

Application form

Partnership account (for general and limited partnerships)	Trusted Novus Bank



Form to be used by general and limited partnerships for the opening of an account with **Trusted Novus Bank**, **Private Banking**, **76 Main Street**, **P.O. Box 143**, **Gibraltar**

Please complete in block capitals and refer to the guidance notes for partnership accounts.

1. Partnership details

Client no. (to be filled in by Trusted Novus Bank):		
Name of the firm (the Applicant):		
Country of jurisdiction:		
Address of principal place of business:		
Mailing address (if different from address given above):		
Primary contact person:		
Telephone (incl. area code):	Fax (incl. area code):	
Mobile telephone:	E-mail:	
Web site URL of entity:		
The Applicant is introduced to Trusted Novus Bank by:		





2. Partners

List the partners of the firm and indicate whether the person is a general or limited partner (you may use a separate sheet for further names, if necessary).

Name:	☐ General Partner
	☐ Limited Partner
	Percentage of capital ownership:
Name:	☐ General Partner
Name.	☐ Limited Partner
	Percentage of capital ownership:
	☐ General Partner
Name:	
	☐ Limited Partner
	Percentage of capital ownership:
	☐ General Partner
Name:	☐ Limited Partner
	Percentage of capital ownership

Please supply the following documentation on the Partners:

- a. If a partner is a natural person, then:
 - an *Individual Details Form,*
 - certified copy of identification & address verification documents
- b. If a partner is a body corporate (e.g. a limited company), then:
 - an Associated Corporate/Trust Details Form with supporting documentation





Is the partnership part of a wider group structure, such that it owns or controls other companies, firms or entities through direct or indirect ownership of at least 25 per cent of the capital (or voting rights)?

	Yes
	No
•	If you answered yes, please provide:
a.	the overall group structure in diagrammatic form (corporate family tree)
b.	Associated Corporate/Trust Details Form on each entity that stands in a direct linear relationship with the Applicant





Services required and expected activity

Indicate the services required and the expected activity on the account by completing **all** parts (A to G) of this section.

A. Base currency (please select from below)													
□ GBP	□ EUR		□ USD □ CHF		HF	□ JPY		□ DKK	□ NOK		IOK		SEK
□ Other(s) −	please specify	<i>V</i> .											
B. Deposits													
Total amount of initial deposit							□ Nil/no	t ap	plicable				
☐ Current ac	count(s)												
Currency of c account(s) re		□G	BP [EUR	☐ USI)	□ СНГ	□ JPY		DKK	□ №	K	□ SEK
account(s) re	quireu	□ 0	ther(s) –	please s	specify.								
☐ No. 1 accou	ınt(s)												
Currency of N		□G	BP [EUR	☐ USI)	□ CHF	☐ JPY		DKK	□ №	K	□ SEK
account(s) re	quired	☐ Other(s) – please specify.											
☐ Fixed-tern	n deposit acco	unt(s))										
Currency of F		□G	BBP [EUR USD CHF		□ CHF	□ JPY		□ DKK □ NO		K	□ SEK	
required	iii(s)	☐ Other(s) – please specify.											
Settlement cu	ırrency (<i>if mo</i>	re tha	n one acc	count is	to be ope	enec	d):						
(Note: the settlement currency is the denomination of the account to which customer number, hold mail and safe custody fees are to be debited).													
Expected mor average balan (aggregated it one account)	ice range	□N	Jil	□ Les tha €75			€75,000 €150,000	□ €150,00 to €750,00			50,000 €1.5m	_	More nan €1.5m
								i			l		





C. Money transmission	services – Inc	oming	telegra	aphic transac	tions			
Expected number of incoming telegraphic payment transactions	□ None		☐ Less than 5 per month		☐ Between 5 and 20 per month		☐ More than 20 per month	
Over the course of a month the transactional values are likely to be	□ fixed		☐ fairly cons	stant	□ wie	□ widely fluctuating		
Estimated monthly average transactional value range	□ Nil (or not appli- cable)	not appli- than		□ €7,500 - €15,000			5,000 0,000	□More than €150,000
Payments are expected to be received from the following countries: (<i>This must be completed if you expect to receive telegraphic payments. If this is not the case, please write</i> not applicable):								
				• • • • • • •	-			
D. Money transmission	services – Out	going		_	ions			
Expected number of outgoing telegraphic payment transactions	□ None			ess than 5 per nonth	□ Between 20 per mo			ore than 20 r month
Over the course of a month the transactional values are likely to be	□ fixed			☐ fairly co	nstant	□ w	idely flu	uctuating
Estimated monthly average transactional value range	□ Nil (or not applicable)	th	less an 7,500	□ €7,500 - €15,000	€15,000 €75,000		5,000 50,000	□ More than €150,000
Payments are expected to b receive telegraphic paymen						eted if y	ou expe	ect to





