

Name of independent financial advisor including company name

ELLIOT BULLMAN, KNG INTERNATIONAL ADVISORS

Contract number (if already allocated)

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EOU number

(To which this application is to be attached for business processing purposes)

1	6	4	8	8
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# Application Form

Life Assurance and Capital Redemption products  
Excluding Worldwide Personal Portfolio



HANSARD  
WORLDWIDE

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## Please read carefully before completing this form

Please read this in conjunction with the Privacy Policy document (HWL24) which is available to view on our website: [hansard.com/worldwide](http://hansard.com/worldwide).

All applicants applying for Life Assurance or Capital Redemption Contracts need to complete this form. Please check which option is available for your region via your independent financial advisor.

## Life Assurance and Capital Redemption Contracts

1. Trusts, companies and other legal entities must complete this form **and** the accompanying Supplementary Application Form (HWL16).
2. Where a question is not applicable, please always mark "N/A".
3. Please forward this form to our Administration Centre for Correspondence: 55 Athol Street, Box 192, Douglas, Isle of Man, IM99 1QL, British Isles.
4. Please note that an email will be sent requesting you to sign into your Online Account when your contract is active. Your contract documents will only be available through your Online Account - we will not send any correspondence by post.
5. Any reference to "we", "us", "our", or "the Company" means Hansard Worldwide Limited.

## Life Assurance Contracts only

6. If you wish to nominate one or more beneficiaries to receive the amount due under the proposed contract in the event of the death benefit becoming payable, please complete the Beneficiary Form (HWL26).
7. If additional life cover is required, please complete the Underwriting Application Form (HWL28).

## Capital Redemption Contracts only

8. If you wish to transfer the ownership of the contract to one or more person(s) (the "Beneficiaries") on death of the contract holder (or the second death in the case of joint contracts) before the maturity date, please complete the Transfer of Contract Ownership on Death of Contract Holder form (HWL42).

**2. Details of Applicant(s)****This section must be completed by all Applicant(s).****Applicant 1**

Title	Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Surname	<input type="text" value="Luna Saucedo"/>
Forename	<input type="text" value="Osbiel"/>
Other names (including maiden name)	<input type="text" value="No"/>
Sex	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Date of birth <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/>
Country of birth	<input type="text" value="Mexico"/> Town/City of birth <input type="text"/>
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 15	<input type="text" value="SMZA 31 Av. Kabah, MZA 9, E Guadalajara LT 5 D5,"/> <input type="text" value="Benito Juarez, Quintana Roo"/> <input type="text"/>
Nationality	<input type="text" value="Mexican"/>
Marital status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input checked="" type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Employment status	Employed <input checked="" type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Occupation	<input type="text" value="Operations Manager"/>
Industry	<input type="text" value="Hotel"/>
Name of employer/Company name or if retired, final employer/ company name	<input type="text" value="Omni Hotels"/> <input type="text"/>
Are you acting as a trustee?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes see note 1 on page 3)
Identification type provided	Passport <sup>1</sup> <input type="checkbox"/> National ID Card <sup>1</sup> <input checked="" type="checkbox"/> Other <sup>1</sup> <input type="checkbox"/> Please state <input type="text"/>
ID document number	<input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="N"/> <input type="text" value="C"/> <input type="text" value="S"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issued by	<input type="text" value="Mexcian Government"/>
Tax residency countries	<input type="text" value="Mexico only"/> <input type="text"/>
Tax identification numbers (TIN)	<input type="text" value="LUSO861101C85"/> <input type="text"/>
Home	Country code <input type="text" value="+52"/> Area code <input type="text" value="998"/> Phone number <input type="text" value="307 2790"/>
Business	<input type="text"/> <input type="text"/> <input type="text"/>
Mobile/Cell	<input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text" value="osbie11una@gmail.com"/>
Enter the security password which will be requested when you speak to us	<input type="text" value="mexico"/>

<sup>1</sup> A suitably certified copy must be supplied (see section 15).

