

	#Re	g2 – Registry A	ccou	nt M	aintenance	e Fori	m (Institutio	ns)	
		Please see ex	planator	ry note	es at the back of	of the fo	rm		
			1. Corp	oorate F	Particulars				
Name of Entity ¹ :					Type of Entity ² :				
Previous name (if applicab	ole)								
Business Activity:				Place of Incorporation/Establishment: Date of Incorporation/Establishment:					
		In the Control of the					2		
Place(s) of Registration:		Date(s) of Registration:		Name of Parent/Holding Comp		npany³:	Name(s) of Subsidiaries & Affiliates ⁴ :		
Registry Account Number(s) ⁵ :				UID Nui	mber(s) ⁵ :		ı		
			2. T	ax Info	rmation				
Place of Business (Country)		Business Registration N			Number		National Tax Identification Number		
Chief Executive	Name		Corporat	te Offic	ers Information	Title			
						Title:			
Chief Accounting officer	Name					Title:			
Corporate Secretary	Name		A al al						
		4. A	Address a	nd Con	tact Information				
Primary Business Add		co Lino 1:				۸ ططعت - ۱	ino 2:		
F.O. Box #	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 dif	ferent fi	 rom Main Business Addres:	s above):						
P.O. Box #	Addre	ss 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. Payme				t Options (Bank Details) ⁵					
Bank Name: Branch Address:				Branch Routing Number:					
Account Number:		,	Account T Savings	Type (Ch	eck appropriate box): Chequing				
Address Line 1:		Address Line 2:				Address			
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 com	nleted	 form with a certified copy o	of the Com	nany'e l	ncorporation/Pagi	stration C	Cortificato		
Kindly Submit the Com	ipieteu	orm with a certified copy o	i tile Colli	party 5 i	ncorporation/Negi	stration C	erimeate		
Authorized signatories for	or and o	n behalf of the Entity:							
						Corporata			
Nama (Places Print)					Data	Corporate			
Name (Please Print):		Signature:			Date:	Stamp/Se	al:		
Name (Please Print):		Signature:			Date:				
Witnessed by ⁸						Stamp/			
						Notary Se	eal .		

Date:

Name (Please Print):

Signature:



Corporate Investor Information Form

Notes

- 1. The legal, registered name of the entity must be provided. Other Trade or Business names should be listed in the space for additional information below
- 2. Please state organisational form of entity, eg limited liability company; statutory corporation, pension fund, mutual fund, trust, etc.
- 3. State the name of any parent or holding company if applicable
- 4. State the name(s) of any subsidiaries or affiliates is applicable
- 5. Where applicable, as in the case of non-ECCU Banks, Intermediary Bank Information (Name, Address, Swift/ABA Code/Routing Number, etc) may be provided below.
- 6. Account Type must be specified for EC Dollar bank accounts.
- 7. Your Registry Account Number(s) and UID Number(s) can be found on your Registry Account Statement(s). If not known, please leave blank
- 8. The signatures must be witnessed by the Principal or Representative of a Broker-Dealer, Notary Public/Notary Royal, Justice of the Peace, Lawyer, Minister of Religion, Medical Practitioner, Bank Manager, Senior Government Official or Member of Parliament, in an ECCU Member Country. For non-ECCU Countries it must be witnessed by a Notary Public.
- 9. Change of Name request must be accompanied by one of the following: Notarized Certificate of Re-registration or Notarized Articles of Association.

Please provide any additional information below.							