

OPENING OF RELATIONSHIP FORM

Date:.....

File reference:

Filled in by:

Type:

IDENTIFICATION OF THE CONTRACTING PARTY

Surname, First name(s), Company name:

.....

Profession/company

purpose:.....

Employer:

Date of birth/date of founding:

Permanent address:.....

.....

Head office/ address of the business involved:

.....

Nationalities / Country of the Head office.....

Identity document number:.....

(make a photocopy)

*Work phone n°: *Private phone n°: *Mobile phone n°:.....

*Work fax n°: *Private fax n°: *E-mail:.....

(*if possible, at least one rapid means of communication)

THE FINANCIAL INTERMEDIARY (mark with a cross which is applicable):

☐

IS CERTAIN THAT THE CONTRACTING PARTY IS THE BENEFICIAL OWNER OF THE
ASSETS WHICH ARE THE SUBJECT OF THE BUSINESS RELATIONSHIP

☐

IS NOT CERTAIN THAT THE CONTRACTING PARTY IS THE BENEFICIAL OWNER OF THE
ASSETS WHICH ARE THE SUBJECT OF THE BUSINESS RELATIONSHIP (in this case, the
contracting party must identify in writing the beneficial owner of the assets)

IDENTIFICATION OF THE CONTROLLING OWNER

(when the contracting party is a legal entity or a partnership engaged in an operating activity)

Corporate name of the contracting party:

The undersigned contracting party hereby declares that the following natural person(s) has/have control over it, due to the fact that they control at least 25% of the voting rights or of the company's capital, or in any other manner, for example due to a predominant position, preferential voting rights, a shareholders' agreement, or a contract, or if such controlling parties do not exist or cannot be identified, due to the fact that the following natural person(s) conduct(s) the operational General Management thereof.

(repeat these headings for each controlling owner)

Surnames, first names:

.....

Date of birth:

.....

Complete address of permanent residence:

.....

Nationalities:

.....

The contracting party undertakes to communicate spontaneously and without delay any modification concerning the its controlling owner or owners. The contracting party has been made aware that intentionally completing this form erroneously constitutes creating a false document within the meaning of Article 251 of the Swiss Penal Code.

Place and date:

Signature of the contracting party:

.....

IDENTIFICATION OF THE BENEFICIAL OWNER OF THE ASSETS WHICH ARE THE SUBJECT OF THE BUSINESS RELATIONSHIP

Name and first name(s) or company name of the contracting party:

.....

The contracting party hereby declares (mark with a cross which is applicable)

☐ to be the only beneficial owner of the assets being involved in his business relationship with [Name of the financial intermediary]

☐ that the following natural person(s) is/are the beneficial owner(s) of the assets involved in his business relationship with [Name of the financial Intermediary]

(repeat these headings for each beneficial owner)

(Surname and first name:

.....

Date of birth:

.....

Complete address of permanent residence:

.....

Nationalities:

.....

The contracting party undertakes to communicate spontaneously and without delay any modification concerning the beneficial owner(s). The contracting party has been made aware that intentionally completing this form erroneously constitutes creating a false document within the meaning of Article 251 of the Swiss Penal Code.

Place and date:

Signature of the contracting party:

.....

KNOW YOUR CUSTOMER FORM

Notice: this form must be completed for each beneficial owner, regardless of whether or not he is the contracting party.

INTRODUCTION:

Introduced by.....

Place, date, circumstances under which the business relationship was initiated

.....

.....

CONNECTIONS WITH OTHER CLIENTS:

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PERSONAL DETAILS:

Marital status:

Surname, first names and birth date of spouse:

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Surnames, first names and birth dates of parents:

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Surnames, first names and birth dates of children:

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FINANCIAL SITUATION:

Wealth:

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Income:.....

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PURPOSE OF THE BUSINESS RELATIONSHIP:

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TRACING OF THE ASSETS:

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ECONOMIC ORIGIN OF THE ASSETS:

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REASONS FOR INCREASED VIGILANCE:

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CLARIFICATIONS WHEN OPENING THE BUSINESS RELATIONSHIP: (grounds, content and result)

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SUPPORTING DOCUMENTS:

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MEANS OF COMMUNICATION

*Work phone n° : *Private phone n°: * Mobile phone n°:

*Work fax n°: *Private fax n°: *E-mail:

(*if possible at least one rapid means of communication)

IDENTIFICATION OF OTHER PERSONS

(for example person holding power of attorney, external manager, protector, etc.)

Surnames, first names/company

name:.....

Profession/company

purpose:.....

Employer:

Date of birth/date of founding:

Permanent address:.....

.....

Head office/address of the business involved:

.....

Nationalities/country of the Head office.....:

.....

*Work phone n°: *Private phone n°: *Mobile phone n°:

*Work fax n°: *Private fax n°: *E-mail:

(*if possible, at least one rapid means of communication)