**2. Details of Applicant(s) cont.****This section must be completed by all Applicant(s).****Applicant 2**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>	
Surname	<input type="text"/>						
Forename	<input type="text"/>						
Other names (including maiden name)	<input type="text"/>						
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth				<input type="text"/>
Country of birth	<input type="text"/>			Town/City of birth <input type="text"/>			
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 15	<input type="text"/>						
Nationality	<input type="text"/>						
Marital status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/> Please state <input type="text"/>		
Employment status	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Other <input type="checkbox"/> Please state <input type="text"/>			
Occupation	<input type="text"/>						
Industry	<input type="text"/>						
Name of employer/Company name or if retired, final employer/ company name	<input type="text"/>						
Are you acting as a trustee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(if yes see note 1 on page 3)				
Identification type provided	Passport <sup>1</sup> <input type="checkbox"/>	National ID Card <sup>1</sup> <input type="checkbox"/>	Other <sup>1</sup> <input type="checkbox"/>	Please state <input type="text"/>			
ID document number	<input type="text"/>						
Issued by	<input type="text"/>						
Tax residency countries	<input type="text"/>						
Tax identification numbers (TIN)	<input type="text"/>			<input type="text"/>			
Home	Country code <input type="text"/>	Area code <input type="text"/>	Phone number <input type="text"/>				
Business	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Email address	<input type="text"/>						
Enter the security password which will be requested when you speak to us	<input type="text"/>						

<sup>1</sup> A suitably certified copy must be supplied (see section 15).

### 3. Details of Life (or lives) to be Assured if other than the Applicant(s)

This section is to be completed for Life Assurance contracts only

Is Applicant 1 to be the life assured?

Yes  No

Is Applicant 2 to be the life assured?

Yes  No

If yes, please move to section 4. If no, please complete details below.

#### First life to be assured

Title Mr  Mrs  Miss  Ms  Other  Please state

Surname

Forename

Other names  
(including maiden name)

Sex Male  Female  Date of birth

Country of birth  Town/City of birth

Marital status Married  Divorced  Separated  Single   
Other  Please state

Occupation

Industry

Permanent residential address  
(PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 15

#### Second life to be assured

Title Mr  Mrs  Miss  Ms  Other  Please state

Surname

Forename

Other names  
(including maiden name)

Sex Male  Female  Date of birth

Country of birth  Town/City of birth

Marital status Married  Divorced  Separated  Single   
Other  Please state

Occupation

Industry

Permanent residential address  
(PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 15

**4. Details of the Ultimate Beneficial Owner or Controller if not the Contract Holder****This section must be completed by Corporate Applicant(s).**

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>		
Surname	<input type="text"/>							
Forename	<input type="text"/>							
Other names	<input type="text"/>							
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth				<input type="text"/>	
Country of birth	<input type="text"/>			Town/City of birth			<input type="text"/>	
Marital status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>		Please state <input type="text"/>	
Occupation	<input type="text"/>							
Industry	<input type="text"/>							
Name of employer/ Company name or if retired, final employer/company name	<input type="text"/>							
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 15	<input type="text"/>							
Identification type	Passport <sup>1</sup> <input type="checkbox"/>	National Identity Card <sup>1</sup> <input type="checkbox"/>				Other <sup>1</sup> <input type="checkbox"/>		Please state <input type="text"/>
ID document number	<input type="text"/>							
Issued by	<input type="text"/>							
Tax residency countries	<input type="text"/>			<input type="text"/>				
Tax identification numbers (TIN)	<input type="text"/>			<input type="text"/>				

<sup>1</sup> A suitably certified copy must be supplied (see section 15).

## 5. Politically Exposed Person

This section must be completed by all applicant(s).

Is any party to this application a Politically Exposed Person (PEP) or a close associate/family member of a PEP?

Yes

No

We are required to identify any parties to the application who are Politically Exposed Persons ("PEP") and request enhanced due diligence. **A PEP is a person who is or has been entrusted with prominent public functions.** This includes immediate family members or any close associate. Enhanced Due Diligence (EDD) means, in addition to fulfilling the minimum verification requirements, the life company may be required to take extra steps to verify the identity, address, source of funds and/or source of wealth of a client. This may include requesting additional documentation which will support the identity, residency, source of funds and/or source of wealth of the applicant(s).

Examples of PEPs include: a head of state, a holder of a political or government post, a high level member of the judiciary, a high ranking officer in the military, an employee of a state owned corporation or a board member of a central bank.

