



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 :	

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(s):

Name(s):

Capacity in which acting:

Date:

Verified By: (S)

Date: