

Instructions

a. Please complete in CAPITAL LETTERS where applicable. Please answer all items. If an item is not applicable to you, indicate N/A or Not Applicable.

b. Items marked with an asterisk (*) are mandatory.

ACCOUNT NAME*

BENEFICIAL OWNER 1

- A natural person who directly or indirectly owns twenty percent (20%) or more of the legal person
- An individual that has “significant” responsibility to control, manage, or direct the legal person (e.g. Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer)

FULL NAME*

RESIDENTIAL ADDRESS*

DATE AND PLACE OF BIRTH*

NATIONALITY*

TAX IDENTIFICATION NUMBER*

PERCENTAGE OF OWNERSHIP, If Applicable.

BENEFICIAL OWNER 2

- A natural person who directly or indirectly owns twenty percent (20%) or more of the legal person
- An individual that has “significant” responsibility to control, manage, or direct the legal person (e.g. Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer)

FULL NAME*

RESIDENTIAL ADDRESS*

DATE AND PLACE OF BIRTH*

NATIONALITY*

TAX IDENTIFICATION NUMBER*

PERCENTAGE OF OWNERSHIP, If Applicable.

BENEFICIAL OWNER 3

- A natural person who directly or indirectly owns twenty percent (20%) or more of the legal person
- An individual that has “significant” responsibility to control, manage, or direct the legal person (e.g. Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer)

FULL NAME*

RESIDENTIAL ADDRESS*

DATE AND PLACE OF BIRTH*

NATIONALITY*

TAX IDENTIFICATION NUMBER*

PERCENTAGE OF OWNERSHIP, If Applicable.