If the answer is "Yes", please provide further details below (including full name and PEP status)


Based on the information provided, we reserve the right to request further information or documentation.

## 6. Contract Details

### a) Product name

Vantage Platinum  
WorldwideCapital Builder  
Worldwide

### b) Type of contract

Life Assurance

Capital Redemption

### c) Basis of life cover - Life Assurance contracts only

Single life

Joint lives, first death

Joint lives, second death  
(only available to Capital  
Builder Worldwide)

**For joint lives the sum assured would be payable on first death if neither of the two joint life options are selected.**

### d) Contribution details

Contribution amount

USD

Currency

500

Figures

Frequency of contribution

Monthly

Quarterly

Half-yearly

Yearly

Single

Term (if applicable)

20

Years

Please note that if contributions are not made for the selected term, the value at maturity will be reduced.

**6. Contract Details cont.****e) Optional benefit - Vantage Platinum Worldwide Life Assurance only**

See product prospectus for details.

Additional life cover  Yes - Please complete the separate Underwriting Application Form (HWL28).  No**f) Payment method****Please note that Standing Order/Telegraphic Transfer is the only payment method available for Capital Builder Worldwide contracts.**

Contribution type		Payment method
Initial	Subsequent	
<input type="checkbox"/>	<input type="checkbox"/>	Standing Order/Telegraphic Transfer - If you wish Hansard to send the instruction to the bank, then Hansard requires the original.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Credit card - <b>For regular Vantage Platinum Worldwide contributions only.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Visa Debit - <b>For regular Vantage Platinum Worldwide contributions only.</b>
<input type="checkbox"/>		Other Please state <input type="text"/>
	<input type="checkbox"/>	Other Please state <input type="text"/>
<b>Payment(s) must be made in favour of: Hansard Worldwide Limited</b>		

Are you cancelling an existing contract with Hansard, or any other provider to effect this contract?

 Yes - Advisor to complete section 14.  No**7. Unit Fund Choice****This section must be completed by all applicant(s).**

Details of the Hansard International Series 2 unit fund range are available from your independent financial advisor.

Please enter details of the unit funds chosen in the table below. When entering the details of your chosen unit funds, please note that if the unit fund name and unit fund code do not agree, we will default to the unit fund code. Any unit funds that are in short or long term suspension will not be available.

Unit fund code	Unit fund name	Percentage	Unit fund code	Unit fund name	Percentage
C610S2	Fidelity World USD	1 5 %			%
MC216S2	Guinness Global Equity Income USD	2 0 %			%
MC168S2	Pictet Premium Brands USD	1 5 %			%
MC158S2	Blackrock Asian Dragons USD	2 0 %			%
MC243S2	Fidelity Global Technology USD	1 5 %			%
MB28S2	JP Morgan Natrual Resources USD	1 5 %			%
		%			%
		%			%
		%			%
		%			%
Total					1 0 0 %

## 8. Source of Contribution Payment

This section must be completed by all applicant(s).

1. Where is the contribution for this contract being sent from?

- a) If the contribution is being made from your personal account please complete all the account details in full. Failure to do so will result in the Company requiring additional documentation to establish the link between you and your contribution.

Name of Financial Institution/Bank

GRUPO FINANCIERO BANORTE

Financial Institution/Bank address

PLAZA LAS PÀLMAS, AV. XCARET SN LOCAL 3 AL 5 1968, SUPERMANZANA 36

CANCÚN, QUINTANA ROO, C.P 77500 MEXICO

Name of account holder(s)/contract holder(s)

Osbiel Luna Saucedo

Account number

1165855883

Sort Code

IBAN

CLABE 072 691 01165855883 5

SWIFT/BIC

BAOTMXM1XXX

- b) If your contribution is being funded by a third party please complete the Third Party Payment Questionnaire form (HWL22). The Company reserves the right not to accept payments by third parties.

## 9. Source of Wealth

This section must be completed by all applicant(s).

In order for us to comply with regulatory obligations, we are required to understand how our applicants have acquired the monies they wish to invest with Hansard Worldwide Limited.

Please answer the following questions clearly and in full:

- a) What is the total value of all your assets?