E. Cashier services - D	eposit transac	tions	T					
Expected number of cash deposits	□ None	□ None		ss than 10 per onth	☐ Between 1 30 per mont		☐ More than 30 per month	
Over the course of a month the transactional values are likely to be	☐ fixed			☐ fairly cons	□ wi	□ widely fluctuating		
Estimated monthly average transactional value range	☐ Nil ☐ Less (or not than applicable) €7,500		n	□ €7,500 - €15,000			5,000 - ,000	□ More than €150,000
F. Cashier services - W	Tithdrowrol two	nasati	an a					
Expected number of cash deposits	□ None	nsacut	☐ Les	ss than 10 per onth	☐ Between 1 30 per mont			ore than 30 per onth
Over the course of a month the transactional values are likely to be	☐ fixed			☐ fairly cons	☐ widely fluctuating			
Estimated monthly average transactional value range	□ Nil (or not applicable)			□ €7,500 - €15,000	€15,000 €75,000	□ €75,000 - €150,000		□ More than €150,000
				ı		1		
G. Securities trading and	d safe custody							
Expected portfolio size	□ Nil	□ Les tha €75		□ €75,000 to €150,000	□ €150,000 to €750,000	□ €75 to €	0,000 1.5m	☐ More than €1.5m
3. Secret password With a secret password with our <i>General Condit</i> I/We would like a secret	ions of Busine	?SS.	-		ation over the t	elepho	ne in a	ccordance
□ No								
☐ Yes – and it should:	read (<i>max. 10 d</i>	digits/l	letters):					



4. Nature & purpose of the partnership

The partnership is a ... (please tick one or more as applicable):

□ General partnership	In a general partnership, all partners are personally liable for the activities of the business and have the right to be involved in the management and operations of the firm. Each partner contributes to the start up of the firm.
□ Limited partnership	A limited partnership exists where there are two classes of partners. General partners, who are responsible for the management and operations of the firm, and limited partners, who are passive investors who cannot participate in the management of the firm and have no powers to bind it. A limited partner's liability is limited to the amount of his/her investment, whereas the general partners are fully liable for the activities of the firm.
□ "Project" partnership	A partnership that is limited in function and duration. The primary purpose of the partnership is to share the risks and profits of a specific business enterprise or undertaking (as opposed to carrying on a business as coowners). The partnership will be dissolved upon completion of the project or undertaking as specified in the partnership agreement.

The purpose of the partnership is to operate as a... (please tick one or more as applicable):

□ A . Professional practice part- nership	A partnership that is formed for the purpose of carrying on a profession in a field such as medicine (and the various specialties allied to medical science), dentistry, law, accounting, architecture, engineering, etc. or is otherwise engaged in the services sector as contractors, consultants, trainers, researchers, etc.
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☐ A. Commercial trading partnership	The partnership is carrying on trade, manufacture or some other activity on a commercial basis. The activities typically involve the buying or selling (or the exchange of value) of any articles, goods or property in the normal course of business. The firm is involved in: Tick one or more as applicable: Manufacturing Transfer pricing, reinvoicing arrangements. Shipping operations or other import-export related business activities. Other activity of a commercial (non-private) nature
□ B. Commercial holding partnership	A firm or enterprise with no substantial operations of its own but whose activities consist of: Tick one or more as applicable: Receiving dividends, interest or other payments from underlying companies and corporate structures, trusts or other connected firms and enterprises. Collecting royalties from the ownership of intellectual property such as know-how, patents, copyright, computer code, etc. Launching new corporate ventures.
□ C . Real estate partnership	A partnership where dealings in land and buildings are integral to the purpose of the enterprise: Tick one or more as applicable: □ The firm/enterprise deals in plots of land (no buildings) □ The firm/enterprise deals in residential property. □ The firm/enterprise deals in commercial property.





□ D . Family partnership	A partnership designed for managing and preserving family wealth. Most commonly set up as a limited partnership, the partners are family members or close relatives (or whose general partner is a corporation wholly owned by the family). The partnership divides rights to income, appreciation and control of the family business among the family members, according to the family's overall financial objectives.								
□ E . Private (non-commercial) partnership	A partnership created for managing and preserving private assets other than in a family partnership arrangement.								
□ F . Other purpose	A firm or enterprise set up for any private/commercial purpose not listed.								
□ Yes □ No									
	main assets held and products or services provided. Avoid vague or general, pany is a provider of real estate consultancy services" - this description is too								
Please do not write here – for bank use	only								
Business sector categorisation:									





What is the geographical reach of the Applicant's activities?								
List here the countries where the major assets are held (or are most likely to be held in the foreseeable future)		main o most l	ere the countries where to customers are located (or ikely to be located in the eable future)	List here the countries where the main suppliers are based (or are most likely to be based in the foreseeable future)				
,			,			,		
<u> </u>								
What is the Applican	nt's astimated s	nnual	gross income? (Please	tick th	e annronriate h	ov)		
□ Less than	☐ €100,000 to	Ţ,			<i>e appropriate b</i> m to€10m	□ more than €10m		
€100,000	€500,000		□ €500,000 to €1m	□ £11	111 10€10111			
What amount of cap	ital has been ir	ntroduc	ed into the Partnershi	p? (Plea	ase tick the app	propriate box.)		
□ Less than €100,000	□ €100,000 to €500,000		□ €500,000 to €1m	□ €1m to€10m		□ more than €10m		
Use the Applicant of	normanant nla	oo of by	ainaga from which it o	andua	ta aammaraial	activities?		
Has the Applicant a	реппапеш ріа	ce or bu	siness from which it o	onauc	is commercial	activities?		
□ Yes								
□ No								
▶ If you answered yes, where is this located? (Please supply all addresses if more than one)								
					·			





5. Source of funds

Address of Property

Total sale proceeds

Country

Date of sale

Will the source of funds deposited int	o the partnership's accoun	t with Trusted Novus Bank consist wholly or
partly of financial injections by the	partners from their ow	n private funds (or of other revenues not
generated by the partnership itself from i	ts declared business activitie	s?
□ Yes		
□ No		
▶ If you answered yes, please indicate th	ne source(s) below.	
Source(s) of initial funds		
Sale of liquid assets (shares, bonds, mut	ual funds, etc.)	
Description of shares/funds/bonds		
Name of broker		
Country of broker		
Total sale proceeds	Currency	Amount
Date of sale	Within the last: □ 6 month	ıs □ 12 months □ 24 months □ Earlier
Maturity/surrender of insurance po	licy	
Description of policy		
Name of insurer		
Country of insurer		
Total amount received	Currency	Amount
Date received	Within the last: □ 6 month	ns □ 12 months □ 24 months □ Earlier
Sale of real estate		
Description of property	☐ Plot of land ☐ Residen	tial property 🗆 Commercial property

Currency

Amount

Within the last: \Box 6 months \Box 12 months \Box 24 months \Box Earlier





Sale of business			
Name of business			
Country incorporated/registered		Registration n	0.
Principal business activity			
Total sale proceeds received	Currency	Amount	
Date of sale	 Within the last: □ 6 month	ıs □ 12 months □ 24 mont	ths 🗆 Earlier
Gift or Inheritance			
Name of benefactor			Alive? □ Yes □ No
Relationship with benefactor			
Source of benefactor's wealth	please describe on a separate s	sheet the economic activity cor	ntributing to wealth
Total amount received	Currency	Amount	
Date received	 Within the last: □ 6 month	ıs □ 12 months □ 24 mont	ths 🗆 Earlier
Distribution from trust			
Name of trust			
Name of trustee			
Address of trustee			
Amount of distribution	Currency	Amount	
Date of distribution	Within the last: □ 6 month	as □ 12 months □ 24 mont	ths 🗆 Earlier
Loan			
Name of loan provider			
Address of loan provider			
Total amount of loan	Currency	Amount	
Date of loan	Within the last: □ 6 month	as □ 12 months □ 24 mont	ths 🗆 Earlier
Lottery/betting/casino win			
Description of win			
Name of lottery/gambling operator			
Country of lottery/gambling operator			
Total winnings	Currency	Amount	
Date of win	 Within the last: □ 6 month	us □ 12 months □ 24 mont	ths 🗆 Earlier



