

Client Registration Profile (CRP)

All information provided within this form is confidential. This information is requested by law and in compliance with anti-money laundering legislation. Any information that you volunteer in this form will be held in the strictest confidence and will not be disclosed to any third party outside of our identity verification processes. Failure to provide full, correct and true information may lead to refusal of your application.

Information given in this form may also help us to provide you with the correct services and facilities and may assist us in identifying products and services that are tailored to your own specific needs and requirements.

Use of this information is regulated by UK Data Protection Act 2018 which is the UK's implementation of the EU General Data Protection Regulation (GDPR).

SECTION (1): ABOUT YOU

FAMILY NAME:	<input type="text"/>	FORENAME(S):	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	NATIONALITY:	<input type="text"/>
MARITAL STATUS:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	PASSPORT NUMBER: <input type="text"/> PASSPORT EXPIRY <input type="text"/> DATE: PLACE OF ISSUE: <input type="text"/>
If Married; FULL NAME OF SPOUSE:	<input type="text"/>	OCCUPATION OR PROFESSION:	<input type="text"/>
NUMBER OF DEPENDANTS:	<input type="text"/>	PROFESSIONAL QUALIFICATIONS:	<input type="text"/>
STATE OF HEALTH:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		

PERSONAL CONTACT INFORMATION

YOUR RESIDENTIAL ADDRESS:	<input type="text"/>	Please include international dialling codes.
Town:	<input type="text"/>	MOBILE NUMBER: <input type="text"/>
Postal / Zip Code:	<input type="text"/>	HOME TELEPHONE: <input type="text"/>
COUNTRY:	<input type="text"/>	OFFICE TELEPHONE: <input type="text"/>
HAVE YOU EVER BEEN A RESIDENT OF ANOTHER COUNTRY IN THE PAST 10 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No		PREFERRED TELEPHONE NUMBER: <input type="text"/>

If YES; PLEASE STATE PREVIOUS COUNTRIES OF RESIDENCE:

EMAIL ADDRESS: Please provide a confidential email address

Please provide the below information on your main principal company. This means that if your company is a group of companies, please provide information on the main trading parent or group company. If your company is a Special Purpose Vehicle or Private Subsidiary of a public company, please provide full details on the intended trading company that will be applying for the facilities.

SECTION (2): ABOUT YOUR PRINCIPAL COMPANY

NAME OF CORPORATION:	<input type="text"/>		Company Number	<input type="text"/>
REGISTERED OFFICE OF CORPORATION:	<input type="text"/>		Please provide full postal address of Registered Office	
DATE OF INCORPORATION:	<input type="text"/>	JURISDICTION OF INCORPORATION:	<input type="text"/>	
TYPE OF INCORPORATION:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public / Listed Company			
WHAT IS THE MAIN BUSINESS OR PURPOSE OF THE COMPANY?	<input type="text"/>		Tick Box if Special Purpose Vehicle <input type="checkbox"/> SPV ONLY	
NUMBER OF EMPLOYEES:	<input type="text"/>	DATE TRADING STARTED (OR PLANS TO START):	<input type="text"/>	
TURNOVER OF THE COMPANY:	This Year: <input type="text"/>	Last Year: <input type="text"/>		
NET PROFIT OF THE COMPANY:	This Year: <input type="text"/>	Last Year: <input type="text"/>		
CURRENCY:	<input type="checkbox"/> CHF <input type="checkbox"/> Euro (€) <input type="checkbox"/> GBP (£) <input type="checkbox"/> USD (\$) <input type="checkbox"/> OTHER			
YOUR POSITION WITHIN THE COMPANY:	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Authorised Director <input type="checkbox"/> Majority Shareholder or Senior Partner <input type="checkbox"/> Other: Please specify:			
SHARECAPITAL:	AUTHORISED CAPITAL	<input type="text"/>	FULLY PAID CAPITAL	<input type="text"/>
TRADING ADDRESS	Please provide a full correspondence address for receiving confidential documents. This address does not need to be the Registered Office of the Company but <u>MUST</u> be an authorised address of the Company or its trading premises/offices.			
ADDRESS FOR ALL CORRESPONDENCE:	<input type="text"/>			
TOWN	<input type="text"/>			
POSTAL CODE	<input type="text"/>			
COUNTRY	<input type="text"/>			

Please provide information about the Directors/Officers and Shareholders of your principal company.

LIST OF DIRECTORS:

Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
COMPANY SECRETARY:	Full Name:	Date of Birth:		Shareholding %'age:	

LIST OF SHAREHOLDERS:

*If different from the person(s) named above.
There is no need to complete if you are a Public Company with more than 12 shareholders.
If Shareholder is a corporation or trust, please state the name of the corporation or trust.*

Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	
Full Name:		Date of Birth:		Shareholding %'age:	

Please continue on a separate sheet if required.

