Partnership profile form

IMPORTANT: ALL SECTIONS MUST BE COMPLETED

|  |
| --- |
| **Name of partnership:** |
|  |
|  |

|  |
| --- |
| **Form of partnership:** |
|  |
| **[ ]  Partnership** | **[ ]  Limited partnership** | **[ ]  Limited liability partnership** |

|  |
| --- |
| **Trading name** *(if applicable)***:** |
|  |
|  |

|  |
| --- |
| **Name of General Partner** *(if applicable)***:** |
|  |
|  |

|  |
| --- |
| **Nature of business activities:** |
|  |
|  |

|  |
| --- |
| **If undertaking a regulated activity, name of regulator:** |
|  |
|  |

|  |
| --- |
| **Registered office address:** |
|  |
|  |

|  |
| --- |
| **Mailing address** *(if different from the registered office address)***:** |
|  |
|  |

|  |
| --- |
| **Principal place of business** *(if different from the registered office address)***:** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Date of formation *(****dd/mm/yyyy)***:** |  | **Jurisdiction of formation:** |
|  |  |  |
|  |  |  |

|  |
| --- |
| Legislation under which the Partnership is formed: |
|  |
|  |

# VERIFICATION DOCUMENTS

Please note that the documents listed are required by Bedell Cristin to verify the identity of the partnership. Bedell Cristin may need to request any further information or documentation it considers necessary to fully understand any relationship or transaction.

**Please tick beside each required document to confirm that you have attached a copy:**

 [ ]  a certified\* copy of the regulatory licence or other evidence of regulation (if not available online)

 [ ]  a certified\* list of partners who are authorised to issue instructions or have ultimate effective control\*\*\* over the capital or
 assets of the partnership.

**All other partnerships:**

 [ ]  a certified\* list of partners who are authorised to issue instructions or have ultimate effective control\*\*\* over the
 capital or assets of the partnership.

 [ ]  a certified\* copy of the certificate of registration (if applicable and if not available online)

 [ ]  a certified\* copy of the latest report and accounts (audited if available)

 [ ]  a certified\* copy of the partnership agreement to include any and all restatements

 [ ]  a completed "Company Profile Form" for each corporate partner holding a material controlling interest \*\*\*

 [ ]  a completed "Partnership Profile Form" for the general partner (if applicable)

 [ ]  a completed "Individual Profile Form" for each individual partner holding a material controlling interest \*\*\*

 [ ]  a completed "Trust Profile Form" where a trustee holds an interest

 [ ]  a structure chart if the partnership is part of a multi-entity structure.

**Completed by:**

|  |  |
| --- | --- |
| **Signature:** |  |
|  |  |
| **Name** *(please print)***:** |  |
|  |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Capacity:** |  |
|  |  |
| **Organisation:**  |  |
|  |  |
| **Address:** |  |
|  |  |
| **Telephone number:** |  |

*Bedell Cristin is an organisation of separate legal practices and entities comprising of partnership and corporate form, each established to provide legal and/or professional services under the Bedell Cristin name from the various locations in which it is based.*

# \*CERTIFICATION

**When providing any copy documents these must be certified by a third party who is subject to professional rules of conduct. Suitable certifiers include:**

* a lawyer, notary public, actuary or accountant who is a member of a relevant professional body
* a member of the judiciary or a senior civil servant
* a serving police or customs officer
* an officer of an embassy, consulate or high commission of the country or territory of issue of documentary evidence of identity
* a director, officer or manager of a regulated financial services business in an equivalent\*\* jurisdiction.

**Please ensure the required wording for the certification is replicated onto the photocopy that is certified as follows:**

|  |
| --- |
| "I certify that I have seen the original document and that this extract of that document is an accurate copy.[Signature of certifier][Name in block capitals][Professional capacity][Organisation][Address][Telephone number] [Date]" |

# \*\* EQUIVALENT JURISDICTIONS

Please see links below to the relevant jurisdiction equivalent jurisdictions list:

[GFSC Handbook - Appendix C](https://www.gfsc.gg/sites/default/files/20190613%20-%20Handbook.pdf)

[JFSC Handbook - Appendix B](https://www.jerseyfsc.org/pdf/Part-1-Appendix-B-20150101.pdf)

[BVI AML Code of practice - Schedule 2](https://www.bvifsc.vg/sites/default/files/anti-money_laundering_and_terrorist_financing_code_of_practice_consolidated_15th_august_2018_.pdf)

[Cayman Islands list of equivalent jurisdictions](https://www.cima.ky/list-of-equivalent-jurisdictions)

Please note that these lists are subject to change. If you are unsure if the jurisdiction in question is classified as equivalently regulated please request confirmation from your Bedell Cristin contact.

# \*\*\*ULTIMATE EFFECTIVE CONTROL

Each individual exercising ultimate effective control of the partnership (through direct or indirect holdings of interests or voting rights) or who exercises control through other ownership means.