Individual profile form

IMPORTANT: ALL SECTIONS MUST BE COMPLETED

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| --- |
| **Forename(s):** |
|  |
|  |
| **Surname:** |
|  |
|  |

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| --- |
| **All former or other names used:** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Date of birth** *(dd/mm/yyyy)***:** |  | **Place of birth:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Nationality** *(if you hold dual nationalities, state both)***:** |  | **Gender:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Passport number(s):** |  | **Place(s) of issue:** |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Principal residential address:** |
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|  |
| **Telephone number(s)** *(include country codes)***:** |
|  |
| **Home:** |  |

|  |  |
| --- | --- |
| **Work:** |  |

|  |  |
| --- | --- |
| **Mobile:** |  |

|  |  |
| --- | --- |
| **Fax:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |

 **If you have a preferred method of contact, please indicate: [ ]** Email **[ ]** Phone **[ ]** Post

|  |
| --- |
| **Occupation/employer name and address** *(if self-employed, detail business and jurisdictions that you conduct business)****:*** |
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| --- |
| **Do you or any of your immediate family or close associates hold (or have you or they ever held) a position as head of state or senior positions in any branch of any government, political party, judiciary, state owned organisations or armed forces, anywhere in the world?** |
|  |
| Yes [ ]  *(if yes, please provide further details below)* No [ ]  |
|  |

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| --- |
| **Details of any existing relationship(s) with Bedell Cristin:** |
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# VERIFICATION DOCUMENTS REQUIRED

Please note: the documents listed below are required by Bedell Cristin to verify your identity in accordance with local laws and regulations. Bedell Cristin may need to request further information or documentation it considers necessary to fully understand any relationship or transaction.

**Please provide one of the following and tick beside one of the required documents to confirm that you have attached a copy:**

[ ]  a certified\* copy of your current passport; or

[ ]  a certified\* copy of your national identity card which bears a photograph; or

[ ]  a certified\* copy of your driving licence which bears a photograph.

**Please provide one of the following original or original certified\* copy documents showing your name and principal residential address (please tick as appropriate):**

[ ]  a utility bill (less than three months old)

[ ]  a bank statement (less than three months old)

[ ]  correspondence (less than three months old) from a government department/agency/tax office

[ ]  a letter (less than three months old) from a regulated financial service provider in an equivalent\*\* jurisdiction.

[ ]  a tenancy contract or agreement.

*If you have difficulty providing address verification as prescribed above, please get in touch with us in order that we may discuss alternatives.*

**Completed by:**

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

**If completed other than by the subject of this form please provide the following information:**

|  |  |
| --- | --- |
| **Professional 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 OF DOCUMENTS

**When providing any copy documents listed below 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". Please note the additional wording for verification of identity for individuals "and that the photograph contained in this extract bears a true likeness to the individual"[Signature of certifier][Name in block capitals][Professional capacity][Organisation][Address][Telephone number] [Date]" |

# \*\* EQUIVALENT JURISDICTIONS

Please see links below to the websites of the relevant regulator:

GFSC Handbook on Countering Financial Crime and Terrorist Financing at <https://www.gfsc.gg>

JFSC AML/CFT Handbook at <https://www.jerseyfsc.org> (also applicable for Cayman)

BVI AML and Terrorist Financing at <https://www.bvifsc.vg>

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.