

FORM B
CUSTOMER INFORMATION FORM (BUSINESS ENTITY)

All information requested in this form is required to be provided in full for membership acceptance at JustCo. The information provided and declared must be true, complete and accurate. JustCo may request for documents to verify that the information provided is accurate, and you shall provide such documents upon request.

SECTION A: ENTITY PARTICULARS	
Full legal name:	
Former names (if any):	
Trading names (if any):	
Unique entity number / incorporation / registration number:	
Country of incorporation / registration:	
Date or proposed date of incorporation / registration:	
Address or intended address of the registered office:	
Address of principal place of business (if different from registered address):	
Contact number(s) with country code:	
Email address:	
Nature of business:	

SECTION B: BENEFICIAL OWNER													
1.	Does the entity have any beneficial owner? <i>A beneficial owner is an individual who:</i> <i>ultimately owns all of the assets or undertakings of the customers (whether or not the customer is a body corporate);</i> <i>has ultimate control or ultimate effective control over, or has executive authority in, the customer; or</i> <i>on whose behalf the customer has employed or engaged the services of JustCo.</i> YES NO												
2.	If the response to question (1) is "Yes", (a) please list all the full names and aliases, if any, of all the beneficial owners. <table border="1"> <thead> <tr> <th></th> <th>Full name (and aliases, if any)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> </tbody> </table> <i>If more than 5 persons, please provide the details in Section G (Additional Information) or attach an annex.</i> (b) please complete Form C for each and every beneficial owner.		Full name (and aliases, if any)	1.		2.		3.		4.		5.	
	Full name (and aliases, if any)												
1.													
2.													
3.													
4.													
5.													
3.	If the response to question (1) is "No", (a) please list the full names and aliases, if any, of all persons having executive authority in the entity. <i>Persons having executive authority include directors, managing directors, partners and chief executive officers.</i>												

SECTION B: BENEFICIAL OWNER

		Full name (and aliases, if any)
	1.	
	2.	
	3.	
	4.	
	5.	
<i>If more than 5 persons, please provide the details in Section G (Additional Information) or attach an annex.</i>		
(b) please complete Form C for each and every person having executive authority in the entity.		

SECTION C: BOARD OF DIRECTORS

Full name (and state aliases, if any):	Identity card or passport number:

If more than 5 persons, please provide the details in Section G (Additional Information) or attach an annex.

SECTION D: PERSON HAVING EXECUTIVE AUTHORITY

Full name (and state aliases, if any):	Identity card or passport number:	Position in / relationship with company:

If more than 3 persons, please provide the details in Section G (Additional Information) or attach an annex.

SECTION E: SCOPE OF SERVICES

Please refer to Membership Agreement.

SECTION F: BUSINESS DETAILS

1.	Please provide details of the industry and business (e.g. products / services).	
2.	Which are the primary countries in which the entity has dealings with?	
3.	Does the entity deal with any individual or entity from the following countries? • Democratic People's Republic of Korea • Iran • Myanmar • Algeria • Angola • Bolivia • Bulgaria • Cameroon • Côte d'Ivoire • Democratic Republic of Congo • Haiti • Kenya • Lao People's Democratic Republic • Lebanon	YES NO

SECTION F: BUSINESS DETAILS

	• Monaco • Namibia • Nepal • South Sudan • Syria • Venezuela • Vietnam • Virgin Islands (UK) • Yemen If the answer is "Yes", please indicate the specific countries and the nature of those dealings.	
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SECTION G: ADDITIONAL INFORMATION

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Declaration by Person Acting on Behalf of Customer

I declare that the information provided in this form is true, complete and accurate. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Signature:	
Name and identification number of person acting on behalf of entity:	
Position in or relationship with the entity:	
Date:	