



Individual details

Form to be completed and signed by each key individual
in connection with the opening of an account with

Trusted Novus Bank

76 Main Street, P.O. Box 143, Gibraltar

Individual details

Please do not write here – for bank use only

Name of account holder	
cn	
idn	

1. Personal details

First name(s): _____ Surname: _____

Gender (male or female): _____ Date of Birth (DD/MM/YY): _____

Country of birth: _____ Place of Birth: _____

Passport Number: _____ Passport expiry date: _____

Country of citizenship: _____

Do you have citizenship of any other country(ies)? Yes No – If YES then please list here: : _____

Countries of residence in respect of worldwide taxes
(list all countries in which you are tax resident or are liable for taxes):

Tax Country: _____ Tax Identification Number (TIN _____

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Are you liable for taxes in any other country other than as stated above ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes' list here:
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2. Existing relationship

Do you hold, or are you a Key Individual in respect of, an existing account held with the Bank? Yes No

3. Main residential address

Address: _____

Post code: _____ Country: _____ How long have you resided at your current address? _____

Residential Status: Home Owner Tenant Other: _____

Telephone: Country Code: _____ Area Code: _____ Number: _____

Mobile: Country Code: _____ Area Code: _____ Number: _____

Email address: _____

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4. Are you the named account holder or ultimate beneficial owner of the account?

Yes No – If ‘No’ then go straight to question 6

5. Source of Wealth

Your estimated total wealth	CCY		Amount	
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Describe source(s) of wealth (i.e.the historic economic activity(ies) giving rise to the creation of estimated total wealth. Note the information provided should be sufficiently detailed as to be independently verified if required.):

6. Sources of income (employed / self employed) (see guidance note – section B.2.)

a) Employed / Paid Employment (if self employed please complete ‘Self employed’ details (section 6b) below)

Name of employer:_____ Address of employer:_____

Occupation/ Position:_____ Business of employer:_____ Year employed:_____

Gross annual income from employment: Currency:_____ Amount:_____

(Only complete if you are the named account holder or an ultimate beneficial owner of the account)

b) Self Employed (If not self employed proceed straight to question 6 c ‘Sources of other income’)

Year your business was established:_____ Gross annual pre tax profit: Currency:_____ Amount:_____

Estimated value of business’ total assets: Currency:_____ Amount:_____

Business trading name:_____

Business address:_____

Category (please refer to the guidance notes):

Employer Freelancer Semi-autonomous worker Franchisee Other : _____

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Description of self-employment:

Please provide a **full** description of the nature of your business and the products or services provided. Include details of the size of your business, the size of its client base, number of outlets and how you reach your market etc. Avoid vague or general, non-specific descriptions like “provider of consultancy services” – this description would be too vague, rather it should give full details of exactly what services are offered, on what terms, where, how and to which market. *(If required attach additional sheet)*

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What is the geographical reach of self-employment?		
<i>List here the countries where the major assets are held (or are most likely to be held in the foreseeable future)</i>	<i>List here the countries where the main customers are located (or are most likely to be located in the foreseeable future)</i>	<i>List here the countries where your main suppliers are based) (or are most likely to be held in the foreseeable future)</i>

c) Sources of other income

Only complete if you are the named account holder or an ultimate beneficial owner of the account, if not go straight to question 7

Total average gross amount of other income per annum	Currency		Amount	

Details of major sources of other income - e.g. pension, rental income , royalties, trust income, investment in financial assets etc. *(Provide full details of relevant payer, addresses, investments, name and address of investment managers / broker etc. If necessary, you may supply details on a separate sheet)*

Source	Details

Individual details

7. P.E.P Status: Are you, or are you related to, or do you have business relations with any person who either now or in the past has held a position in senior public office: Yes No

If 'Yes' please give full name of the person(s) and describe the nature of the relationship(s):

8. U.S. status*: In order to determine your U.S tax status for FATCA/other reporting purposes, you hereby declare and confirm that Trusted Novus Bank shall consider you as (tick the appropriate boxes):

- a U.S. Entity (* if 'Yes' then please certify your U.S tax status using the appropriate IRS form (e.g. IRS Form W9 or other such IRS form as may be appropriate) Yes No

- a U.S. resident alien (i.e. a "green card holder" or a person who has had substantial physical presence in the United States in the current year or in the previous two years) (see guidance note). If 'Yes' then please certify your U.S tax status using the appropriate IRS form (e.g. IRS Form W9 or other such IRS form as may be appropriate) Yes No

- a U.S. tax payer for any other reason (e.g. dual residency, spouse filing jointly, green card holder, receding U.S. citizenship or long-term residency, born in the U.S). If 'Yes' then please certify your U.S tax status using the appropriate IRS form (e.g. IRS Form W9 or other such IRS form as may be appropriate) Yes No

Tick as appropriate:

- I hereby certify that the individual identified on this form is **NOT** A U.S PERSON FOR U.S TAX PURPOSES

- I hereby certify that the individual identified on this form **IS** A U.S PERSON FOR U.S TAX PURPOSES

***Note:** Section 24 of the General Terms & Conditions defines the obligations of individuals in relation to their U.S. person status.

I confirm that the above information is true and correct. I hereby confirm and undertake that that I, on my own initiative, will notify the Bank, within 30 days of any change in the details described above and/or my U.S. status:

Print Name: _____

Signature: _____ Date: _____

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Privacy Policy

The information in this form is collected by the bank for the following purposes:

- To assess and process you as an individual in respect of any account(s) you are, or may be related to
- For Security, identification and verification purposes
- To comply with our legal obligations including but not limited to tax reporting where applicable

The General Privacy policy from Trusted Novus Bank will give you a comprehensive overview about how we handle data, including information we may collect from our customers. We explain in detail about the information we hold, what we do with this data and when we share it outside of Trusted Novus Bank (and with whom). You can read more about your rights and how you can contact us if you have any queries or concerns around your data. In order to Assess our General Privacy policy please refer to www.trustednovusbank.gi/privacy