

Date

Bank Use Only	Branch code	CIF	
Group Name	Group ID		Acquisition Channel
Customer Category:	Business	Institution	Customer Onboarding Place
Relationship Manager Name	Relationship Manager ID		

PART 1 - MAIN INFORMATIONS

1. Legal existence and status

Business name	<input type="text"/>	Legal structure	<input type="text"/>
Trading name	<input type="text"/>	Legal form	<input type="text"/>
Certificate of registration N°	<input type="text"/>	Incorporation date	<input type="text"/>
Issue Date	<input type="text"/>	Business licence N°	<input type="text"/>
Issue date	<input type="text"/>	Expiry date	<input type="text"/>

Other proof(s) of legal existence presented

	Document 1	Document 2
Nature of document presented	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>

Is your entity a subsidiary of an international group ?	Yes	No	Bank Use Only
If yes, please complete the information below :			CIF parent company
Name of parent company	<input type="text"/>		Country registration

2. Activity

Business sector	<input type="text"/>	
Activity sector	<input type="text"/>	
Further description of income generating activity	<input type="text"/>	
Number of employees	<input type="text"/>	
Main products (Including Countries and Currencies involved)	Main suppliers (Including Countries and Currencies involved)	Main customers (Including Countries and Currencies involved)
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Address

Legal Address (Registered office / principal place of business)		Postal Address	
Address line 1	<input type="text"/>	Address line 1	<input type="text"/>
Address line 2	<input type="text"/>	Address line 2	<input type="text"/>
Address line 3	<input type="text"/>	Address line 3	<input type="text"/>
Town	<input type="text"/>	Town	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>

Proof of address provided

If hosted, provide name of the host and the hosting address should be indicated as the registered address

If host is a physical person

Name of host

Date of birth

Place of birth

If host is a legal entity

Name of the entity

Certificate of registration N°

Legal structure of the entity

4. Details of designated contact

Full name

Position

Phone number 1

Pro E-mail Address

Phone number 2

Company contact email

Customer's website

5. Tax

Country of taxation

Tax identification number (TIN)

PART 2 - SHAREHOLDING OWNERSHIP

1. Shareholder(s)

	Full name	% share		Full name	% share
1			6		<input type="text"/>
2			7		<input type="text"/>
3	<input type="text"/>		8		<input type="text"/>
4	<input type="text"/>		9		<input type="text"/>
5	<input type="text"/>		10	<input type="text"/>	<input type="text"/>

2. Beneficial owner(s) - more than 10% of shares (UBO)

	Full name	% share	Ownership	Country of residence	Nationality	Bank Use Only
1	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	CIF
2	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Director(s)

	Full name	Country of residence	Nationality	Bank Use Only
1	<input type="text"/>		<input type="text"/>	CIF
2		<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 3 - FINANCIAL SITUATION (in SBD)

Document provided	Closing date of financial year	
Turnover (per year)	Turnover - Range (per year)	
Share capital amount (Paid up)	Total commitments amount	Net profit/loss (per year)

Multi-banking: Do you have any accounts with other banks? If yes, please specify in which bank(s)

PART 4 - E-MAIL AUTHORITY AND INDEMNITY

Would you like BBS to act on signed instructions received by emails from your authorised signatories ?
(subject to attaching a scan of the original signed application)

No	Yes	Yes with specificities
	<small>(If positive answer, specific form to be completed)</small>	

PART 5 - CUSTOMER STATEMENT

We certify that the resolution was passed at a meeting of the Board of Directors, authorising the Company to open a bank account with BRED Bank Solomon and that it was recorded in the Minute Book of the Company (copy to be provided).

I/We that the entity details given in this application form are true and correct as at the date of opening this account. I/we further agree to promptly update the Bank on any changes in the entity profile.

I/We understand and acknowledge that our relationship dealings with the Bank will be subject to the requirements of the local Laws, and for some points to the French and European laws. As such, I/we authorize the Bank to confidentially disclose the entity's details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements

I/We allow the bank to send me/us communications by e-mail, phone, SMS or by other communication means regarding products or services I/We have signed for.

Name of duly authorised person	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name of duly authorised person	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

PART 6 - BANK USE ONLY

Stage	Full Name	Signature	Date
Preparing			
Checking			
Authorising			