
Customer Due Diligence Form

CHECKLIST

This Customer Due Diligence (CDD) Form must be completed and submitted with any Application Form for an Overseas Trust and Pension product.

The following documents must be included with the Application Form, without these (where applicable) your application will not be processed:

- Certified copies of suitable client identification and address verification.
- If assets are being transferred from any existing pension providers or other legal entities, OTAP will require due diligence on these parties. Please discuss your requirements with us in order that we can advise what documentation will be needed.

OTAP may require additional supporting documentation. If this is the case, we will endeavour to make such a request within 7 days of receipt of this form.

IMPORTANT INFORMATION

Overseas Trust and Pension (OTAP) is the brand name of Overseas Trust and Pension Ltd, Overseas Pensions and Benefits Ltd and Overseas Pensions Administration Ltd, (the Companies). They are licensed by the Guernsey Financial Services Commission under the Regulation of Fiduciaries, Administration Businesses and Company Directors, etc (Bailiwick of Guernsey) Law, 2020. Overseas Trust and Pension Ltd and Overseas Pensions and Benefits Ltd are registered in Guernsey numbers: 55506 and 39935 respectively. Their registered office is Lefebvre Court, Third Floor, Block B, Lefebvre Street, St Peter Port, Guernsey, GY1 2JP. Overseas Pensions Administration Ltd is registered in Alderney number: 1427 and its registered office is Millennium House, Ollivier Street, St Anne, Alderney, GY9 3TD.

Overseas Trust and Pension Limited is an authorised financial services provider in terms of the South African Financial Advisory and Intermediary Services Act ("FAIS") and is regulated by the Financial Sector Conduct Authority ("FSCA") of South Africa. FSP number 47261.

The Companies do not offer financial, investment or tax advice, any information provided should not be considered as such. The Companies accept no legal liability for losses, damages or expenses which you may incur or suffer directly or indirectly by using this information.

We endeavour to make sure the information is accurate and up-to-date however, no warranty is given as to the accuracy or completeness of any information and no liability is accepted for any errors or omissions in such information.

We strongly recommend that clients take regulated financial and investment advice relevant to their individual circumstances. It is the responsibility of clients and their advisers to review the advice and investments at least annually. The product terms, risks and charges (including: initial, annual and exit) should be considered, understood and agreed with your Financial/Investment Adviser.

Past performance is not a reliable indicator of future results. Investment values and the income from them can go down as well as up and may be affected by changes in rates of exchange. An investor may not receive back the amount initially invested.

Data Privacy Statement: Please refer to our Data Privacy Policy published on the Overseas Trust and Pension website: www.trustandpension.com/legal-and-regulatory



Personal Details

Title (e.g. Mr/Mrs/Miss/Ms/Dr/Other)	First name
Middle Names	
Surname	
Maiden name	Previous or other names used
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	Marital Status
Date of Birth (dd mm yy)	Place of Birth
Nationality	
Home Telephone	Work Telephone
Mobile Telephone	Fax
Email Address	

Permanent residential address

Building Name	Building Number
Sub Building Number / Name	Street
Sub Street	City / Town
State / District	Region
Post Code	Country

Correspondence address

(if different from residential address)

Building Name	Building Number
Sub Building Number / Name	Street
Sub Street	City / Town
State / District	Region
Post Code	Country

Taxation Self-Certification for Individuals

Are you a US Citizen? Yes No If yes, please provide your Tax Identification Number:

Please confirm if you are a UK resident Yes No If yes, please provide your Tax Identification Number:

Jurisdiction (s) of tax residence if not US/UK Tax Identification Number/Social Security Number/National Insurance Number

If you are not a resident in any jurisdiction for tax purposes, please tick here

If you have ticked the box above, please provide an explanation:

If you have renounced any nationality, please provide details below and provide a certified copy of any certificates of loss of nationality.

