

Date

<b>Bank Use only</b>	Branch Code	CIF	Acquisition Channel
Group Name	Liability Number	Onboarding place	
Type : <input type="checkbox"/> Corporate <input type="checkbox"/> Institutional			

**PART I - BUSINESS INFORMATION**

**1. Legal existence and status**

Business name				Legal Structure	
Certificate of registration N°		Incorporation Date		Issue Date	
Business Licence N°		Issue Date		Expiry Date	
<u>In case of Association not registered</u>					
Nature of presented document		Document Number		Issue Date	
Is your entity a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please state the name and complete the information below			<b>Bank Use only</b>	
Name of parent company		Country of registration		Parent company CIF	
If listed company		Name of stock market		Trading reference	

**2. Activity**

Business Sector		Activity Sector	
Further description of Income generating activity (s)			
Number of Employees			
Nature of presented document (In case of Association not registered)		Document Number	
		Issue Date	

**3. Address**

<b>Legal Address (Registered office / Principal place of business)</b>		<b>Postal Address</b>	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	
City/Town		City/Town	
Country		Country	
Province			
Document provided			

**If Hosted, provide Name of host and the hosting address should be indicated in the registered address**

If host is a physical person

Name of Host  Date of birth  Place of birth

If host is a legal entity

Legal Structure

Address

Certificate of registration No.

**4. Details of designated contact**

Name  Position

Phone number 1  Email

Phone number 2  Customer's website

**5. Tax**

The company is subjected to tax in the following countries

Country

Tax identification number 1

Country 2

Tax identification number 2

Country 3

Tax identification number 3

**PART 2 - SHAREHOLDING OWNERSHIP**

**1. Beneficial Owner : Shareholder with more than 25% (UBO)**

Bank Use only  CIF

	Full name	CIF	Share %	Ownership	Country of Residence	Nationality
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Directors**

Bank Use only  CIF

	Full name	CIF	Country of Residence	Nationality
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART 3 - FINANCIALS (in FJD)**

Document Provided  Closing date of financial year

Share capital amount (Paid-Up)  Net Profit/Loss (annual)  Operational expenses (annual)

Turnover (per year)  Turnover Range (per year)

## PART 4 - EMAIL AUTHORITY & INDEMNITY

Would you like BRED Bank (Fiji) Pte Ltd to act on signed instructions received by emails from your authorised signatories

No  Yes  Yes with specificities

If 'YES' is ticked, Please complete Indemnity Form.

## PART 5 - CUSTOMER SIGNATURE

1. We certify that the resolution was passed at a meeting of the Board of Directors, authorising the Company to open a bank account with BRED Bank (Fiji) Pte Ltd and that it was recorded in the Minute Book of the Company (copy to be provided) .
2. I/We that the entity details given in this application form are true and correct as at the date of opening this account. I/we further agree to promptly update the Bank on any changes in the entity profile.
3. I/We understand and acknowledge that our relationship dealings with the Bank will be subject to the requirements of the local Laws, in particular the Financial Transaction Reporting Act. As such, I/we authorize the Bank to confidentially disclose the entity's details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements.
4. I/We allow the bank to send me/us communications by e-mail, phone, SMS or by other communication means regarding products or services I/We have signed for.
5. Similarly, I/We understand and acknowledge that our relationship dealings with the Bank will be subject to the requirements of the French and European Laws. As such, I/We authorize the Bank to confidentially disclose the entity's personal details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements.

Name of duly authorised person  Signature  Date

Name of duly authorised person  Signature  Date

## PART 6 - BANK USE ONLY

Stage	Officer name	Signature	Date
Preparing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking & Authorising	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship Manager	<input type="text"/>		