

CLIENT PROFILE FORM

CORPORATE CLIENTS

(INCORPORATED ENTITIES)

Leno Corporate Services Limited "hereafter LENO" is required by statute to verify the identity of our clients. To comply with our obligations and to permit us to act for and advise you, we must obtain the information requested through this and other forms and documents. All information provided will be kept confidential and in accordance with all applicable registration and other legal requirements for the use of data in The Bahamas.

FOR COMPLETION BY THE APPLICANT IN ENGLISH. Please use BLOCK CAPITALS throughout.

SECTION A: CLIENT INFORMATION

Account Holder Name / Name of Entity: *(Click below to enter text)*

'Trading as' Name, if applicable: *(Click below to enter text)*

Business Address:

Street Address: *(Click below to enter text)*

City:

State or Island:

Zip Code, Post Code or P.O. Box: Country:

Registered Address:

Street Address: *(Click below to enter text)*

City:

State or Island:

Zip Code, Post Code or P.O. Box: Country:

Website URL, if applicable: *(Click below to enter text)*

Brief description of business activities: *(Click below to enter text)*

Business Tax Information:

Business Tax ID Number (or country equivalent):

Description of Tax ID Number provided:

Applicable Country of Tax ID Number provided:

Type of Entity:

☐ Non-Profit Company

☐ Private Corporation

☐ Publicly Traded Company

☐ Limited Liability Partnership

☐ Other (please specify): _____

Is the Company an Incorporated Entity?

Yes ☐

No ☐

If yes, please indicate:

Certificate of Incorporation Number: _____

Date of Incorporation: _____

Place of Incorporation: _____

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)

Are the Company's shares listed on a regulated securities exchange? Yes ☐ No ☐

If yes, please indicate:

Name of Exchange: _____

Trade Symbol: _____

Does the Company carry on business in The Bahamas? Yes ☐ No ☐

If yes, please provide the following for the Company:

Business License Number: _____

National Insurance Number: _____

If yes, will the business be regulated by any of the below? Yes ☐ No ☐

If yes, identify a regulator:

- ☐ Central Bank of The Bahamas
- ☐ Insurance Commission of The Bahamas
- ☐ Securities Commission of The Bahamas

Will the Company be a subsidiary or affiliate of a licensee of any the above regulators? Yes ☐ No ☐

If yes, name of licensee: _____

Does the Company conduct business activities outside of The Bahamas? Yes ☐ No ☐

If yes:

Indicate the countries, other than The Bahamas, where activities are conducted: _____

Will the Company be regulated outside of The Bahamas? Yes ☐ No ☐

If yes:

Name of foreign supervisory authority/regulator: _____

Country where foreign authority/regulator is located: _____

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)

A colour copy of each of the following documents must be provided. The documents must show the company's name, registration/incorporation number, issuing body and date of incorporation. If the Certificate is online generated, a means of authentication must be included. Any document not in English must be translated by a certified translator and notarized.

- ☐ Business License
- ☐ Certificate of Incorporation
- ☐ Memorandum & Articles of Association (or country equivalent)
- ☐ Certificate of Good Standing (Must be dated no more than 30 days prior to the date of this Form.)
- ☐ Certificate of Incumbency confirming the Directors, Officers and Beneficial Owners (Must be dated no more than 30 days prior to the date of this Form.)
- ☐ Corporate Structure Chart showing each direct shareholder and the ultimate beneficial owner(s) of the Company.
- ☐ Board Resolution authorizing the Company to contract the services of LENO for which this Form is being submitted and conferring power on a natural person who will be authorized to instruct LENO.

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)SECTION B: SIGNATORIES¹

Who is/are the person(s) authorised to instruct Leno Corporate Services Limited ("LENO") on the Company's behalf?

Signatory No. 1:

Name: _____

Position Held: _____

E-Mail Address: _____

Tel: _____

Signature Specimen: _____

Signatory No. 2:

Name: _____

Position Held: _____

E-Mail Address: _____

Tel: _____

Signature Specimen: _____

Signatory No. 3:

Name: _____

Position Held: _____

E-Mail Address: _____

Tel: _____

Signature Specimen: _____

Signatory No. 4:

Name: _____

Position Held: _____

E-Mail Address: _____

Tel: _____

Signature Specimen: _____

If there are more than four (4) signatories, please add additional pages to indicate the additional individuals.

Please indicate / describe the signing authorities, for example, whether signatories can sign alone or if a minimum number of signatories must sign together.

Document Checklist (must be provided for each Signatory):

☐ KYC Related Party Profile Form – for Individuals☐ Identification☐ Address Verification

¹ Under the laws of The Bahamas, an Officer does not automatically have any signing or binding powers solely by virtue of having been appointed to a particular office. Signing authority must be specifically designated.

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)

SECTION C: COMMUNICATION

Our preference is for written communication to be sent by email or courier. **Please do not send us information or payment by regular air mail at any time.** Please indicate below the person(s) to whom our communications should be directed.

Name & E-Mail Address for Communications & Invoicing:**Primary Contact:**Name: *(Click below to enter text)*E-Mail Address: *(Click below to enter text)*Tel: *(Click below to enter text)***Secondary Contact:**Name: *(Click below to enter text)*E-Mail Address: *(Click below to enter text)*Tel: *(Click below to enter text)***Name & Mailing Address for Courier**Name: *(Click below to enter text)***Physical Address:**Street Address: *(Click below to enter text)*City: *(Click below to enter text)*State or Island: *(Click below to enter text)*Zip Code, Post Code or P.O. Box: *(Click below to enter text)*Country: *(Click below to enter text)*

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)

SECTION D: BENEFICIAL OWNERS & SHAREHOLDERS

Legislation requires that we identify the ultimate beneficial owner(s) – i.e. all natural persons holding (directly or indirectly) 10% or more of its shares or voting rights. Please indicate the beneficial owner(s) of the Company.²

Beneficial Owner No. 1

Name: *(Click below to enter text)*

Percentage of ownership:

 %

Classification of Beneficial Owner No. 1:

☐ Individual☐ Corporate Entity☐ Trustee☐ Other (please specify): _____

Beneficial Owner No. 2

Name: *(Click below to enter text)*

Percentage of ownership:

 %

Classification of Beneficial Owner No. 2:

☐ Individual☐ Corporate Entity☐ Trustee☐ Other (please specify): _____

Beneficial Owner No. 3

Name: *(Click below to enter text)*

Percentage of ownership:

 %

Classification of Beneficial Owner No. 3:

☐ Individual☐ Corporate Entity☐ Trustee☐ Other (please specify): _____

Beneficial Owner No. 4

Name: *(Click below to enter text)*

Percentage of ownership:

 %

Classification of Beneficial Owner No. 4:

☐ Individual☐ Corporate Entity☐ Trustee☐ Other (please specify): _____

If there are more than four (4) beneficial owners, please add additional pages to indicate the additional beneficial owners.

² Beneficial Owners may be individuals or legal entities.

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)**Document Checklist** (must be provided for each Beneficial Owner):

- ☐ **KYC Related Party Profile Form:** The relevant form for completion by each Beneficial Owner is determined based on the classification of the Beneficial Owner, i.e. individual, corporate entity, trustee or other, and will be either the KYC Related Party Profile Form – for Individuals or the KYC Related Party Profile Form – for Entities as appropriate.
- ☐ **Identification**
- ☐ **Address Verification**
- ☐ **References:** Two (2) references as to the reputation and good standing of the Beneficial Owner must be provided. These may be either financial or character references.

Guidance on Reference Letters

All references must be (i) in English, (ii) in original form, (iii) no more than 3 months old and (iv) addressed to Leno Corporate Services Limited, P. O. Box N-8339, 2nd Floor Pineapple Place, Bernard Road, Nassau, Bahamas. Letters addressed “To Whom It May Concern” will not be accepted.

Character Reference

1. The reference must be from a professional or financial institution recognized by Leno Corporate Services Limited and on the referee's letterhead.
2. The referee must:
 - a. have known the client for a minimum of 3 years and state the actual number of years; and
 - b. state what he knows about the usual occupation/employment of the client.

Financial Reference

1. The reference must be from a financial institution recognized by Leno Corporate Services Limited and on original letterhead.
2. The referee must:
 - a. make reference to the nature of the relationship and standing between the client and the financial institution;
 - b. state the duration of the relationship between client and financial institution (a minimum of 3 years); and
 - c. include confirmatory information concerning the nature of the usual occupation/ employment of the client.

CLIENT PROFILE FORM

CORPORATE CLIENTS (INCORPORATED ENTITIES)

SECTION E: DIRECTORS

Please indicate the Director(s) of the Company.³

Director No. 1

Name: *(Click below to enter text)*

Classification of Director No. 1:

- ☐ Individual
 ☐ Corporate Entity
 ☐ Trustee
- ☐ Other (please specify): _____

Director No. 2

Name: *(Click below to enter text)*

Classification of Director No. 2:

- ☐ Individual
 ☐ Corporate Entity
 ☐ Trustee
- ☐ Other (please specify): _____

Director No. 3

Name: *(Click below to enter text)*

Classification of Director No. 3:

- ☐ Individual
 ☐ Corporate Entity
 ☐ Trustee
- ☐ Other (please specify): _____

Director No. 4

Name: *(Click below to enter text)*

Classification of Director No. 4:

- ☐ Individual
 ☐ Corporate Entity
 ☐ Trustee
- ☐ Other (please specify): _____

If there are more than four (4) Directors, please add additional pages to indicate the additional Directors.

Document Checklist (must be provided for each Director):

- ☐ **KYC Related Party Profile Form:** The relevant form for completion by each Director is determined based on the classification of the Director, i.e. individual, corporate entity, trustee or other, and will be either the KYC Related Party Profile Form – for Individuals or the KYC Related Party Profile Form – for Entities as appropriate.
- ☐ Identification
 ☐ Address Verification

³Directors may be individuals or legal entities.

CLIENT PROFILE FORM

CORPORATE CLIENTS (INCORPORATED ENTITIES)

SECTION F: OFFICERS

Please indicate the Officer(s) of the Company. Note that Officers are not mandatory; therefore, this section is only to be completed if Company has Officers appointed.

Officer No. 1

Name: *(Click below to enter text)*

Office held: ☐ President ☐ Vice-President ☐ Treasurer ☐ Secretary ☐ Other_____

Classification of Officer No. 1:

☐ Individual ☐ Corporate Entity
☐ Trustee ☐ Other (please specify):_____

Officer No. 2

Name: *(Click below to enter text)*

Office held: ☐ President ☐ Vice-President ☐ Treasurer ☐ Secretary ☐ Other_____

Classification of Officer No. 2:

☐ Individual ☐ Corporate Entity
☐ Trustee ☐ Other (please specify):_____

Officer No. 3

Name: *(Click below to enter text)*

Office held: ☐ President ☐ Vice-President ☐ Treasurer ☐ Secretary ☐ Other_____

Classification of Officer No. 3:

☐ Individual ☐ Corporate Entity
☐ Trustee ☐ Other (please specify):_____

If there are more than three (3) Officers, please add additional pages to indicate the additional Officers.

Document Checklist (must be provided for each Officer):

- ☐ **KYC Related Party Profile Form:** The relevant form for completion by each Officer is determined based on the classification of the Officer, i.e. individual, corporate entity, trustee or other, and will be either the KYC Related Party Profile Form – for Individuals or the KYC Related Party Profile Form – for Entities as appropriate.
- ☐ Identification ☐ Address Verification

⁴ Officers may be individuals or legal entities.

CLIENT PROFILE FORM

CORPORATE CLIENTS
(INCORPORATED ENTITIES)

SECTION G: DECLARATION AND SIGNATURE

By signing and returning this Form (complete with the KYC Related Party Profile Forms for the Signatories, Beneficial Owners, Directors and Officers) to LENO, I/We declare that:

1. I/We acknowledge that the KYC Related Party Profile Forms are deemed to be wholly incorporated and a part of this Client Profile Form;
2. I/We confirm that the information provided in this Form and the KYC Related Party Profile Forms are true to the best of my/our knowledge and belief and that I am/We are bound by the statements given herein;
3. I/We understand that LENO (i) may request that I/we provide additional information or documents and (ii) may independently verify any information or documentation provided; and that LENO may, in its sole discretion, delay commencing work or decline to act;
4. I/We confirm that the Company will not and does not engage in activities contrary to the laws of the Commonwealth of The Bahamas;
5. I/We confirm that the Company nor any of its Beneficial Owners, Directors, Officers or Signatory/ies have been declared bankrupt, or been the subject of similar proceedings in any part of the world, or have been directors or otherwise concerned in the management of a company which has been subject to an insolvent liquidation or been the subject of a judicial enquiry;
6. I/We hereby agree that neither LENO, any of its affiliates nor their officers / employees are violating any contractual obligations or any confidentiality laws of The Bahamas or any other jurisdiction by disclosing information to the competent authorities if in its unfettered discretion it decides to do so and I/we hereby indemnify LENO, its affiliates, officers, directors and employees against any and all claims which may be made in respect of the disclosure of information as referred to herein;
7. I/We confirm that should any changes occur to the information contained herein, I/We will inform LENO accordingly;
8. I/We acknowledge that the Law applicable and any consequential dealings among the parties is the Law of the Commonwealth of The Bahamas, and I/we submit to the exclusive jurisdiction of the Courts of the Commonwealth of The Bahamas.
9. I/We confirm that I/we are authorized to complete and sign this Form on the Company's behalf.

Signature

Print Name

Title

Date



2nd Floor Pineapple Place,
Bernard Road. P.O. Box N-8339
Nassau, N.P., Bahamas



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