Nationality/Country: Date renunciation confirmed:

Do you have dual citizenship? Yes No If yes, please state the country

Passport details

Please insert details of all your current passports

Passport Issuer: Passport Number:

Passport Issuer: Passport Number:

Passport Issuer: Passport Number:

Identity Document details

Where your country of residence operates an identity number (ID) system, please include your ID number below.

Country Identity number

Employment details

Employed Retired Unemployed If retired or unemployed, please state your last employment details in the section below.

Occupation (e.g. engineer, banker, etc) Date of commencement of occupation (dd mm yy)

Name of Business

Business Address

Post Code Country

Nature of Business Position Held

What share, if any, do you own of this business?

Please indicate your average annual income £ / € / US\$ (delete as applicable)

Politically Exposed Person (PEP) Status

For a detailed description of a PEP, please click [here](#) to view an annexure or follow www.trustandpension.com/pep-annexure/, which provides definitions and examples.

Are you or have you been entrusted with a prominent public function? Yes No

Are you related in terms of immediate family members to a natural person who is or has been entrusted with a prominent public function? Yes No

Are you related in terms of a close associate³ to a natural person who is or has been entrusted with a prominent public function? Yes No

If you have answered yes to any of the above questions, please provide further details below:

Name and Surname of PEP:

Relationship:

Dates of Position Held:

Position Held/Title:

Description of Role:

Source of your personal wealth

To meet Money Laundering Regulations, please indicate the source(s) of your wealth including which country(ies) it was generated in. Please note that we may request you to provide a full explanation and formal evidence to verify the source(s).

Please advise of all sources which apply as appropriate: If you require more space please add in the box below, these should include;

- Salary or equivalent (please provide details e.g. years worked, name and nature of business, and geographical location);
- Inheritance (please specify type of inheritance, and value received);
- Sale of business or property (please specify circumstances, name of business, value received and geographical location);
- Other (please explain the origins of your wealth if not covered above);

EMPLOYMENT HISTORY

Company	Position	Industry	Country	From (dd mm yy)	To (dd mm yy)	Average Annual Remuneration

GIFTS/INHERITANCES/TRUST DISTRIBUTIONS RECEIVED

In this section, type refers to a gift, inheritance or distribution via a trust or estate received.

Relationship refers to the relationship between yourself and the donor. For example, you may have been a beneficiary of a trust, one spouse might gift assets to another spouse or one might inherit from a close family member or friend, it is the relationship which is required in this field.

Worked Example of Gifts/Inheritances/Trust Distributions Received

Name of Donor/Trust	Relationship	Country of residence of Donor/Trust	Type	Year received	Currency and Amount
<i>The ABC Trust</i>	<i>Beneficiary</i>	<i>Isle of Man</i>	<i>Distribution</i>	<i>2012</i>	<i>£28 000</i>
<i>Mrs P Smith</i>	<i>Mother</i>	<i>United Kingdom</i>	<i>Inheritance</i>	<i>2001</i>	<i>\$130 000</i>

Please complete the table below

Name of Donor/Trust	Relationship	Country of residence of Donor/Trust	Type	Year received	Currency and Amount

INVESTMENT RETURNS

In this section, Nature of Holding refers to the investment type such as a property, investment portfolio, directly held shares, share options, collective investments, intellectual property e.g. patent or licence, investment linked instruments e.g. life policy or annuity, loans etc. The type of return refers to gains, dividend, rental income, interest, royalties that is generated by the holding. The Amount refers to the estimated amount of return generated by the holding. Please complete as appropriate.

Note: When completing this section, you can provide rounded indicative amounts.

Note: If the return is from the sale of an investment please list this as a Gain. Gains from diversified investment portfolios should also be recorded as 'Gains' with no need to specify the different type of return at the underlying investment holding level in the portfolio.

For Nature of Holding, please choose from this list: Property (Held/Sold), Investment portfolio, Shares or Collectives (Held/Sold), Intellectual Property, Life Policy/Endowments, Annuity/Pension, Loan or Bank Deposits.

