

#Reg2 – Registry Account Maintenance Form (Institutions)

Please see explanatory notes at the back of the form

1. Corporate Particulars

Name of Entity ¹ :		Type of Entity ² :	
Previous name (if applicable)			
Business Activity:		Place of Incorporation/Establishment:	Date of Incorporation/Establishment:
Place(s) of Registration:	Date(s) of Registration:	Name of Parent/Holding Company ³ :	Name(s) of Subsidiaries & Affiliates ⁴ :
Registry Account Number(s) ⁵ :		UID Number(s) ⁵ :	

2. Tax Information

Place of Business (Country)	Business Registration Number	National Tax Identification Number

3. Corporate Officers Information

Chief Executive	Name:	Title:
Chief Accounting officer	Name:	Title:
Corporate Secretary	Name:	

4. Address and Contact Information

Primary Business Address:

P.O. Box #	Address Line 1:	Address Line 2:
City:	Parish/ County/ State:	Zip Code/ Postal Code:
Country:	Telephone 1	Telephone 2
Fax:	E-mail Address 1:	E-mail Address 2:

Mailing Address (if different from Main Business Address above):

P.O. Box #	Address Line 1:	Address Line 2:
City:	Parish/ County/ State:	Zip Code/ Postal Code:
Country:	Telephone 1	Telephone 2
Fax:	E-mail Address 1:	E-mail Address 2:

5. Payment Options (Bank Details)⁵

Bank Name:	Branch Address:	Branch Routing Number:
Account Number:	Account Type (Check appropriate box): Savings <input type="checkbox"/> Chequing <input type="checkbox"/>	
Address Line 1:	Address Line 2:	Address Line 3:
City:	Parish/ County/ State:	Zip Code/ Postal Code:
Intermediary Bank Name:	Intermediary Bank SWIFT Code/ ABA #/ Routing #/ Sort Code:	Intermediary Bank Address:

Kindly submit the completed form with a certified copy of the Company's Incorporation/Registration Certificate

Authorized signatories for and on behalf of the Entity:

			Corporate
Name (Please Print):	Signature:	Date:	Stamp/Seal:

Name (Please Print):	Signature:	Date:	

Witnessed by⁸

			Stamp/ Notary Seal
Name (Please Print):	Signature:	Date:	