Have any of the above stated Directors;

Ever been made subject to bankruptcy or insolvency order or have been made bankrupt?
Ever entered into a Individual Voluntary Arrangement (IVA) or Company Voluntary Arrangement (CVA)?
Ever been banned from acting as a Company Director?
Been convicted of a criminal offence for anything other than motoring offences?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'YES' to any of the above, please provide details:

Please complete this page is as much details as possible. Failure to complete this page may delay your application.

SECTION (3): ASSET & LIABILITY STATEMENT

Assets

State Currency

☐ CHF ☐ GBP (£)
☐ Euro (€) ☐ USD (\$)

Liabilities

State Currency

☐ CHF ☐ GBP (£)
☐ Euro (€) ☐ USD (\$)

PERSONAL (DIRECTOR OR OWNER WITH MOST CONTROL)

Value of Private Primary Residence:	<input type="text"/>	Residential Loans and Mortgages:	<input type="text"/>
Real Estate Property:	<input type="text"/>	Commercial Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Bank Loans / Overdrafts:	<input type="text"/>
Investments: (Quoted Stocks & Bonds)	<input type="text"/>	Other Credit or Loans:	<input type="text"/>
Other: (please state)	<input type="text"/>	Other: (please state)	<input type="text"/>
Value of Company Shareholding:	<input type="text"/>		
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase of Lease Contracts:	<input type="text"/>
TOTAL PERSONAL ASSETS:	<input type="text"/>	TOTAL PERSONAL LIABILITIES:	<input type="text"/>

CORPORATE / COMPANY ASSETS & LIABILITIES

Real Estate Property:	<input type="text"/>	Secured Loans and Mortgages:	<input type="text"/>
Liquid or Cash Accounts:	<input type="text"/>	Loans Or Overdrafts:	<input type="text"/>
Investments:	<input type="text"/>	Other Liabilities:	<input type="text"/>
Cars / Boats / Aircraft:	<input type="text"/>	Hire Purchase & Lease Contracts:	<input type="text"/>
Debtors:	<input type="text"/>	Creditors:	<input type="text"/>
TOTAL CORPORATE ASSETS:	<input type="text"/>	TOTAL CORPORATE LIABILITIES:	<input type="text"/>

The above information will remain confidential at all times

Please provide us with details of your bankers and legal representative who will be conveying the intended transaction.

SECTION (4): ABOUT YOUR COMPANY BANKERS

NAME OF BANK:	<input type="text"/>	<i>Please provide full details of your company bankers</i>
ADDRESS OF YOUR BANK / BRANCH:	<input type="text"/>	
TOWN	<input type="text"/>	
POSTAL CODE	<input type="text"/>	
COUNTRY	<input type="text"/>	
PRINCIPAL ACCOUNT NAME:	<input type="text"/>	
ACCOUNT NUMBER:	<input type="text"/>	
BIC or SWIFT CODE:	<input type="text"/>	
NAME OF ACCOUNT MANAGER:	<input type="text"/>	
How Long has the Company banked here:	<input type="text" value=""/> years	

SECTION (5): ABOUT YOUR ATTORNEY / SOLICITOR or LEGAL REPRESENTATIVE

NAME OF LAW FIRM:	<input type="text"/>	<i>Please provide full details of your company lawyers</i>
NAME OF ATTORNEY or SOLICITOR:	<input type="text"/>	
ADDRESS :	<input type="text"/>	
TOWN:	<input type="text"/>	
POSTAL CODE:	<input type="text"/>	
COUNTRY:	<input type="text"/>	
TELEPHONE:	<input type="text"/>	
EMAIL ADDRESS:	<input type="text"/>	

SECTION (6): BROKER OF RECORD (if applicable)

If you have been introduced to us by a broker, please give their name below.

NAME OF YOUR
BROKER:

SECTION (7): IDENTITY PROOFS REQUIRED

IMPORTANT:

Please provide the following documents when returning this CRP document.

- | | |
|--|---|
| <input type="checkbox"/> Copy Of Passport (Clear Colour Copy) | <input type="checkbox"/> Copy of Professional Qualifications (if applicable) |
| <input type="checkbox"/> Utility Bill for Proof of Residential Address | <input type="checkbox"/> Copy of Certificate of Incorporation (if applicable) |

SECTION (8): DECLARATION

I understand that the information provided herein and other information that may be attached to this documentation will be examined in accordance with the due diligence procedures defined under EU Laws. Please accept this form and any attachments as authorisation for Blackstone Dragon Limited to undertake any necessary due diligence investigations, including the search of financial, credit history or criminal databases in respect of myself, my company and any other associated parties.

Signed:

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation is both true and accurate and I further confirm that any funds to be engaged in this transaction contemplated are derived from non-criminal origin; and, are good, clean and cleared. The origin of all funds are in compliance with Anti-Money Laundering Policies set forth by the Financial Action Task Force (FATF) 6/01.

Signed:

Dated:

FOR IN-HOUSE USE ONLY

This section is for our internal use. Please do not fill the fields below.

Assigned client ID for all further references:

Reviewed by:

Date: