

## CLIENT INFORMATION PROFILE (CIP)

[CIP version OCAG24]

All information provided within this CIP form is confidential. This information is requested by law and in compliance with anti-money laundering legislation. Any information that you volunteer in this form will be held in the strictest confidence and will not be disclosed to any third party outside of our identity verification processes. Failure to provide full, correct and true information may lead to refusal of your application.

Information given in this form may also help us to provide you with the correct services and facilities and may assist us in identifying products and services that are tailored to your own specific needs and requirements. This information will NOT be filed by any third party and will remain confidential at all times.

### SECTION (1): ABOUT YOU

<b>FAMILY NAME:</b>	<input style="width: 95%;" type="text"/>	<b>FORENAME(S):</b>	<input style="width: 95%;" type="text"/>
<b>DATE OF BIRTH:</b>	<input style="width: 95%;" type="text"/>	<b>NATIONALITY:</b>	<input style="width: 95%;" type="text"/>
<b>MARITAL STATUS:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<b>PASSPORT NUMBER:</b>
	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<b>PASSPORT EXPIRY DATE:</b>
	<input type="checkbox"/> Single		<b>PLACE OF ISSUE:</b>
<b>If Married; FULL NAME OF SPOUSE:</b>	<input style="width: 95%;" type="text"/>	<b>OCCUPATION OR PROFESSION:</b>	<input style="width: 95%;" type="text"/>
<b>NUMBER OF DEPENDANTS:</b>	<input style="width: 95%;" type="text"/>	<b>PROFESSIONAL QUALIFICATIONS:</b>	<input style="width: 95%; height: 40px;" type="text"/>
<b>ANY MEDICAL CONDITIONS? :</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		

### PERSONAL CONTACT INFORMATION:

<b>YOUR RESIDENTIAL ADDRESS:</b>	<input style="width: 95%; height: 40px;" type="text"/>	<i>Please include international dialling codes.</i>
Town:	<input style="width: 95%; height: 25px;" type="text"/>	<b>MOBILE NUMBER:</b> <input style="width: 95%; height: 25px;" type="text"/>
Postal / Zip Code:	<input style="width: 95%; height: 25px;" type="text"/>	<b>HOME TELEPHONE:</b> <input style="width: 95%; height: 25px;" type="text"/>
COUNTRY:	<input style="width: 95%; height: 25px;" type="text"/>	<b>OFFICE TELEPHONE:</b> <input style="width: 95%; height: 25px;" type="text"/>
		<b>FAX:</b> <input style="width: 95%; height: 25px;" type="text"/>
<b>HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PREFERRED TELEPHONE NUMBER:</b> <input style="width: 95%; height: 25px;" type="text"/>

<b>If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:</b>	<b>EMAIL ADDRESS:</b> Please provide a confidential email address



Please provide the below information on your main principal company. This means that if your company is a group of companies, please provide information on the main trading parent or group company. If your company is a Special Purpose Vehicle or Private Subsidiary of a public company, please provide full details on the intended trading company that will be applying for the facilities.

## SECTION (2): ABOUT YOUR PRINCIPAL COMPANY

<b>NAME OF CORPORATION:</b>	<input type="text"/>		Company Number <input style="border: 2px solid blue;" type="text"/>
<b>REGISTERED OFFICE OF CORPORATION:</b>	<input type="text"/>		<i>Please provide full postal address of Registered Office</i>
<b>DATE OF INCORPORATION:</b>	<input type="text"/>	<b>JURISDICTION OF INCORPORATION:</b>	<input type="text"/>
<b>TYPE OF INCORPORATION:</b>	<input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public / Listed Company		
<b>WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?</b>	<input type="text"/>		Tick Box if Special Purpose Vehicle <input type="checkbox"/> SPV ONLY
<b>NUMBER OF EMPLOYEES:</b>	<input type="text"/>	<b>DATE TRADING STARTED (OR PLANS TO START):</b>	<input type="text"/>
<b>TURNOVER OF THE COMPANY:</b>	This Year: <input type="text"/>	Last Year:	<input type="text"/>
<b>NET PROFIT OF THE COMPANY:</b>	This Year: <input type="text"/>	Last Year:	<input type="text"/>
<b>CURRENCY:</b>	<input type="checkbox"/> CHF <input type="checkbox"/> Euro (€) <input type="checkbox"/> GBP (£) <input type="checkbox"/> USD (\$) <input type="checkbox"/> OTHER		
<b>YOUR POSITION WITHIN THE COMPANY:</b>	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorized Director <input type="checkbox"/> Majority Shareholder or Senior Partner <input type="checkbox"/> Other: Please specify:		
<b>SHARECAPITAL:</b>	AUTHORISED CAPITAL	<input type="text"/>	FULLY PAID CAPITAL
		<input type="text"/>	<input type="text"/>
<b>TRADING ADDRESS</b>	<p><b>Please provide a full correspondence address for receiving confidential documents.</b>  <i>This address does not need to be the Registered Office of the Company but <b>MUST</b> be an authorized address of the Company or its trading premises/offices.</i></p>		
<b>ADDRESS FOR ALL CORRESPONDENCE:</b>	<input type="text"/>		
<b>TOWN</b>	<input type="text"/>		
<b>POSTAL CODE</b>	<input type="text"/>		
<b>COUNTRY</b>	<input type="text"/>		

Please provide information about the Directors/Officers and Shareholders of your principal company.

**LIST OF DIRECTORS:**

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
<b>COMPANY SECRETARY:</b>	Full Name:	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>

**LIST OF SHAREHOLDERS:**

*If different from the person(s) named above.  
There is no need to complete if you are a Public Company with more than 12 shareholders.  
If Shareholder is a corporation or trust, please state the name of the corporation or trust.*

Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Shareholding %'age:	<input type="text"/>

*Please continue on a separate sheet if required.*

Have any of the above stated Directors;

Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?

