

CORPORATE APPLICATION FORM
(for legal entities non-resident in Nevis)
Bank Use Only

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1. COMPANY DETAILS

Name of Company			
Trade/Alternate Name <i>(if any)</i>			
Country of Incorporation/ Registration		Date of Registration	
Company Registration Number		Company Tax Number	
Registered Address of Company			
Principle place of Business Operations			
Mailing/Alternate Address <i>(if applicable)</i>			
Does the company have a U.S. taxpayer status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees	
Country of Tax Residency		Email Address	
Company Contact Number		Website	
Nature of Business <i>(please give as much detail as possible)</i>			

COMPANY SUPPORTING DOCUMENTS

Please note that all supporting documentation must be notarized and apostilled (no more than 3 months old). The documents must be provided in the English language or accompanied by a certified translation to the English language.

<input type="checkbox"/> Certificate of Incorporation or country equivalent
<input type="checkbox"/> Certificate of Good Standing
<input type="checkbox"/> Memorandum and Articles of Association <i>(or country equivalent)</i>
<input type="checkbox"/> Certificate of Incumbency <i>(from/ certified by country registry)</i>
<input type="checkbox"/> Power of Attorney <i>(if applicable)</i>

<input type="checkbox"/> Current Register of Directors
<input type="checkbox"/> Current Register of Shareholders
<input type="checkbox"/> Verification of Business Address
<input type="checkbox"/> Most recent financials of company
<input type="checkbox"/> Business Plan <i>(for new companies)</i>

2. **DIRECTOR(S)/OFFICER(S) (individual)** (If the director/officer is not a natural person, go to section 8.)

Name of Director		Profession	
Date of Birth		Country of Birth	
Country of Residency		Country of Tax Residency	
Tax ID		Country of Citizenship	
Are you U.S. citizen or have U.S. taxpayer status?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen or resident of any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all applicable countries.			
Physical Address of Director			
Email		Contact Number	
Are you a PEP (politically exposed person)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			
Are you a close relative or business associate of a PEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			

SUPPORTING DOCUMENTS

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<input type="checkbox"/> Passport (mandatory) Alternative Secondary State-issued Photo ID (any one of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voter's ID	Address Verification (one of the following) <input type="checkbox"/> Utility Bill (no more than 3 months old) <input type="checkbox"/> Current Lease/Rental Agreement <input type="checkbox"/> Bank Statement (no more than 3 months old) <input type="checkbox"/> Certificate of Title
Professional Reference (from one of the following) <input type="checkbox"/> Lawyer (still practicing) <input type="checkbox"/> Chartered/Certified Accountant <input type="checkbox"/> Regulated Financial Professional	<input type="checkbox"/> Bank Reference (from regulated financial institution)

Please duplicate this section if there is more than one director of the company.

3. **SHAREHOLDER(S) (individual)** *(If the shareholder is not a natural person, go to section 8.)*

Name of Shareholder		Profession	
Number of Shares Held		Percentage of Shares Held	
Date of Birth	Country of Birth		
Country of Residency		Country of Tax Residency	
Tax ID	Country of Citizenship		
Are you U.S. citizen or have U.S. taxpayer status?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen or resident of any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all applicable countries.			
Physical Address of Shareholder			
Email	Contact Number		
Are you a PEP (politically exposed person)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			
Are you a close relative or business associate of a PEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			

SUPPORTING DOCUMENTS

Please note that all supporting documentation must be notarized and apostilled (no more than 3 months old). The documents must be provided in the English language or accompanied by a certified translation to the English language.

<input type="checkbox"/> Passport <i>(mandatory)</i> Alternative Secondary State-issued Photo ID <i>(any one of the following)</i> <input type="checkbox"/> Driver's License <input type="checkbox"/> National ID <input type="checkbox"/> Voter's ID Professional Reference <i>(from one of the following)</i> <input type="checkbox"/> Lawyer <i>(still practicing)</i> <input type="checkbox"/> Chartered/Certified Accountant <input type="checkbox"/> Regulated Financial Professional <input type="checkbox"/> Copy of Share Certificate <i>(if any issued)</i>
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<input type="checkbox"/> Completed Source of Wealth Form Address Verification <i>(one of the following)</i> <input type="checkbox"/> Utility Bill <i>(no more than 3 months old)</i> <input type="checkbox"/> Current Lease/Rental Agreement <input type="checkbox"/> Bank Statement <i>(no more than 3 months old)</i> <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Bank Reference <i>(from regulated financial institution)</i>

Please duplicate this section if there is more than one shareholder with 5% or more of the shares of the company.

