

BUSINESS PARTNER CREATION/CHANGE/UPDATE FORM

Business Partner Type	Business Partner	
------------------------------	------------------	--

Name	Registered Name of Entity and Registration number)	
	Short Name	

Physical Address	Address 1	
	Street	
	Postal Code	
	City	
	Country	
	Telephone No. Official website	

Key Shareholders (10% or more) Attach latest annual returns	Name	Shareholding %
	1	
	2	
	3	
	4	
	5	

Board of Directors Attach company form 20	Name	Date of Birth and Nationality
	1	
	2	
	3	
	4	
	5	
	6	
	7	

Management Team	Name	Date of Birth and Nationality
	1	
	2	
	3	
	4	
	5	
	6	
	7	

Regulatory Information	Name of Regulatory Body	
	Registration Number / License Number issued by Governing / Regulatory Body	
	Validity period of current License / Authorisation	

Accounts Contact	Name	
	Telephone No.	
	Mobile No.	
	e-mail	

Banking Details	Bank Name	
	Currency	
	Account Number	
	SWIFT Code	
	Branch Code	

Other Details	VAT No. / TIN No.	
	Attach a copy of current Professional Indemnity Insurance Policy (if none state N/A)	

Full Name of Authorised Signatory (ies)

Company Seal / Stamp (if applicable)

Please attach the following documents

1. Certificate of Incorporation
2. Tax Identification Number Registration Certificate
3. Form 20 (Directors & Secretary particulars)
4. Annual Returns form
5. Copy of licence (if applicable)
6. Copy of the Memorandum and articles of association