For Type of Return, please choose a corresponding return type from this list: Rental Income, Capital Gains, Dividends, Royalties, Income Earned or Interest.

Worked Example

Nature of Holding	Country where held	Type of Returns	Payment or Accrual Frequency	Total amount of Returns received in the last 10 years – Currency and Amount
<i>Collective Held</i>	<i>Luxembourg</i>	<i>Dividends</i>	<i>Annually</i>	<i>£20 000</i>
<i>Property Sold</i>	<i>United Kingdom</i>	<i>Gains</i>	<i>One Off</i>	<i>£500 000</i>
<i>Shares Sold</i>	<i>United States of America</i>	<i>Gains</i>	<i>One Off</i>	<i>\$175 000</i>
<i>Endowment Held</i>	<i>Isle of Man</i>	<i>Gains</i>	<i>Monthly</i>	<i>€285 000</i>

Please complete the table below

Nature of Holding	Country where held	Type of Returns	Payment or Accrual Frequency	Total amount of Returns received in the last 10 years – Currency and Amount

SOURCE OF FUNDS

Your Source of Funds is the specific activity or event which generated the funds you are using to make this contribution. In the table below, we need to have an explanation as to how these funds were generated and in which country(ies). Please note that we may request you to provide a full explanation and formal evidence to verify the source(s).

In the table below, please state which of the activities stated above has generated the funds for this contribution.

Amount	Source of Funds	Have the details been provide in the above section/s?

OTHER SOURCES

Please provide sufficient detail so that we can understand the nature of the income or gain, from where it originates, the currency and the total estimated amount of income or gain.

Examples include: divorce settlement, windfall, sale of a business, beneficiary of a trust.

REMITTING ACCOUNT DETAILS

Please provide details of the bank account/s from which your contribution will be transferred.

Account Name	Name of institution where account is held	Country where account is held	Account number	Currency	Amount

Tip: If you are making a contribution to your plan via multiple sources it may prove simplest to consolidate these in your personal account and remit to us as a single amount to avoid unnecessary complexity in respect of Source of Funds.

BANK ACCOUNT DETAILS FOR FUTURE BENEFIT PAYMENTS

Please provide details of your bank account for future benefit payments (if different from above).

Account Name	Name of institution where account is held	Country where account is held	Account number	Currency

Reason for using Overseas Trust and Pension

Please state your purpose and objective for establishing a Plan with OTAP, which is outside your country of residence. Select all relevant categories and / or provide additional information below.

- Advised to do so by my financial adviser as part of my overall financial planning
- The political and economic stability of Guernsey as compared to my home jurisdiction
- Tax efficiency
- Succession planning
- Asset protection
- Retirement provision
- Long term savings needs
- Best product
- Other: _____

Security Questions

Please select three different questions from the list below and provide the answer to each on the right-hand side. Your answers to these questions may be used to confirm your identity.

- | | |
|--|--------|
| <input type="checkbox"/> What is your Mother's maiden name? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What is your Mother or father's birth place? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What is your oldest sibling's middle name? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What is the title and artist of your favorite song? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What is your oldest cousin's first name? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What was the name of your first pet? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What was the name of the first school you attended? | Answer |
| _____ | _____ |
| <input type="checkbox"/> What was the color of your first motor vehicle? | Answer |
| _____ | _____ |

Declaration

I declare that all information provided by myself in this form is to the best of my knowledge and belief, accurate and complete.

Signature of Applicant

Print Name

Date (dd mm yy)



Customer Due Diligence (CDD) Documentation

We comply with local legislation and our own internal policies and procedures to ensure appropriate customer due diligence documentation is obtained on our clients. If you do not provide appropriate information, there may be a delay, or we may be unable to process your application.

Section 1 – Verification of your identity

Please provide us with an updated copy of the identification pages of your current passport or National ID document.

