

Client Due Diligence Questionnaire

Private Company

Relationship to applicant:	<input type="text"/>		
Company name:	<input type="text"/>		
Trading name (if different):	<input type="text"/>		
Date of incorporation:	<input type="text"/>		
Place of incorporation:	<input type="text"/>		
Registered office address:	<input type="text"/>		
Street Address	<input type="text"/>		
Town	<input type="text"/>		
Country	<input type="text"/>	Post Code :	<input type="text"/>
Principal business address:	<input type="text"/>		
Nature of business:	<input type="text"/>		
Countries where business carried out:	<input type="text"/>		
Names of shareholder and % shareholding:	<input type="text"/>		
	<input type="text"/>		
Names of Executive Directors:	<input type="text"/>		
Name of ultimate parent company if relevant (please provide a structure chart):	<input type="text"/>		
Name of ultimate beneficial owners and their shareholding:	<input type="text"/>		

Documents Required

- Shareholder register and Client Due Diligence Questionnaires for individuals/companies holding 10% or more of the company's issued share capital or net assets.
- Director's register and Client Due Diligence Questionnaires for Directors with effective control i.e. executive directors with authority to give instructions.
- Certificate of incorporation.
- Financial statements/audited accounts.
- Structure chart.
- Confirmation that the individual instructing us has the power to give RAW Capital Partners instructions.

RAW Capital Partners will require the original version of this questionnaire fully completed and submitted with associated client due diligence documents all with original signatures, before providing any services.

I hereby certify that to the best of my knowledge the information contained on this form and other accompanying documentation is correct, complete and not misleading and that I am duly authorised to sign such documentation in the capacity stated below.

Name (please print):	<input type="text"/>		
Signature:	<input type="text"/>		
Professional capacity:	<input type="text"/>		
Date:	<input type="text"/>	Phone no:	<input type="text"/>
Email address:	<input type="text"/>		