

# Due Diligence Form

## DDF3 | Corporate

Please complete **all** fields as missing information **will** cause delays when processing your application.

**1 Company Name**

**2 Company Details**

Trading Name(s)

Please confirm below the nature of the business activity that generates the source of wealth

Country of Incorporation  Date of Incorporation

Place of Domicile  Incorporation Number

Directors of the Company must complete the following details with the registered address. 'Care Of' & PO Box addresses are not acceptable

Registered Address  Principal Place of Business

Postcode  Postcode

Name of Regulator (if applicable)  Regulator Ref No.

Primary Contact  Contact Number

Email Address

**Applicant Correspondence Address**

Postcode

Applicants may require correspondence sent to an alternative address. 'Care Of' & PO Box addresses are acceptable for this purpose only.

**NOTE:**  
 If you require correspondence to be sent to your Financial Advisor then please complete the relevant section of the product application form.

Preferred Contact Method  Mail  E-mail  Telephone

**3 Company Bank/Building Society Account Details** Please complete this section with your banking details

Please complete this section with the Company banking details. These will be used to fulfil our regulatory requirements but distributions and withdrawals can be made directly to your bank or building society account.

Bank/Building Society Name

Branch

Account Currency (please indicate as appropriate)  GBP / USD / EUR / Other Branch Sort Code

Account Name

Account Number or IBAN  SWIFT/BIC Code

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank or Building Society branch. Please ensure your account will accept direct credit payments through the Banks Automated Clearing System. SMP Fund Services Limited does not accept instructions for payments to be made to an account other than the client's own personal account. Should the quotation of account numbers and sort code, or IBAN made by the applicant prove incorrect, SMP Fund Services Limited will not accept responsibility for any loss incurred by the applicant.

**4 Director Details** If there are more than the allocated number of known beneficiaries, then please submit on a separate sheet

Company Directors must complete the following details with their permanent residential address. 'Care Of' & PO Box addresses are not acceptable. Where the Directors are corporate entities, please utilise the personal fields to provide the corporate equivalent.

<b>First Director</b>		Title	<input style="width: 90%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>		
Forename(s)	<input style="width: 100%;" type="text"/>		
Other/Former Name(s)	<input style="width: 100%;" type="text"/>		
Percentage of Shareholding	<input style="width: 50px;" type="text"/>	%	
Address	<input style="width: 100%; height: 30px;" type="text"/>		
Postcode	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 150px;" type="text"/>	H/W/M	<input style="width: 50px;" type="text"/>
E-mail Address	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>		
Place of Birth	<input style="width: 100%;" type="text"/>		
Nationality	<input style="width: 100%;" type="text"/>		
Passport No.	<input style="width: 100%;" type="text"/>		
Occupation	<input style="width: 100%;" type="text"/>		
Employer	<input style="width: 100%;" type="text"/>		

<b>Second Director</b>		Title	<input style="width: 90%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>		
Forename(s)	<input style="width: 100%;" type="text"/>		
Other/Former Name(s)	<input style="width: 100%;" type="text"/>		
Percentage of Shareholding	<input style="width: 50px;" type="text"/>	%	
Address	<input style="width: 100%; height: 30px;" type="text"/>		
Postcode	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 150px;" type="text"/>	H/W/M	<input style="width: 50px;" type="text"/>
E-mail Address	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>		
Place of Birth	<input style="width: 100%;" type="text"/>		
Nationality	<input style="width: 100%;" type="text"/>		
Passport No.	<input style="width: 100%;" type="text"/>		
Occupation	<input style="width: 100%;" type="text"/>		
Employer	<input style="width: 100%;" type="text"/>		

**5 Shareholder/Beneficial Owner Details** If there are more than the allocated number of known Shareholders/Beneficial Owners, then please submit on a separate sheet

To be completed by all persons holding more than 25% of shares, if necessary submit on a separate sheet. Where the Shareholder/Beneficial Owner(s) are corporate entities, please utilise the personal fields to provide the corporate equivalent.

