

Questionnaire for a Legal Entity

Initial entry of information
 Change of information
 Information update

1. INFORMATION ABOUT LEGAL ENTITY

Full name of the legal entity			
Previous name (if there were any changes)			
Country of incorporation			
Registration number		Registration date	
Registration authority			

2. CLASSIFICATION

<input type="checkbox"/> Fund	<input type="checkbox"/> Trust
<input type="checkbox"/> Private company limited by shares	<input type="checkbox"/> Foundation
<input type="checkbox"/> Public corporation	<input type="checkbox"/> Unincorporated business, partnership or other legal person with no legal substance
<input type="checkbox"/> Firm, which provides investment services and/or performs investment activities consisting exclusively in dealing on own account	<input type="checkbox"/> Company involved in electronic gambling and gaming through the Internet
<input type="checkbox"/> Investment firm, which provides investment services and/or performs investment activities to the clients, or credit institution	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Government agency or public authority	<input type="checkbox"/> Other (please specify)

3. ADDRESSES

Registered address	Postcode		Country	
	Address			
Business address <input type="checkbox"/> matches with registered address	Postcode		Country	
	Address			
Postal address <input type="checkbox"/> matches with registered address <input type="checkbox"/> matches with business address	Postcode		Country	
	Address			

4. CONTACTS

Phone number		Fax number	
Email address		Website (if any)	

Signature of the person signing on behalf of the entity

9. INFORMATION ON LICENSES (PERMITS)

License (/Permit) Number	Type of Activity	Issuing Authority	Date of Issuance	Validity Period

10. CORPORATE GOVERNANCE (if applicable)

The name of the Client's external auditor	
The details of any industry association or self-regulatory organization the Client is a member of	
Does the Client have a Risk Management Policy in place and the Risk Management body (officer)	
Does the Client have a Code of Business Conduct (Ethics) in place	
Does the Client have an Anti-Money Laundering Policy in place	
Does the Client have an Anti-Corruption Policy in place	

I hereby certify that the information in this Questionnaire is true to the best of my information, knowledge and belief.

Name of person signing on behalf of the entity

Date

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Signature

Stamp of the entity

Signature of the person signing on behalf of the entity