Date:



Document for Politically Exposed Persons

I.D.Card/Passport No:	Client Code:
	gnificant public function (i.e minister, member of the Parliament, ank or other Regulatory Authority, Board Member of a state-owned
Yes If Yes please mention the public function you No	u hold or held:
II. Are you an immediate close relative of a person (s) has	t fall in paragraph (I) above? An "immediate close relative" includes
	ise by the national legislation, children and their spouses or partners,
Yes If Yes please provide information on the pers (full name, public function that they hold or he	son(s) that fall in Paragraph (I) above and with which you are connected with eld and the degree of kinship):
paragraph (I) above? Yes If Yes please provide information on the per	other legal mechanisms (i.e. trust) with a person(s) that fall under rson(s) that fall in Paragraph (I) above (full name, public function that the gal mechanism in which you are jointly beneficial owner:
Yes If Yes please provide information on the per persons holds or held) and description of your No	rson(s) that fall in Paragraph (I) above (full name, public function that the
I have carefully read the content of this Document and h declare and confirm that the completion of this Document	nave provided all required information in relation to myself, and I is complete, true and correct.
The Client:	Witness: (Signature):
(Signature): Full name:	Full Name:
Full name:	 I.D.Catd/Passport :