

Capacity	DIRECTOR / SHAREHOLDER / PROTECTOR / TRUSTEE / AUTHORISED SIGNATORY ¹
Title	DR / MR / MRS / MISS / _____ ¹
Surname	
Forename(s)	
Other name(s) used now or previously	
Date of birth	
Place of birth (town, country)	
Nationality	
Passport / National ID number	
Principal residential address	Postcode
Length of residency at above address	
Domicile	
Telephone number	
Mobile number	
Fax number	
Email address	

I hereby confirm that the above information is correct. I also consent to disclosure by Vivier & Co of my personal information to an associated company or to a third party service provider in connection with the confidential operation and maintenance of accounts and services.

Signed	
Date	

In addition, please attach the following:

➤ A utility bill, under three months old, evidencing your permanent address.	
➤ A copy of your valid passport or national ID card certified by:	
<ul style="list-style-type: none"> ○ a member of our staff; ○ a member of the judiciary; ○ an official from the embassy, consulate or high commission of the documents' country of issue; ○ a senior civil servant, or a serving police or customs officer; 	<ul style="list-style-type: none"> ○ a lawyer or notary public²; an accountant²; ○ a director, officer or manager of a regulated financial services provider, acceptable to us. ○ a member of the institute of Chartered Secretaries and Administrators; ○ an actuary².

The certifier must:

- state as follows on the copy document:
 - I have met the individual face to face;
 - any photograph is a true likeness of the individual concerned; and
 - I am signing a true copy of the original documentation.
- sign and date the copy document;
- print his/her name clearly in capitals underneath;
- clearly indicate his/her position or capacity on it; and
- provide contact details.

¹ delete/insert as applicable

² who is a member of a recognised professional body.