Currency

MXN

Amount

1,021,000

- b) Please provide full details and description of the source of the contribution to be invested for example, details of investments, personal income, borrowing, personal savings, pension, other. Please note additional information may be required if insufficient information is provided.

Personal income saved from salary

- c) Please provide details of your annual earned income for example, employer's name, annual gross salary.

50,000 USD per annum earned with Omni Hotels.

If the total contributions (including other Hansard Worldwide Limited contracts that you hold):

- are equal to or exceed GBP 250,000 for single contribution contracts, or currency equivalent; or
- are equal to or exceed GBP 50,000 per year for regular contribution contracts, or currency equivalent; or
- where both single contribution contracts and regular contribution contracts are held, the contracted contributions are to equal or exceed GBP 250,000 within the next five years,

then supporting documentary evidence is required.

If the source of the contribution to be invested is wealth created from:

1. **Income** please provide the following:

- suitably certified copies of three months of recent payslips; or
- a letter from your employer which evidences income and bonuses earned for the past 3 months; or
- recent business accounts or tax returns if self-employed

**9. Source of Wealth cont.****2. Investments** please provide the following:

- if liquid assets (deposits), please provide bank statements or similar
- if equities or other investments, please provide stock broker's statement or similar

Please also provide:

- a certified copy of the investment statement showing sale proceeds; or
- a contract note

**3. Another insurance contract** please provide the following:

- a suitably certified copy of the letter notifying the amount of proceeds to be transferred

**4. Sale of property** please provide the following:

- details of the property sold including dates of purchase and sale

NA

Please also provide:

- signed letter from the solicitor; or
- suitably certified copy of the sale contract

**5. Borrowing** please provide the following:

- name and address of the financial institution providing the loan

NA

Please also provide:

- a suitably certified copy of the loan agreement

**6. Other** (for example inheritance or gifts) please provide the following:

- name of person(s) providing the inheritance or gift

NA

Please also provide:

- if an inheritance, a suitably certified copy of the will including a value of the estate
- if a gift, a letter from the donor confirming details of the gift and suitably certified copy of evidence of the original source of this wealth (as per the other document requirements).

**10. Important Notes**

1. If you become resident in the United States of America while your contract is in force, the Company may not be able to accept any further contributions or any instructions to vary the unit fund choice until after you cease to be resident in the United States of America.
2. The Company will only accept an application introduced by an independent financial advisor. Your independent financial advisor is acting solely as your agent when advising you and submitting your application to the Company. Accordingly, the Company cannot be held responsible for the advice, representations, acts or omissions, made in connection with your application. Please, therefore, ensure that the application conforms with your instructions before you sign it.
3. All contributions must be made payable to "Hansard Worldwide Limited". The Company will not accept responsibility where contributions are made payable to a third party. Where a contribution is made payable to a third party, that third party shall be acting solely as your agent and not as a collecting agent for the Company.
4. No liability can be accepted by the Company for any country's current or future tax or other legislation which may affect the contract including any benefit that may be payable under it. You should seek independent advice on the applicable legislation in your country of residence.

**10. Important Notes cont.**

- 5. Examples of individuals who may be acceptable as a suitable certifier include:
  - your independent financial advisor provided he/she has been appointed a suitable certifier by Hansard Worldwide Limited
  - an authorised representative of an embassy or consulate of the country who issued the identification document
  - a notary public, commissioner for oaths, lawyer or advocate, a registrar or other civil or public servant authorised to issue or certify copy documents
  - an accountant who is a member of an institute, or other professional organisation.
- 6. The Company is a regulated business that is now deemed a Financial Institution (FI) under the Foreign Account Tax Compliance Act, commonly known as FATCA. There is a drive to standardise reporting requirements globally and tax and financial accounts held overseas are now subject to the Common Reporting Standard (CRS) which is to be the standard for international exchange of information.

You acknowledge and agree that we will be required to disclose information you have provided to us, including personal data as defined in the current Data Protection Legislation, for the purposes of complying with any applicable tax or regulatory authority requirement or request for information. In the event that a formal request is made by a relevant tax or regulatory authority for the provision of additional information not held by us you agree to co-operate with such requests without unreasonable delay.

**11. Additional Notes**

Any additional notes made below by or on behalf of the applicant MUST be countersigned by the applicant.


