

CLIENT REGISTRATION FORM (CORPORATE)

[Institutional Customer includes a company, société, trust, partnership]

A. INSTITUTIONAL CUSTOMER DETAILS

New Customer: Yes No if No, A/C No:

Type: Private Public Local Offshore Foreign

Name:

Date of Incorporation: Place of Incorporation:

Registration Number:

Registered Office Address:

.....

Correspondence Address:

.....

Telephone Numbers: Fax Number:

E-mail Address:

B. CONTACT DETAILS

Contact Name:

Job Title:

Telephone Numbers: Fax Number:

E-mail Address:

C. BUSINESS AND FINANCIAL DETAILS

Main Business Activity:.....

Estimated Annual Turnover:.....

Source of fund:.....

D. DETAILS OF THE HOLDER'S RECORD

Has the Institutional Customer or any of its Principals at any time in the previous seven years been convicted in any court of law for a criminal offence or penalized, or is currently or have ever been under investigation for professional negligence or mal practice by any regulatory authority in any country? (if yes give details)

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Is the Institutional Customer or any of its Principal in any way connected or closely related to anyone involved in the Stock Exchange, Financial Services Commission, Central Depository Services or any Stockbroker /stock broking company? (if yes give details)

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E. LIST OF DIRECTORS / PARTNERS / CONTROLLING SHAREHOLDERS

NAME	N.I.C NUMBER	RESIDENTIAL ADDRESS

F. AUTHORISED SIGNATORIES

NAME	N.I.C NUMBER	SPECIMEN SIGNATURE

G. AUTHORISATIONS

Orders and instructions by phone, email or fax, to be accepted at your own risk, when transmitted to us from the above numbers or email address?

Yes

No

Settlement of purchases and all other commissions and fees to be debited from your SBM account?

Yes, account number

No

Sales proceeds to be credited to your SBM account?

Yes, account number

No

Do you authorise SBM Securities Ltd to sign application forms, tender forms and CDS Account opening and Deposit forms on your behalf?

Yes

No

Dividends to be credited to your bank account by company or fund registries?

Yes, account number Bank Name:

No

Would you like to trade International Securities, Futures, Options, and Contracts for Differences, Exchange Traded Funds, Forex and Forex Options

Yes (If Yes, please fill-in the Agreement for Trading International Securities and Funds)

No

DECLARATION & CONFIRMATION:

We,....., hereby declare that we are not involved in or in relation to any act of or dealing with the trafficking of narcotics and dangerous drugs and proceeds of such trafficking, contrary to the Dangerous Drug Act 1986, terrorist financing under The Prevention of Terrorism Act 2002, And/or such money laundering offences under the Financial Intelligence and Anti-money Laundering Act 2002 and USA Patriot Act.

We hereby declare that all information provided is true and complete and agree to inform of any change of particulars or information provided by us.

Signature:.....Name:.....

Signature:.....Name:.....

Date:.....

(Documents to be submitted for Institutional Customers) [Please tick where applicable]

Certified copy of Certificate of Incorporation or Registration

Certified copy of Memorandum & Articles of Association / Constitution/Trust Deed / Acte de Société / Partnership Deed where applicable

Copy of latest accounts report

Board resolution authorizing opening and maintaining CDS accounts

List of all Principals (i.e. where applicable, Settlers / Contributors of capital, Trustees, Beneficiaries, Protectors, Enforcers, Directors, Controlling Shareholders, Account signatories, Significant Partners and any person operating under a power of attorney)

Information sheet for Principal duly filled and completed by each Principal and must include all documents as therein requested.

For office use only

Processed by:Signature:.....Date.....

Checked by:Signature:.....Date.....