

Corporate Information Form

To be completed by all corporate bodies acting as beneficial owners, shareholders, directors, secretaries, settlors, protectors, beneficiaries, authorised signatories and influencers etc. where not provided by Minerva.

Section A – Corporate Details

All sections to be completed in full, continue on a separate sheet if necessary.

1 Name	
2 Country of Incorporation	
3 Date of Incorporation	
4 Legal Status e.g. company, partnership, foundation, association, society etc.	
5 Registered Number	
6 Names of all Directors (or equivalent) Those directors or equivalent who have authority to operate the relationship with Minerva or in accordance with whose instructions Minerva will be required to act will be required to complete Personal Information Forms so that Minerva can undertake the required identification and verification procedures.	
7 Details of Ownership Please give details of the ultimate beneficial ownership to include details of percentage ownership. Ultimate beneficial owners holding either a 25% or more interest in the capital of the legal body and those with ultimate effective control over the legal body's assets i.e.: those comprising the mind and management of the legal body will be required to complete Personal Information Forms so that Minerva can undertake the required identification and verification procedures.	
8 Business Activities/Source of Wealth In order to comply with Anti-Money Laundering Legislation, we are required to understand the company's business activities and source of wealth. This will be the activities which have generated the income of the company. It will be helpful to provide as much information as possible here and attach a copy of the latest accounts (audited if possible) to enable us to build up a sufficiently detailed profile. Information should also be provided as to the geographical sphere of the activities which have generated the company's income.	
9 References Please supply full contact details for two persons to whom Minerva can apply for references. These will usually be a professional firm of lawyers/accountants and a bank.	

Section B – Contact Details

1	Registered Address	
2	Town/City	
3	County/State	
4	Country	
5	Post/Zip Code	
6	Contact Telephone Number	
7	Contact Fax Number	
8	Contact Email Address	
9	Website Address (if applicable)	
10	Contacts Please give the name(s) and capacity of those persons from whom Minerva will be authorised to accept instructions.	
11	Additional Information/Restrictions Please provide details of Mailing Address and Principal Place of Business if different from the Registered Address.	

Section C

What we need from you

In accordance with current regulatory requirements, we are required to obtain the following documentation to enable us to verify the identity of the legal body in whose name this form is completed. This documentation will be retained on our files as evidence thereof.

Certificate of Incorporation

A full clear certified* copy of the Certificate of Incorporation (or other appropriate certificate of registration or licensing).

Memorandum and Articles of Association

A full clear certified* copy of the Memorandum and Articles of Association (or equivalent).

Certificate of Good Standing

We will need a Certificate of Good Standing (or equivalent) confirming that the body is not in the process of being wound up, dissolved, struck off or terminated.

Audited Financial Statements

We will require a copy of the latest audited financial statements.

Companies whose securities have been admitted to trading on a regulated market

Where the body corporate is one whose securities have been admitted to trading on a regulated market, there is no requirement to identify or verify the identity of the beneficial owners of the body corporate. However, Minerva is required to obtain and retain documentation establishing that the body corporate has been admitted to trading on a regulated market. Minerva may also request identification documentation from those individuals from whom we will be authorised to accept instructions.

MINERVA

In the event of a personal meeting with a member of Minerva staff original documentation may be provided to Minerva and copies will be taken thereof and certified in accordance with our requirements. If there is no face to face meeting Minerva may rely on the provision of copy documentation provided that it is certified by a suitable certifier. Please see certification of documents below:

Certification of documents

The following people can certify photocopies of your documents:

- A member of the judiciary, a senior civil servant or a serving police or customs officer
- An officer of an embassy, consulate or high commission of the country of issue of documentary evidence of identity
- A lawyer or notary public*
- An actuary*
- An accountant*
- A tax advisor*
- A director, officer or manager of a regulated financial services business which is operating in a well regulated jurisdiction (acceptable to Minerva).

*must be a member of a recognised professional body.

One of the above people must certify the documents in English and include the following details on all of the documents that they certify:

1. Wording must state: **'I hereby certify that I have seen the original documentation and this is a complete and accurate copy of the original'**.
2. They must sign and date the document.
3. They must state their name and address in BLOCK CAPITALS and include their professional position or capacity.
4. They must state their contact details so that he/she may be contacted in the event of a query.

All documentation used for the verification of identity must be understandable by Minerva. Minerva reserves the right to have any documentation which is not provided in English translated, the cost of which may be charged to you.

In the event that you are unable to provide the documentation referred to above, please address any queries to your usual point of contact within Minerva.

Section D – Declaration and Sign-off

I hereby confirm that the particulars and information provided in this form and any related correspondence are true to the best of my knowledge and belief. I irrevocably undertake to notify Minerva Trust Company (Switzerland) S.A. promptly of any changes to the information and particulars provided herein.

Name and capacity	Signature	Date

Once completed, this form is to be returned to Minerva together with the relevant identification verification documentation detailed in Section C above.

Once completed, please return this form to:

Minerva Trust Company (Switzerland) SA
6, place des Eaux-Vives
P O Box 3643
CH-1211 Geneva 3
Switzerland