**12. Data Protection**

The Company Privacy Policy document (HWL24) describes how we collect and use personal information provided to us as a Data Controller for the purposes of effecting and administering the contract applied for. By signing this application form and providing personal information to us each applicant acknowledges that the Company could not provide the contract without the provision of accurate and sufficient personal information. All applicant rights are documented in the Privacy Policy, including details on: right of access; right of rectification and erasure; right of restriction on processing; right to data portability; right to withdraw consent; and rights on how to make a complaint.

## 13. Declarations

To be completed in full by each individual applicant.

I HEREBY DECLARE that:

1. To the best of my knowledge and belief, all statements in this application form are true and complete and shall form the basis of the contract applied for. I understand that completion of this application form does not in itself establish a contract and that the Company has the right to refuse an application.
2. I have read and fully understood the important notes in section 10.
3. I have read and fully understood the data protection information given in section 12 and the Privacy Policy document (HWL24).
4. I have read, fully understood and retained the product Prospectus and Key Information Document.
5. This application form conforms with my instructions before I signed it and submitted it to the Company. If any person other than myself shall have completed any part or all of this application form they did so with my full authority and not on behalf of the Company, and I further declare that the completed application form fully conforms with my instructions.
6. My independent financial advisor is acting solely as my agent in respect of this application form. Until I give the Company written notice to the contrary, my independent financial advisor shall continue to act in this capacity once the contract has been issued. My independent financial advisor is responsible for advising me on the suitability of the contract and of my choice of unit funds, in the context of my personal circumstances and, as such, no claim will be made by me against the Company for the advice, representations, acts, omissions or conduct of my independent financial advisor.
7. The Company has not provided me with any financial or other advice in respect of my contract and does not make any warranty or representation as to the suitability of the contract for my needs.
8. The Company has not promoted the unit funds or provided any advice, made any recommendation or expressed any opinion whatsoever to me in respect of the performance, risk, regulatory issues, security (including any express or implied guarantees) of the unit funds.
9. I shall be, and shall remain, solely responsible for the selection of the unit funds and that I am satisfied that such selection is appropriate for me.
10. I understand that although most unit funds are priced and dealt on a daily basis, some unit funds may be less frequent and may only have a price or be able to be dealt at weekly, monthly or quarterly intervals. I confirm that I understand the pricing and dealing frequency of my selected unit funds, that transactions involving such unit funds may be delayed until the next available pricing or dealing point, and that contributions due to be allocated into such unit funds will be held in a non-interest bearing account for this period.
11. I am aware of and personally accept the risks and charges associated with investing in the unit fund (such as the possibility of a fund suspension or liquidation, and the application of additional penalties or market value adjustments where appropriate on the underlying assets) before deciding to invest in it.
12. I agree to indemnify and keep the Company indemnified from and against all claims, costs, demands, liabilities, expenses, damages or losses (including without limitation any consequential losses, loss of profit and loss of reputation, and all interest, penalties and legal and other professional costs and expenses) arising out of or in connection with my choice of unit funds.
13. I understand that the application will be underwritten and issued in The Bahamas and is subject to Bahamas law.
14. I am a tax resident in the jurisdictions and no other as stated in sections 2 and 4.
15. I will inform the Company immediately of the details of my new address if during the life of this contract I change my residential address.
16. I am not a US Citizen or resident alien with an obligation to file any tax returns (income, estate, gift or the like) to the Internal Revenue Service of the USA ("IRS").

**13. Declarations cont.****Applicant 1 / Trustee or Authorised Signatory**

Signature DocuSigned by:  
*Osbiel Luna Suacedo*  
555161F5832430... Date 

0	1	0	7	2	0	2	2
---	---	---	---	---	---	---	---

Please print full name Osbiel Luna Suacedo

**Applicant 2 / Trustee or Authorised Signatory**

Signature  Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please print full name

**FOR THE INDEPENDENT FINANCIAL ADVISOR'S USE ONLY****14. Replacing an Existing Contract**

If the applicant is effecting this contract as a complete or partial replacement for another contract, please state the reason(s) why you are recommending this contract to the applicant. Please provide details of previous contracts. Please use a separate sheet if necessary.

NA

**15. Verification of Customer Identity**

This section must be completed by a suitable certifier. Please tick alongside all items enclosed, and ensure that all necessary documents are included.

