

## CLIENT INFORMATION PROFILE (CIP)

[CIP Form version OCAPGB25]

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

**FAMILY NAME:**

**FORENAME(S):**

**DATE OF BIRTH:**

**NATIONALITY:**

**MARITAL STATUS:**

☐

Married

☐

Divorced

☐

Separated

☐

Widowed

☐

Single

**PASSPORT NUMBER:**

**PASSPORT EXPIRY DATE:**

**PLACE OF ISSUE:**

**If Married; FULL NAME OF SPOUSE:**

**OCCUPATION OR PROFESSION:**

**NUMBER OF DEPENDANTS:**

**PROFESSIONAL QUALIFICATIONS:**

**ANY MEDICAL CONDITIONS? :**

☐

YES

☐

NO

### PERSONAL CONTACT INFORMATION:

**YOUR RESIDENTIAL ADDRESS:**

**Town:**

**Postal / Zip Code:**

**COUNTRY:**

*Please include international dialling codes.*

**MOBILE NUMBER:**

**HOME TELEPHONE:**

**OFFICE TELEPHONE:**

**FAX:**

**HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS?**

☐

Yes

☐

No

**PREFERRED TELEPHONE NUMBER:**

**If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:**

**EMAIL ADDRESS:** 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 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"/>
<b>TRADING ADDRESS</b>	<b><i>Please provide a full correspondence address for receiving confidential documents.</i></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>			
<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 type="text"/>	<b>TOTAL PERSONAL LIABILITIES:</b>	<input 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 type="text"/>	<b>TOTAL CORPORATE LIABILITIES:</b>	<input 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

**NAME OF BANK:**

*Please provide full details of your company bankers*

**ADDRESS OF YOUR BANK / BRANCH:**

**TOWN**

**POSTAL CODE**

**COUNTRY**

**PRINCIPAL ACCOUNT NAME:**

**ACCOUNT NUMBER:**

**BIC or SWIFT CODE:**

**NAME OF ACCOUNT MANAGER:**

**How Long has the Company banked here:**

 years

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

**NAME OF LAW FIRM:**

*Please provide full details of your company lawyers*

**NAME OF ATTORNEY or SOLICITOR:**

**ADDRESS :**

**TOWN:**

**POSTAL CODE:**

**COUNTRY:**

**TELEPHONE:**

**FAX:**

**EMAIL ADDRESS:**

## 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.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Collateral Transfer ('leasing' of Bank Guarantee or SBLC) | <input type="checkbox"/> BANK GUARANTEE                | <input type="checkbox"/> STANDBY L/C PREFERRED |
| <input type="checkbox"/> Credit Line against existing Bank Instrument or Bond      |  |  |
| <input type="checkbox"/> Business Capital / Corporate Loan (Secured)               |  |  |
| <input type="checkbox"/> Private Equity or Stakeholder Investment                  | <input type="checkbox"/> Other: <i>Please specify.</i> | <input type="text"/>                           |

VALUE OR AMOUNT OF FACILITY REQUIRED:

CURRENCY:

- |  |  |
|--|--|
| <input type="checkbox"/> Swiss Franc (CHF) | <input type="checkbox"/> GBP British Sterling (£)      |
| <input type="checkbox"/> Euro (€)          | <input type="checkbox"/> Other: <i>Please specify:</i> |

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.*

- |  |   |
|--|---|
| <input type="checkbox"/> Copy Of Passport (Clear Colour Copy)          | <input type="checkbox"/> Copy of Professional Qualifications  |
| <input type="checkbox"/> Utility Bill for Proof of Residential Address | <input type="checkbox"/> 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 and English Law. Please accept this form and any attachments as authorization for OceanCapital 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:**