

#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 ⁶ (Check appropriate box): Savings <input type="checkbox"/> Chequing <input type="checkbox"/>	
Bank Address Line 1:	Bank Address Line 2:		Bank Address Line 1:
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:

Name (Please Print):

Signature:

Date:

Corporate

Stamp/Seal:

Name (Please Print):

Signature:

Date:

Witnessed by⁸

Stamp/
Notary Seal

Name (Please Print):

Signature:

Date:



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 if applicable
5. Where applicable, as in the case of non-ECCU Banks, Intermediary Bank Information (Name, Address, Swift/ABA Code/Routing Number, etc) must be provided.
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, Employee of the ECCSD, 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.
