



CLIENT IDENTITY CHART - PRIVATE / PUBLIC COMPANY - SOCIETE - TRUST	
RESIDENT / FOREIGN / OFFSHORE	
Full Name	
Address of Registered Office	
Address of Principal Place of Business	
Address for Correspondence	
Telephone Number(s)	
Fax Number	
E-mail Address	
Main Business Activity	
Date and Place of Incorporation	
Name of Directors:	
Documents Appended	
Source of funds :	

Declaration and Undertaking

I..... hereby declare that I am not involved and shall not be involved directly or indirectly in :

- (i) Any money laundering offenses under the Financing Intelligence and Antimoney Laundering Act 2002, or
- (ii) Terrorist Financing activities under the Prevention of Terrorism Act 2002.

I hereby:

- (i) Certify that the above information is true and correct
- (ii) Undertake to notify Associated Brokers Limited in writing of any change of particulars or information provided by me in this form.

Signature:

Name:

Date:

For office Use only

Introduced by..... Checked by.....

Approved by..... Date.....