

CLIENT DUE DILIGENCE FORM

PREMIER OFFSHORE LIMITED (“POL”) is required by law to carry out certain due diligence enquires in respect of proposed clients. The following information is necessary to comply with applicable laws, international practice and our own internal control procedures. The information you provide is private and confidential.

PERSONALS DETAILS	Client	Joint client (where applicable)
1. FULL NAME	: _____	_____
2. NATIONALITY	: _____	_____
3. DATE/PLACE OF BIRTH	: _____	_____
4. TAX RESIDENCE	: _____	_____
5. TAX RESIDENCE	: _____	_____
(P.O Box is NOT acceptable)	: _____	_____
6. TEL / FAX NUMBERS	: _____	_____
7. E-MAIL ADDRESS	: _____	_____
8. SOCIAL SECURITY NUMBER	: _____	_____
9. TAXPAYER ID NUMBER	: _____	_____
10. PASSPORT NUMBER	: _____	_____
	(Attach certified copies of the descriptive, photograph, issue/expiry date and signature pages)	
11. SECOND PASSPORT NUMBER	: _____	_____
12. BANKERS - NAME	: _____	_____
ADDRESS	: _____	_____
	: _____	_____

(Attach bank reference confirming address and a satisfactory relationship for at least 3 years)

EMPLOYMENT DETAILS	Client	Joint client (where applicable)
1. OCCUPATION	: _____	_____
2. NAME OF EMPLOYER OR SELF EMPLOYMENT	: _____	_____
3. EMPLOYMENT ADDRESS	: _____	_____
(P.O Box is not acceptable)	: _____	_____
	: _____	_____
4. NATURE OF BUSINESS	: _____	_____
5. TEL/FAX NUMBERS	: _____	_____
6. E-MAIL ADDRESS	: _____	_____
7. WEBSITE (IF ANY)	: _____	_____

OTHER DETAILS	Client	Joint client (where applicable)
1. NATURE AND PURPOSE OF TRANSACTIONS	: _____	_____
	(Attach business plan/details of proposed activities including transaction volume etc.)	
2. SOURCE OF FUNDS	: _____	_____
	(Attach details of general source(s) of income and wealth + source(s) of funds	
3. INTRODUCING PARTY	: _____	_____
	(Attach character/business reference from a lawyer or accountant)	

