

DUE DILIGENCE & NOTIFICATION FORM

1. **COMPANY NAME:**
2. **COMPANY NUMBER:** **JURISDICTION:**
3. **Business activities (detailed) and countries where they take place** (past activities if not active anymore):

4. **Does the Company have a bank account/s?** YES NO
Bank's name: Bank's name:
Country: Country:

5. **Is there any other company related to this Company?** YES NO
Company's name: Jurisdiction
Company's name: Jurisdiction

6. **Information on the Beneficial Owner/s** (please use additional sheet if more than two)¹:

Full Name:
Residential Address:
Nationality/ies (all): Passport Number:
Date of Birth: Marital Status:
Occupation: % Ownership:

Full Name:
Residential Address:
Nationality/ies (all): Passport Number:
Date of Birth: Marital Status:
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For fully discretionary structures please state: Name, Date of Birth, Nationality, Occupation, Residential Address of Economic Settlor/Economic Founder; Trustee/Board of Foundation; Protector – as applicable; and Class of Beneficiaries (alternatively please complete the separate “Declaration for Discretionary Structures”):

➔ ***For each Beneficial Owner or other individual person/s stated above, please attach Passport/ID copies and Address proof/Utility Bill, duly certified by Notary Public, accountant, lawyer or regulated intermediary, and for corporate entities please enclose the Certificate of Incorporation and/or Good Standing or equivalent.***

7. **Is any of the beneficial owner/s or of the above persons a US Person** (meaning subject to US taxation - e.g. by way of citizenship, green card or satisfying any substantial residence test)?

YES NO

8. **Source of Funds/Wealth** (of BO or Economic Settlor/Founder), and origin of assets and incoming funds:

¹ In case of a PEP additional information may be required.

9. **Information on the directors (if non Morgan & Morgan directors)¹:**

Full Name:
Residential Address/Registered Address:
Nationality/ies - Company Number for corporates:
Date & Place of Birth - Incorporation Date for corporates:

Full Name:
Residential/Registered Address:
Nationality/ies - Company Number for corporates:
Date & Place of Birth - Incorporation Date for corporates:

Full Name:
Residential Address/Registered Address:
Nationality/ies - Company Number for corporates:
Date & Place of Birth - Incorporation Date for corporates:

➔ **For each director, please attach Passport/ID copies and Address proof/Utility Bill, duly certified by Notary Public, accountant, lawyer or regulated intermediary, and for corporate entities please enclose the Certificate of Incorporation and/or Good Standing or equivalent.**

10. **Register of (current) Directors:**

Please proceed with the required initial filing of the Register with the Registrar at your applicable fees for preparing and filing the Register: YES NO

11. **Name and Address for Service of Documents** (e.g. legal/court documents)²:

I/we undertake to inform Leo Trust Switzerland AG (“Leo Trust”) in writing of any changes regarding beneficial ownership or directors latest within 14 days.

I/we further undertake to supply Leo Trust without delay with additional or updated due diligence documentation and relevant information as may be required by the Registered/Resident Agent (“the Agent”) of the Company for the purposes of conducting periodic random spot checks, of complying with its due diligence obligations under applicable law and regulations, or of complying with inquiries being made by the competent authorities in accordance with the laws and regulations applicable to the Company.

By countersigning this Form, I/we agree with Leo Trust transferring and disclosing the above information and data to the Morgan & Morgan Group Compliance and to the Agent for the purposes set out above and I/we, for above purposes, herewith waive protection under any applicable banking or professional secrecy rules and data protection laws as the case may be.

I/we are aware that, in the event that Leo Trust and the Agent shall become aware that the Company is involved in illegal activities, the Registered Agent reserves the right to co-operate with competent law enforcement agencies and to proceed with the resignation as Agent.

Signature/s: _____

Printed Name/s:

Company³:

Date:

² Must not be the name/address of the Agent or of Leo Trust, unless a Mail Forwarding Agreement has been signed.

³ To be signed by Leo Trust’s professional or institutional client of record.