Yes  No

Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?

Yes  No

Ever been banned from acting as a Company Director?

Yes  No

Been convicted of a criminal offence for anything other than motoring offences?

Yes  No

If 'YES' to any of the above, please provide details:

Please complete this page is as much details as possible. Failure to complete this page may delay your application.

## SECTION (3): ASSET & LIABILITY STATEMENT

### Assets

State Currency

- CHF       GBP (£)  
 Euro (€)       USD (\$)

### Liabilities

State Currency

- CHF       GBP (£)  
 Euro (€)       USD (\$)

#### PERSONAL (FIRST DIRECTOR OR BENEFICIAL OWNER)

Value of Private Primary Residence:	<input type="text"/>	Residential Loans and Mortgages:	<input type="text"/>
Real Estate Property:	<input type="text"/>	Commercial Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Bank Loans / Overdrafts:	<input type="text"/>
Investments: <i>(Quoted Stocks &amp; Bonds)</i>	<input type="text"/>	Other Credit or Loans:	<input type="text"/>
Other: <i>(please state)</i>	<input type="text"/>	Other: <i>(please state)</i>	<input type="text"/>
Value of Company Shareholding:	<input type="text"/>		
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase of Lease Contracts:	<input type="text"/>
<b>TOTAL PERSONAL ASSETS:</b>	<input style="border: 2px solid blue;" type="text"/>	<b>TOTAL PERSONAL LIABILITIES:</b>	<input style="border: 2px solid blue;" type="text"/>

#### CORPORATE / COMPANY ASSETS & LIABILITIES

Real Estate Property:	<input type="text"/>	Secured Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Loans Or Overdrafts:	<input type="text"/>
Investments:	<input type="text"/>	Other Liabilities:	<input type="text"/>
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase & Lease Contracts:	<input type="text"/>
Debtors:	<input type="text"/>	Creditors:	<input type="text"/>
<b>TOTAL CORPORATE ASSETS:</b>	<input style="border: 2px solid blue;" type="text"/>	<b>TOTAL CORPORATE LIABILITIES:</b>	<input style="border: 2px solid blue;" type="text"/>

The above information will remain confidential at all times

Please provide us with details of your bankers and legal representative who will be conveying the intended transaction.

## SECTION (4): ABOUT YOUR COMPANY BANKERS

<b>NAME OF BANK:</b>	<input type="text"/>	<i>Please provide full details of your company bankers</i>
<b>ADDRESS OF YOUR BANK / BRANCH:</b>	<input type="text"/>	
<b>TOWN</b>	<input type="text"/>	
<b>POSTAL CODE</b>	<input type="text"/>	
<b>COUNTRY</b>	<input type="text"/>	
<b>PRINCIPAL ACCOUNT NAME:</b>	<input type="text"/>	
<b>ACCOUNT NUMBER:</b>	<input type="text"/>	
<b>BIC or SWIFT CODE:</b>	<input type="text"/>	
<b>NAME OF ACCOUNT MANAGER:</b>	<input type="text"/>	
<b>How Long has the Company banked here:</b>	<input type="text"/> years	

## SECTION (5): ABOUT YOUR ATTORNEY / SOLICITOR or LEGAL REPRESENTATIVE (Optional)

<b>NAME OF LAW FIRM:</b>	<input type="text"/>	<i>Please provide full details of your company lawyers</i>
<b>NAME OF ATTORNEY or SOLICITOR:</b>	<input type="text"/>	
<b>ADDRESS :</b>	<input type="text"/>	
<b>TOWN:</b>	<input type="text"/>	
<b>POSTAL CODE:</b>	<input type="text"/>	
<b>COUNTRY:</b>	<input type="text"/>	
<b>TELEPHONE:</b>	<input type="text"/>	<b>FAX:</b> <input type="text"/>
<b>EMAIL ADDRESS:</b>	<input type="text"/>	

## SECTION (6): BROKER OF RECORD (if applicable)

If you have been introduced to us by a broker, please give their name below.

**NAME OF YOUR  
BROKER:**

## SECTION (7): ABOUT YOUR REQUIREMENTS

Please complete the following questions about the services you require.

Collateral Transfer ('leasing' of Bank Guarantee or SBLC)       BANK GUARANTEE       STANDBY L/C PREFERRED

Credit Line against existing Bank Instrument or Bond

Business Capital / Corporate Loan (Secured)

Private Equity or Stakeholder Investment

Other: *Please specify.*

VALUE OR AMOUNT OF FACILITY REQUIRED:

CURRENCY:

Swiss Franc (CHF)

GBP British Sterling (£)

Euro (€)

Other: *Please specify:*

TERM OF FACILITY REQUIRED:

*In months (from 12 to 72 months)*

## SECTION (8): IDENTITY PROOFS REQUIRED

**IMPORTANT:**

Please provide the following documents when returning this CIP document.

Copy Of Passport (Clear Colour Copy)

Copy of Professional Qualifications

Utility Bill for Proof of Residential Address

Copy of Certificate of Incorporation

## SECTION (9): DECLARATION

I understand that the information provided herein and other information that may be attached to this documentation will be examined in accordance with the due diligence procedures defined under Swiss Law. Please accept this form and any attachments as authorization for OceanCapital AG to undertake any necessary due diligence investigations, including the search of financial, credit history or criminal databases in respect of myself, my company and any other associated parties.

Signed:

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate and I further confirm that any funds to be engaged in this transaction contemplated are derived from non-criminal origin; and, are good, clean and cleared. The origin of all funds are in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.

Signed:

Dated: