

Complete this form for every individual who directly or indirectly owns or controls in aggregate 10% or more of the customer such as owner, signatory, director, CEO, principal, partner, nominee, trustee, grantor, settlor, protector, individuals with power of attorney or proxy (parties with voting rights) and individuals with control over management or purporting to act on behalf of the entity or by whom binding obligations may be imposed on the entity.

Availability to meet with a Relationship Manager? Yes No (If No, by law BCB is required to conduct Enhanced Due Diligence)

Are you an existing customer of BCB? Yes No **Will you be a contact person?** Yes No

Title: Mr. Mrs. Ms. Miss Dr. Other:

First Name: **Middle Name:**

Surname: **Suffix (if any):**

Previous Name:

Position/Capacity: Beneficial Owner Partner Shareholder Director/Officer Signatory Executor
(Select all that apply) Power of Attorney Trustee Grantor Enforcer Settlor Protector Beneficiary

Residential Address

House/Street:

Town/City/Parish: **County/State:**

Postal/Zip Code: **Country:**

Gender: Male Female

Occupation:

Job Title:

Phone 1: **Phone 2:** (Please provide at least one phone number and include international dialing code)

Email Address*: (*Email address is mandatory)

Bermuda Residency: Non-Resident Resident Bermudian Resident Non-Bermudian

Date of Birth (dd-mmm-yyyy): **Place of Birth:** **Nationality:**

Countries of Residence and Tax Jurisdiction

	Country	Passport Number	Passport Expiry Date (dd-mmm-yyyy)	Tax Identification Number
①				
②				
③				

I confirm the information contained within this page is complete and accurate.

Client Name (print full name)

Client Signature

Date (dd-mmm-yyyy)