

IDENTIFICATION INFORMATION

The following information is required to be provided in full to complete our records of existing clients, and to compile essential data concerning new clients:

B. COMPANIES

CERTIFIED COPY OF INCORPORATION CERT.	Attached
CERTIFIED COPY OF MEMO OF ASSOC.	Attached
CERTIFIED COPY OF ARTICLES OF ASSOC. OR BY-LAWS	Attached
ADDRESS OF REGD. OFFICE OR AGENT	
DIRECTORS RESOLUTION TO AUTHORISE THIS ACTIVITY AND THE PERSONS INVOLVED	Attached
CERTIFICATE OF GOOD STANDING	Attached
OFFICERS NAMES AND ADDRESSES CHARACTER AND FINANCIAL REFERENCES	
DIRECTORS NAMES AND ADDRESSES, CHARACTER AND FINANCIAL REFERENCES	
BENEFICIAL OWNER (S) NAMES AND ADDRESSES, CHARACTER AND FINANCIAL REFERENCES	
POLICE CERTIFICATE	
NATURE OF BUSINESS	
COMMENCEMENT DATE	
PRODUCT OR SERVICES	
MAIN BUSINESS ADDRESS	
TEL NO.	
FAX NO.	
EMAIL	
INDEPENDENT VERIFICATION	I hereby authorise Williams Law Chambers its employees or agents to obtain independent verification of the information disclosed herein
STRUCTURAL CHART (if available)	
SIGNATURE AND NAME	