDENTIAL
ADDRESS:

Please include international dialling codes.

MOBILE NUMBER:

Town:

HOME TELEPHONE:

Postal / Zip Code:

OFFICE TELEPHONE:

COUNTRY:

FAX:

HAVE YOU EVER BEEN A RESIDENT OF
ANOTHER COUNTRY IN THE PAST 10
YEARS?

Yes ☐

No ☐

PREFERRED
TELEPHONE NUMBER:

If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE

EMAIL ADDRESS: Please provide a confidential email address

Please provide the below information on your main principal company. This means that if your company is a group of companies, please provide information on the main trading parent or group company. If your company is a Special Purpose Vehicle or Private Subsidiary of a public company, please provide full details on the intended trading company that will be applying for the facilities.

SECTION (2): ABOUT YOUR PRINCIPAL COMPANY

NAME OF CORPORATION:	<input type="text"/>		Company Number <input type="text"/>
REGISTERED OFFICE OF CORPORATION:	<input type="text"/>		<i>Please provide full postal address of Registered Office</i>
DATE OF INCORPORATION:	<input type="text"/>	JURISDICTION OF INCORPORATION:	<input type="text"/>
TYPE OF INCORPORATION:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public / Listed Company		
WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?	<input type="text"/>		Tick Box if Special Purpose Vehicle <input type="checkbox"/> SPV ONLY
NUMBER OF EMPLOYEES	<input type="text"/>	DATE TRADING STARTED (OR PLANS TO START):	<input type="text"/>
TURNOVER OF THE COMPANY:	This Year: <input type="text"/>	Last Year: <input type="text"/>	
NET PROFIT OF THE COMPANY:	This Year: <input type="text"/>	Last Year: <input type="text"/>	
CURRENCY:	<input type="checkbox"/> INR <input type="checkbox"/> Euro (€) <input type="checkbox"/> USD (\$) <input type="checkbox"/> OTHER		
YOUR POSITION WITHIN THE COMPANY:	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorised Director Majority Shareholder or Senior Partner <input type="checkbox"/> Other: Please specify:		
SHARECAPITAL:	AUTHORISED CAPITAL <input type="text"/>	FULLY PAID CAPITAL <input type="text"/>	
TRADING ADDRESS	<p>Please provide a full correspondence address for receiving confidential documents. <i>This address does not need to be the Registered Office of the Company but MUST be an authorised address of the Company or its trading premises/offices.</i></p>		
ADDRESS FOR ALL CORRESPONDENCE:	<input type="text"/>		
TOWN	<input type="text"/>		
POSTAL CODE	<input type="text"/>		
COUNTRY	<input type="text"/>		

Please provide information about the Directors/Officers and Shareholders of your principal company.

LIST OF DIRECTORS:

Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
COMPANY SECRETARY:	Full Name:	Date of Birth:		Shareholding %'age:	

LIST OF SHAREHOLDERS:

*If different from the person(s) named above.
There is no need to complete if you are a Public Company with more than 12 shareholders.
If Shareholder is a corporation or trust, please state the name of the corporation or trust.*

Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	

Please continue on a separate sheet if required.

Have any of the above stated Directors;

Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been banned from acting as a Company Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a criminal offence for anything other than motoring offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'YES' to any of the above, please provide details:

Please complete this page as much details as possible. Failure to complete this page may delay your application.

SECTION (3): ASSET & LIABILITY STATEMENT

Assets

State Currency

☐ INR ☐ USD (\$)
☐ Euro (€) ☐ OTHER

Liabilities

State Currency

☐ INR ☐ USD (\$)
☐ Euro (€) ☐ OTHER

PERSONAL (FIRST DIRECTOR OR BENEFICIAL OWNER)

