

COMPLIANCE QUESTIONNAIRE

<b>CLIENT DETAILS</b>	
Name entity	
Client number	
Notary	
Tax advisor	

*(To be filled out by client)*

*\* UBO is the Ultimate Beneficial Owner of the Company*

<b>1 A</b>	<b>UBO* Natural Person (or through a settler/foundation/Trust)</b>	
	Full name	
	Address (no P.O. Box) <i>If different, also mention tax residence</i>	
	Phone Fax E-mail	
	Date and place of birth	
	Nationality <i>Please enclose an original <u>certified</u> <u>copy</u> of the relevant pages of your passport</i>	
	Marital status	
	Name and full address of bank where you hold your main account(s) <i>Please enclose a bank reference letter</i>	
	Please describe the key elements in your professional career or enclose a résumé /	

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	'walk of life'	
	If you do not appreciate direct contact please provide replacement contact Full name Address Phone / fax E-mail Relation and a letter stating that this person may be contacted	
<b>1 B</b>	<b>UBO Corporate/Trust/Foundation</b>	
	Full name	
	Full address (no P.O. Box)	
	Phone Fax E-mail Website	
	<i>Please enclose Certificate of Incorporation and by-laws (indicating full name, seat, address, capital, authorised representatives), excerpt Chamber of Commerce/Companies' Register and bank reference letter (not for Stock Exchange quoted companies).</i>	
	Full names and addresses of all directors and incumbency certificate for the signatories representing the company vis-à-vis ITT. <i>Please enclose an original <u>certified copy</u> of the relevant pages of their passport.</i>	
	Financial Accounts <i>Please enclose a copy of the latest preferably audited annual report</i>	
	Brief description of the UBO-entity's activities <i>If possible, please enclose brochure</i>	

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	Stock listed	Yes / No
	<p><i>Identity shareholders / UBO</i>            &lt; 10%            - Name/Address</p> <p>≥ 10%            - fill out 1A here above</p>	
	<p><i>UBO trust:</i>            - Full name and address            Trustee/Settler/Beneficiary            - Irrevocable trust            - Discretionary trust            Who may replace the Trustee</p>	<input type="checkbox"/> <input type="checkbox"/>
<b>2</b>	<p><b>Structure</b>  <i>Please enclose a complete organization chart</i></p>	
	<p><i>Brief description structure (top down, including UBO and all subsidiaries) and indicate reason(s) for interposing/using the Company. Please specify the nature of the activities, the full names and legal forms, the jurisdictions involved and the tax aspects, including organization chart.</i></p>	
	<p>External accountant / Tax adviser / Legal adviser  <i>If yes please fill out Name(s) and contact person(s)</i></p>	Yes / No
<b>3</b>	<p><b>Source of Wealth / Source of Funds</b>  <i>Please enclose the relevant (fully signed) underlying documentation</i></p>	
	<p>Source of Wealth (to be) invested in the structure:</p> <ul style="list-style-type: none"> <li>- Public placement of securities: name of securities, name of Stock Exchange and date of placement</li> <li>- Active entrepreneurial: mention name and activities  <i>If possible, please enclose brochure and copy of the most recent (audited) accounts</i></li> <li>- Former entrepreneurial: please describe and, if sold, mention selling-date and name of purchaser</li> </ul>	<p><i>Please tick of the applicable box and insert description</i></p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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	<ul style="list-style-type: none"> <li>– Income from current or former profession/employment, please describe</li> <li>– Inheritance: mention date, name of the testator/testatrix and your relationship <i>If possible, please enclose formal evidence</i></li> <li>– Other, please describe</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<i>Please note that regarding any funds (to be) invested in the structure through the Company, the Company's records must contain the relevant (fully signed) underlying documentation.</i>		
<b>4</b>	<b>Signing</b>	
	<b>Place</b>	<b>Date</b>
	<b>Name</b>	<b>Signature</b>

Processing of personal data

CMS will use and record the information that it obtains from the Client or his/her representative for the purpose of administering the Company and any other services it provides to the Client, and for auditing, risk assessment and fraud and crime prevention.

In administering the Company or any other services provided to the Client, CMS may share the information concerning the Client with other CMS companies. In addition, CMS may have to disclose information about the Client to regulatory bodies.

Subject to the above and unless it has the duty to disclose or is compelled to do so by law, CMS shall not disclose any information about the Client or the Company without the prior consent of the Client or Authorized Person.

The Client has the right to see a copy of the records relating to them that CMS controls and to have any errors corrected. To see a copy of their records the Client should apply in writing to The Compliance Officer. AFF may levy a fee for such access.