4. BENEFICIAL OWNER(S)

Name of Beneficial Owner		Profession	
Number of Shares Held		Percentage of Shares Held	
Date of Birth	Country of Birth		
Country of Residency		Country of Tax Residency	
Tax ID	Country of Citizenship		
Are you a citizen or resident of any other country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all applicable countries.			
Physical Address of Beneficial Owner			
Email	Contact Number		
Are you a PEP (politically exposed person)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			
Are you a close relative or business associate of a PEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state country and position held.			

SUPPORTING DOCUMENTS

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<input type="checkbox"/> Passport (mandatory)
Alternative Secondary State-issued Photo ID (any one of the following)
<input type="checkbox"/> Driver's License
<input type="checkbox"/> National ID
<input type="checkbox"/> Voter's ID
Professional Reference (from one of the following)
<input type="checkbox"/> Lawyer (still practicing)
<input type="checkbox"/> Chartered/Certified Accountant
<input type="checkbox"/> Regulated Financial Professional
<input type="checkbox"/> Copy of Share Certificate (if any issued)

<input type="checkbox"/> Completed Source of Wealth Form
Address Verification (one of the following)
<input type="checkbox"/> Utility Bill (no more than 3 months old)
<input type="checkbox"/> Current Lease/Rental Agreement
<input type="checkbox"/> Bank Statement (no more than 3 months old)
<input type="checkbox"/> Certificate of Title
<input type="checkbox"/> Bank Reference (from regulated financial institution)

Please duplicate this section if there is more than one beneficial owner of the company.

5. ACCOUNT ACTIVITY

Which of our services do you need?	<input type="checkbox"/> Current Accounts <input type="checkbox"/> Savings Accounts <input type="checkbox"/> Wire Transfers	<input type="checkbox"/> Foreign Currency Exchange <input type="checkbox"/> Online Banking <input type="checkbox"/> Payment Cards
How specifically will you use the account?		
Estimated number of transactions per month	<input type="checkbox"/> 1 – 20 <input type="checkbox"/> 21 – 50 <input type="checkbox"/> 51 – 80	<input type="checkbox"/> 81 – 100 <input type="checkbox"/> 100 – 130 <input type="checkbox"/> > 130
Estimated volume of transactions in USD per month	<input type="checkbox"/> < 10,000 <input type="checkbox"/> 10,001 – 20,000 <input type="checkbox"/> 20,001 – 50,000	<input type="checkbox"/> 50,001 – 80,000 <input type="checkbox"/> 80,001 – 100,000 <input type="checkbox"/> > 100,000
Describe of how the funds coming into this account have been generated.		
Please list the countries to/from which transactions are anticipated.		

6. CONFIRMATIONS

I/We hereby confirm that:

- The information provided in this form is true and accurate, to the best of my/our knowledge.
- I/We have read and agree to the Sun Bank International General Terms & Conditions.
- The funds to be deposited to our account(s) are derived from legitimate sources and are not linked and/or derived from criminal origin, of whatsoever nature, and in particular do not constitute the proceeds of money laundering, terrorist financing, or proliferation financing.

7. SIGNATURES

Print Name

Position

Signature

Date

Print Name

Position

Signature

Date

8. **LEGAL ENTITY** (Complete this section if a legal entity is the director, officer or shareholder of the applicant).

Type of Entity	<input type="checkbox"/> Company/Corporation (LTD) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Foundation
Entity's Role in Company	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder <input type="checkbox"/> Other (specify): _____	
Name of Entity		
Trade/Alternate Name (if any)		
Country of Incorporation/ Registration		Date of Incorporation/ Registration
Registration Number		Tax Identification Number
Registered Address of Entity		
List all Directors/Managers/ Trustees*		
List all Shareholders/ Members/ Beneficiaries*		
Does the entity have a U.S. taxpayer status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Employees
Country of Tax Residency		Email Address
Company Contact Number		Website
Nature of Business (please give as much detail as possible)		

Please duplicate this section if there is more than one entity that acts as director/officer or shareholder of the company.

*We will require identity verification documents (passport, utility bill and references) for the individuals listed here.

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