

Offshore Holdings: Notification

i This form to be filled by representative of foreign institution

Notification on behalf of client

Name: _____

Account number: _____

Offshore Financial Institution

Name of Institution: _____

Address: _____

Authorising Representative: _____

Email of Authorising Representative: _____

Current Holdings

i If the offshore holding is to be newly opened, provide details of the client's expected or maximum approved initial holding

Form of Holdings (tick all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Market Investments | <input type="checkbox"/> Nautical Investment | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Provisional Estate | <input type="checkbox"/> Public Open Fund | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Unified Asset Bucket |

Total value of holdings (specify currency): _____

Are the holdings financially transparent?

- Yes No

Are the holdings time-limited?

- Yes No

If so, state the limitation period: _____

Due Diligence and KYC Complicance

i If the offshore holding is to be newly opened, specify the checks which will be performed before account finalisation

Which, if any, due diligence checks have been performed to verify client eligibility?

- | | | |
|--|--|--|
| <input type="checkbox"/> Address Verification | <input type="checkbox"/> Tax Residency Determination | <input type="checkbox"/> Sanctions Screening |
| <input type="checkbox"/> Risk-based Customer Profiling | <input type="checkbox"/> Notarial Authorisation | <input type="checkbox"/> Other (specify below) |

Which, if any, Know Your Customer (KYC) checks have been performed to verify client legitimacy?

- | | | |
|---|---|--|
| <input type="checkbox"/> Identity Validation | <input type="checkbox"/> Source of Funds | <input type="checkbox"/> Fiduciary Validation |
| <input type="checkbox"/> Fiscal Turpitude Exclusion | <input type="checkbox"/> IMF KYC Indexing | <input type="checkbox"/> Other (specify below) |

Other due diligence and KYC checks: _____

Signature

i This information is certified by the Authorised Representative of the Offshore Financial Institution

Signature: _____ Date: _____

Approval **i** For internal use only

Submission is approved: Yes No

Signature: _____ Date: _____