<b>First Director</b>		Title	<input style="width: 90%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>		
Forename(s)	<input style="width: 100%;" type="text"/>		
Other/Former Name(s)	<input style="width: 100%;" type="text"/>		
Percentage of Shareholding	<input style="width: 50px;" type="text"/>	%	
Address	<input style="width: 100%; height: 30px;" type="text"/>		
Postcode	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 150px;" type="text"/>	H/W/M	<input style="width: 50px;" type="text"/>
E-mail Address	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>		
Place of Birth	<input style="width: 100%;" type="text"/>		
Nationality	<input style="width: 100%;" type="text"/>		
Passport No.	<input style="width: 100%;" type="text"/>		
If the Beneficial Owners have retired then please indicate this along with description of previous occupation.			
Occupation	<input style="width: 100%;" type="text"/>		
Employer	<input style="width: 100%;" type="text"/>		

<b>Second Director</b>		Title	<input style="width: 90%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>		
Forename(s)	<input style="width: 100%;" type="text"/>		
Other/Former Name(s)	<input style="width: 100%;" type="text"/>		
Percentage of Shareholding	<input style="width: 50px;" type="text"/>	%	
Address	<input style="width: 100%; height: 30px;" type="text"/>		
Postcode	<input style="width: 100%;" type="text"/>		
Contact Number	<input style="width: 150px;" type="text"/>	H/W/M	<input style="width: 50px;" type="text"/>
E-mail Address	<input style="width: 100%;" type="text"/>		
Date of Birth	<input style="width: 100%;" type="text"/>		
Place of Birth	<input style="width: 100%;" type="text"/>		
Nationality	<input style="width: 100%;" type="text"/>		
Passport No.	<input style="width: 100%;" type="text"/>		
Occupation	<input style="width: 100%;" type="text"/>		
Employer	<input style="width: 100%;" type="text"/>		

## 6 Declaration & Signature

You must sign the form below

I/We understand that the information I/we provide on this application form, and any additional information supplied, will be processed in accordance with SMP Fund Services Limited's, and those of its member companies where applicable, data protection statement(s).

I/We declare that:

- I/We am/are 18 years of age or over
- I/We agree that this Due Diligence Form forms part of our agreement with you
- I/We agree that the information contained within this application form is true and accurate
- I/We agree to notify SMP Fund Services Limited of any changes to the information provided on this form

Unless you were introduced by an Intermediary, SMP Fund Services Limited may use your personal information to tell you of other products and services which they believe may be of interest to you.

If you do not wish for your personal information to be used in this way, please put an X in this box.

### Signatures of ALL Directors

#### First Director Signature

PLEASE SIGN HERE

#### Print Name

#### Date

#### Second Director Signature

PLEASE SIGN HERE

#### Print Name

#### Date

## 8 Checklist

- We have fully completed this application form
- We have signed and dated the application form
- We have provided a certified copy of the Certificate of Incorporation
- We have provided a certified copy of the Memorandum and Articles of Association
- We have provided a certified copy of the current members/shareholder register
- We have provided a certified copy of the current officers/directors register
- We have provided a certified copy of the Authorised Signatory List
- We have provided a copy of the Structure Chart detailing group/associated entities
- We have provided a certified copy of the Board minutes authorising the opening of the account with SMP Fund Services Limited
- We have provided a certified copy of a valid piece of photographic ID per Director, Ultimate Beneficial Owner, all Shareholders who control 25% or more of the shares and Authorised Signatories i.e. current passport or driving licence
- We have provided a certified copy of a valid piece of residential address verification per Director, Ultimate Beneficial Owner, all Shareholders who control 25% or more of the shares and Authorised Signatories i.e. bank statement or utility bill (this cannot be a mobile phone bill). This can be no more than six months old.

### Notes

All document certifications must be dated and accompanied by the signatories printed name, position and contact details and include the text:

**"I certify this is a true copy of the original"**

And in the case of photographic identification:

**"I certify that this is a true copy of the original and that the photograph is a true likeness of the individual concerned"**

Suitable certifiers are restricted to the following:

- |                        |                   |  |                   |   |
|------------------------|-------------------|--|-------------------|---|
| ▪ Judge                | ▪ Customs Officer | ▪ Banker                               | ▪ Lawyer/Advocate | ▪ Director/Manager/<br>Secretary of a<br>regulated firm |
| ▪ Senior Civil Servant | ▪ Actuary         | ▪ Officer of an Embassy<br>/ Consulate | ▪ Notary          |   |
| ▪ Police Officer       | ▪ Accountant      |  |                   |   |