Compensation or legal settlement paym	ent									
Name of person making payment										
Reason for payment		,								
Total amount of payment	Currency		Amount							
Date of payment	Within the last: □ 6:	month	is □ 12 months □ 24 months □ Earlier							
Accumulated savings										
Name of bank where savings held										
Address of bank where savings held										
Source of savings	□ paid employment □ self employment □ retirement □ royalties □ rental income □ income from portfolio of financial assets □ other									
Details of source										
Total accumulated earnings	Currency		Amount							
Time period	Within the last: □ 12	□ 12 months □ 24 months □ 36 months □ Longer								
Likely source of future funds										
Please tick one or more likely sources of a	ongoing funds for this	accoui	nt							
□ Sale of liquid assets		□ Con	npensation or legal settlement payments							
□ Maturity/surrender of life policy		□ Paid	d employment							
□ Sale of real estate		□ Self	employment							
□ Sale of business		□ Retirement								
□ Gift or inheritance		□ Royalties								
□ Distribution from trust										
□ Loans		□ Ren	ital income							
□ Lottery/gambling		□ Inv	estment income							
		□ Oth	er (please specify):							





Signature Card

For an account with

Trusted Novus Bank, Private Banking, 76 Main Street, P.O. Box 143, Gibraltar

Name of signatory	Signature
Name of signatory	Signature

Please supply the following documentation on the authorised signatories:

- an *Individual Details Form*, and
- certified copy of identification & address verification documents

Please do not write here – for bank use only																						
Client name																						
Client number	t number									Г	ate	acc	oun	t op	ene	d						
Number of signature	es																					



6. Signing Mandate and Declaration

To: Trusted Novus Bank
Re.:
Full business name of the partnership (hereinafter referred to as "the Applicant")
We hereby certify that at a meeting ("the Meeting") of persons duly authorised to direct the affairs of the Applicant was resolved to open an account with you. Pursuant to the resolutions passed (a certified copy of the same we submit with this application), we authorise you until further notice in writing to accept
Please insert the number of partners or other duly authorised person(s) required to sign (e.g. "any one may sign solely" "all to sign jointly", "any two of three", etc.) as discharge for withdrawals or for any purpose in connection with this account (or any subsequent accounts), including the closure thereof. The name(s) and specimen signature(s) of the person(s) authorised to sign on the account appear in the Signature Card section of this Partnership Account Application.
We affirm that, to the best of our knowledge and belief, the information provided and declarations made in this Partnership Account Application and in each Individual Details form and Associated Corporate/Trust Details form submitted pursuant to this application are true, complete and accurate and that any material changes thereto will be notified to you immediately. We agree that my signature to this declaration shall be taken as out acknowledgement that we have read and understood the terms and conditions (the "Terms") contained in the General Conditions of Business and do hereby accept them to be binding upon us in relation to all accounts we may open with you. Moreover, we accept that the Terms as amended from time to time shall form an agreement between the Applicant and you as if incorporated herein.
Privacy Policy
The information in this form is collected by the bank for the following purposes:
 To assess and process the application and opening of the account To personalise your experience (your information helps us respond to your individual needs) To improve customer service (your information helps us to be more effectively respond to your customer service requests) 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

Signed by the Chairman of the Meeting for and on behalf of the Applicant:





Please do not write here	– foi	bank	use	onl	!y													
Client name																		
Report name																		
Client number							In	troc	luce	er								
Citizenship							Co	mp	any	Ma	ana	ger						
Activity							Va	alua	tion	ı cu	ırre	ncy						
Classification							La	ngı	ıage	•								
Account Manager																		





Documentation checklist

To avoid undue delay in the processing of your application, please read our guidance notes, *What we need from you to open an account with us,* and check that:

all relevant sections of this application form are fully completed, and the descriptive information supplied in relation to the nature of business and the source of funds is clear, complete and verifiable with the latter evidenced by supporting documentation (<i>guidance notes, Step 4</i>);
the requisite partnership documents are appended (guidance notes, Step 3);
an <i>Individual Details Form</i> has been completed for each Key Individual and the descriptive information in relation to source of income/wealth is clear, complete and verifiable <i>(guidance notes,Step 1)</i>
copies of identification and address verification documents are appended (<i>guidance notes, Step 2</i>) and are correctly certified by a <i>Suitable Certifier</i> (<i>guidance notes, Step 5</i>)
an Associated Corporate/Trust Details Form has been completed for each each entity in a Group structure standing in a direct linear relationship with the Applicant. The descriptive information in relation to the entity's nature of business is clear, complete and verifiable (guidance notes, Step 3)
a Corporate family tree is appended, where applicable (guidance notes, Step 3);