All suitably certified copies of documents must be "certified as a true copy" and signed and dated by a suitable certifier, whose name must be printed in BLOCK CAPITALS below the signature, in accordance with 'Part B, Identification Requirements - Suitable Certifiers' of the Company's Guidance Notes (HWL133) for independent financial advisors governing the anti-money laundering requirements of the Bahamas.

Verification of identity materials must be provided for each applicant, and beneficial owner, if different, as follows:

**A. INDIVIDUAL APPLICANT**

A suitably certified copy of EITHER of the following, which must incorporate a photograph:

1. Current Passport
2. Current National Identity Card

If not available, suitably certified copies of two other formal documents such as a tax assessment, driving licence or similar document.

Together with:

A suitably certified copy of a document showing the residential address of each applicant. Such a document includes a utility<sup>2</sup>, rates or council tax bill, a bank or credit card statement, a mortgage statement, a tax assessment document or a driving licence. The document should ideally not be more than three months old.

**B. POWER OF ATTORNEY APPLICANT**

Where the applicant is acting under a power of attorney, verification will be required of the identity and proof of residence of both the applicant and the individual holding the power, in accordance with the provisions of paragraph A. A suitably certified copy of the power is also required together with the reason for granting that power.

<sup>2</sup> For example gas, electricity, water or telephone bill. Please note mobile phone bills are not acceptable.

### 15. Verification of Customer Identity cont.

#### C. TRUSTEE APPLICANT

- 1. Where the applicant is an individual trustee, or where there is more than one individual trustee, the identity of each trustee must be verified in accordance with Paragraph A and specimen signatures provided
- 2. Copy of the trust deed and trust schedule (as evidence of the proper appointment of the trustee, the settlors and the beneficiaries)
- 3. Purpose of the trust (for example, inheritance tax planning)
- 4. Details of the source of origin of the assets held under trust
- 5. Names and addresses of the persons who we are to take instructions from along with their specimen signatures. Verification of their identification is also required
- 6. Details of all parties to the trust (settlers, beneficiaries, protectors as appropriate) must be provided by the trustees - full names, address, and date of birth
- 7. Verification of Identity for the settlor and protector is required in accordance with Paragraph A or D (as appropriate)
- 8. Where the trustees have authorised any third party to act on their behalf, the Company must be provided with written confirmation from the trustees of such authority together with the full name, address and specimen signature of such third party.

#### D. CORPORATE APPLICANT including Corporate Trustees

- 1. Certificate of Incorporation or other official registration evidence
- 2. Copy of the Memorandum and Articles of Association
- 3. Satisfactory evidence of the registered office for the company
- 4. Board resolution of the directors authorising the opening of the account and conferring authority on the person who will operate the account
- 5. Names and addresses of all directors, along with verification of identification for the directors
- 6. Names of the person(s) holding a senior management position
- 7. Latest annual report and accounts
- 8. Written confirmation that the corporation has not been, or is not in the process of being, dissolved, struck off, wound up or terminated
- 9. List of authorised officers that act on behalf of the corporation and from whom the Company is to take instructions, together with details of their full name, address and specimen signatures
- 10. Names and addresses of all beneficial owners along with verification of identification for the beneficial owners (individual or corporate) who hold 10% or more of the issued share capital.

Please refer to Paragraph A for our verification requirements in relation to individuals.

#### E. OTHER TYPES OF APPLICANT

Evidence of identity for other types of applicant will vary depending on the type of applicant, for example charity, local or national government. Please check with your local account executive or regional support team to ascertain what form of evidence will be required before the application can be considered.

Please state how and when you were introduced to the applicant(s)

All documentation must be certified by a Suitable Certifier.

#### Declaration

I confirm that I have seen the original documents specified above and have checked the name and identity of the individual(s) and attach a certified copy of each document for your records.

Suitable certifier signature DocuSigned by:  
*Elliot Bullman*  
DE3E4A86AFA84E4... Date 

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Please print full name Elliot Bullman EOU number 

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**HANSARD**  
WORLDWIDE

**Hansard Worldwide Limited**

Incorporated in The Bahamas (no. 200975B) and authorised by the Insurance Commission of The Bahamas.

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