

## PERSONAL DECLARATION

Name of Entity in connection with which this declaration is being completed:			
Surname:			
Complete forename(s):			
Known by other name(s):			
Any previous name(s):			
Name of Spouse:			
Residential Address: (P.O. Box <u>not</u> acceptable)			
Country of Citizenship		Passport No:	
		Valid Driver's Licence	
	Date & Place of issue:		
Date of Birth:	Day:	Month:	Year:      Gender:
Place of Birth:	City:	Country:	
Occupation:			
Present Employer & Address			

1. A separate declaration must be completed and signed by each individual proposing to have a beneficial interest of 5% or more in a company to be registered. In respect of partnerships, a declaration is to be completed by the general partner(s), where the general partner is an individual.
  
2. Questions must be completed by each individual proposing to have a beneficial interest of 5% or more in a company to be registered.

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES PLEASE PROVIDE DETAILS IN WRITING IN RESPECT OF THAT ANSWER.**

- |     |                                                                                                                                                                                                        | Yes                      | No                       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1.  | Do you have any interest in any company or partnership registered or formed in Bermuda?                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Have you ever been refused consent to register a company or form a partnership in Bermuda?                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Are you or have you ever been an undischarged bankrupt?                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Have you ever been convicted of a criminal offence involving fraud or dishonesty?                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Has fraud or dishonesty been proven against you in any civil proceedings?                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Have you ever been the subject of a judicial or other official enquiry?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Have you or any entity that you have been associated with, ever been refused or had revoked a licence, permit or other authorisation to provide investment business to the public in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Are you a member in good standing of a self regulatory organisation?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8a. | If yes, name the organisation(s):                                                                                                                                                                      |                          |                          |
| 9.  | Have you ever been the subject of investigation, proceeding or other enquiry by a self regulatory organisation of which you are or were a member?                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you or any entity that you have been associated with, ever been refused or had revoked a licence, permit or other authorisation to conduct investment business in any jurisdiction?               | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information in this Declaration is true to the best of my information, knowledge and belief.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_