Please note, the information must include:

1. Name and Nationality
2. Document identification number
3. Photograph
4. Signature
5. Date and place of birth
6. Country of issue
7. Date of issue



Please note that the copy of the photograph must be clear and a true likeness.

Section 2 – Verification of your permanent residential address

We will require a copy of ONE of the following documents showing your permanent residential address:

- A utility bill (not more than three months old) or a bank / credit card statement
- Correspondence from an independent source such as a government department
- Personal tax assessment
- Valid driving licence

Please note that non-bank cards such as store cards, mobile telephone statements or addresses that feature 'care of' are NOT ACCEPTABLE as confirmation of your residential address, neither are statements printed from a website or those which do not feature your actual physical address.

Documents addressed to PO Box numbers are not normally acceptable. However, where a PO Box facility is used for the reasons of safety/security or where there is no local residential postal delivery we may accept certain documents. Please refer to your Account Manager for guidance.

Section 3 – Source of Wealth Guidance

Third party financial institutions (e.g. Investment Companies, Banks, etc) may have different and additional client due diligence requirements. Where possible we suggest that you familiarise yourself with their requirements otherwise delays may occur as it may be necessary for OTAP to request the additional information/documentation.

Certified Documentary Evidence: In some instances, OTAP may require additional documentation to support an application. This may be requested after the Application Form is received due to specific factors relating to a client.

Section 4 – Suitable Certifiers

Copy documentation is acceptable provided it is certified as being a true copy of the original and any photograph submitted as proof of identity must be certified as a true likeness of the individual.

This may be done by any one of the following persons (MUST NOT BE A RELATIVE):

- A Member of the Judiciary
- A Senior Civil Servant
- A serving Police or Customs Officer
- A Lawyer or Notary Public who is a member of a recognised professional body
- Doctor
- An Actuary or Accountant who is a member of a recognised professional body
- A Director / Manager of a regulated financial services in a jurisdiction known to have equivalent AML/CFT legislation in place
- An officer of an Embassy, Consulate or High Commission of the country where ID documents are issued

Please note, where a certifier listed above is based in a high-risk jurisdiction, we will only accept their certification if they are employed and acting in their capacity as employee of a company/firm/partnership that has a head office based in an equivalent jurisdiction.

Certifier's Checklist

- Please take a photocopy of the original document.
- Please insert the following wording as shown on the document
- Please add your signature and the date.
- Please print your name and contact details underneath your signature in BLOCK CAPITALS.
- Please state the capacity in which you are certifying the document (i.e Accountant, Lawyer, etc).
- If you have an official corporate stamp, please place the stamp onto the copied document and ensure that your professional address is quoted.

The certified documents should carry the following wording and information:

Passport/ID documentation

I hereby certify that this is a true copy of the original document, which I have seen and that I have met the individual on _____ (insert date) and can confirm the photograph is a true likeness.

Address Verification/other documents

Certifiers Details

I hereby certify that this is a true copy of the original document, which I have seen.

- Signature of Certifier
- Name
- Date of Certification
- Position/Capacity
- Firm/Company
- Business/Contact address
- Telephone Number
- E-mail address

Certification of Identity – for use by Suitable Certifiers Only

For your ease, we have provided the following facility to capture a copy of the applicant's identity for certification.

1. Place the ID/Passport document on your scanner with the identity page facing down
2. Place this page over the ID/Passport document, taking care to ensure that it fits within the borders of the below box
3. Scan and print
4. Complete the certification and submit the scanned and printed page with your application

Place ID / Passport here

I hereby certify that this is a true copy of the original document, which I have seen and that I have met the individual on _____ (insert date) and can confirm the photograph is a true likeness

Name: _____ Firm/Company: _____

Date: _____ Telephone Number: _____

Position/Capacity: _____ Email Address: _____

Signature: _____ Business/Contact Address: _____