Value of Private Primary Residence:	<input type="text"/>	Residential Loans and Mortgages:	<input type="text"/>
Real Estate Property:	<input type="text"/>	Commercial Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Bank Loans / Overdrafts:	<input type="text"/>
Investments: (Quoted Stocks & Bonds)	<input type="text"/>	Other Credit or Loans:	<input type="text"/>
Other: (please state)	<input type="text"/>	Other: (please state)	<input type="text"/>
Value of Company Shareholding:	<input type="text"/>		
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase of Lease Contracts:	<input type="text"/>
TOTAL PERSONAL ASSETS	<input type="text"/>	TOTAL PERSONAL LIABILITIES:	<input type="text"/>

CORPORATE / COMPANY ASSETS & LIABILITIES

Real Estate Property:	<input type="text"/>	Secured Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Loans Or Overdrafts:	<input type="text"/>
Investments:	<input type="text"/>	Other Liabilities:	<input type="text"/>
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase & Lease Contracts:	<input type="text"/>
Debtors:	<input type="text"/>	Creditors:	<input type="text"/>
TOTAL CORPORATE ASSETS:	<input type="text"/>	TOTAL CORPORATE LIABILITIES:	<input type="text"/>

The above information will remain confidential at all times

Please provide us with details of your bankers and legal representative who will be conveying the intended transaction.

SECTION (4): ABOUT YOUR COMPANY BANKERS

NAME OF BANK:	<input type="text"/>	<i>Please provide full details of your company bankers</i>
ADDRESS OF YOUR BANK / BRANCH:	<input type="text"/>	
TOWN	<input type="text"/>	
POSTAL CODE	<input type="text"/>	
COUNTRY	<input type="text"/>	
PRINCIPAL ACCOUNT NAME:	<input type="text"/>	
ACCOUNT NUMBER:	<input type="text"/>	
BIC or SWIFT CODE:	<input type="text"/>	
NAME OF ACCOUNT MANAGER:	<input type="text"/>	
How Long has the Company banked here:	<input type="text"/> years	

SECTION (5): ABOUT YOUR ATTORNEY / SOLICITOR or LEGAL REPRESENTATIVE

NAME OF LAW FIRM:	<input type="text"/>	<i>Please provide full details of your company lawyers</i>
NAME OF ATTORNEY or SOLICITOR:	<input type="text"/>	
ADDRESS :	<input type="text"/>	
TOWN:	<input type="text"/>	
POSTAL CODE:	<input type="text"/>	
COUNTRY:	<input type="text"/>	
TELEPHONE	<input type="text"/>	FAX: <input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	

SECTION (6): BROKER OF RECORD (if applicable)

If you have been introduced to us by a broker, please give their name below.

**NAME OF YOUR
BROKER:**

SECTION (7): ABOUT YOUR REQUIREMENTS

Please complete the following questions about the services you require.

☐ Collateral Transfer ('leasing' of Bank Instrument or Assets)

☐ Loan against existing Collaterals/ Assets

☐ Corporate Loan (Secured)

☐ Private Equity or Joint Venture Investment

Other: Please specify

VALUE OR AMOUNT OF FACILITY REQUIRED:

CURRENCY:

☐ INR

☐ S Dollar (\$)

☐ Euro (€)

☐ OTHERS

TERM OF FACILITY REQUIRED:

In months (from 12 to 72 months)

SECTION (8): IDENTITY PROOFS REQUIRED

IMPORTANT:

Please provide the following documents when returning this CIP document.

☐ Copy Of Passport (Clear Colour Copy)

☐ Copy of Professional Qualifications (if applicable)

☐ Utility Bill for Proof of Residential Address

☐ Copy of Certificate of Incorporation (if applicable)

SECTION (9): DECLARATION

I understand that the information provided herein and other information that may be attached to this documentation will be examined in accordance with the due diligence procedures defined under Swiss Law. Please accept this form and any attachments as authorisation for IntaCapital Swiss SA to undertake any necessary due diligence investigations, including the search of financial, credit history or criminal databases in respect of myself, my company and any other associated parties.

Signed:

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate and I further confirm that any funds to be engaged in this transaction contemplated are derived from non-criminal origin; and, are good, clean and cleared. The origin of all funds are in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.

Signed:

Dated: