
PFD CORPORATE SERVICES (BVI) LIMITED

Tropic Isle Building, P.O. Box 3331, Road Town
Tortola, British Virgin Islands VG 1110

CLIENT ACCEPTANCE FORM

STRICTLY PRIVATE AND CONFIDENTIAL

This Client Acceptance Form is an Agreement between **PFD Corporate Services (BVI) Limited** ("PFD") and you. The information and the documents provided to us to complete this form will ensure that PFD complies with the professional codes of conduct, statutes, regulations and other legal requirements in effect in the British Virgin islands. PFD will retain copies of all documents provided in order to establish and verify your identity and home address. The Information you supply will remain confidential unless PFD is required by law or by an order of a court of competent jurisdiction to disclose it.

SECTION 1 - PERSONAL DETAILS

1. Name (Title, First Name, Middle Name, Surname)

2. Home Address

Enclose a copy of a utility bill/bank statement showing your home address

3. How long have you lived at this address? (If less than 3 years, provide previous address)

4. Home Telephone (including country and area codes)

5. Home Facsimile (including country and area codes)

6. E-mail address

7. Office Address

8. Office Telephone (including country and area codes)

9. Office Facsimile (including country and area codes)

10. Please indicate where you wish to receive mail at your home, office or other address

- Home
 Office
 Other

11. If you wish to receive mail at an other address, please provide

12. Date of Birth (dd/mm/y)

13. Place of Birth

14. Marital Status

SECTION 1 – continued

15. Occupation

16. Passport Number

17. Country of Issuance

18. Date of Issuance

Enclose a copy of the photograph and signature pages of your passport

19. Driver's Licence or Other Form of Photographic Identification – Description and Number

20. Date and Place of Issuance

Enclose a copy of your Driver's Licence or Other Form of Photographic Identification

SECTION 2 – OTHER PARTIES

If another party is involved in the company/partnership or other parties are to benefit from or be involved in the operation of the company/partnership being established, please complete this section.

1. Name of Second Client (Title, First Name, Middle Name, Surname)

2. What is Relationship to First Client?

3. How is Other Party to be involved with or benefit from the structure being established?

4. Home Address

Enclose a copy of a utility bill/bank statement showing his/her home address

5. How long has he/she lived at this address? (If less than 3 years, provide previous address)

6. Home Telephone (including country and area codes)

7. Home Facsimile (including country and area codes)

8. E-mail address

9. Office Address

10. Office Telephone (including country and area codes)

11. Office Facsimile (including country and area codes)

12. Date of Birth (dd/mm/y)

13. Place of Birth

14. Marital Status

15. Occupation

16. Passport Number

17. Country of Issuance

SECTION 2 – continued

18. Date of Issuance

Enclose a copy of the photograph and signature pages of his/her passport

19. Driver's Licence or Other Form of Photographic Identification – Description and Number

20. Date and Place of Issuance

Enclose a copy of his/her Driver's Licence or Other Form of Photographic Identification

Personal details of other parties who are to benefit from or be involved in the operation of the company/ /partnership being established

21. Name of Other Party (Title, First Name, Middle Name, Surname)

22. What is Relationship to First Client?

23. How is Other Party to be involved with or benefit from the structure being established?

24. Home Address

25. Name of Other Party (Title, First Name, Middle Name, Surname)

26. What is Relationship to First Client?

27. How is Other Party to be involved with or benefit from the structure being established?

28. Home Address

29. Name of Other Party (Title, First Name, Middle Name, Surname)

30. What is Relationship to First Client?

31. How is Other Party to be involved with or benefit from the structure being established?

32. Home Address

SECTION 3 – REFERENCES

PFD Corporate Services (BVI) Limited is required to maintain on file a reference from your principal banker with whom you have maintained an account for more than 2 years. The reference must be dated no more than 2 months prior to the signing of this Agreement.

1. Name and Address of Principal Banker

2. Telephone Number (including country and area codes)

3. Facsimile Number (including country and area codes)

Enclose an original reference from your principal banker.

SECTION 3 – continued

PFD Corporate Services (BVI) Limited is required to maintain on file the names of 2 other sources of references. One referee must be your lawyer or accountant. No communications will take place with these persons without your consent.

4. Name and Address of Lawyer/Accountant

5. Telephone Number (including country and area codes)

6. Facsimile Number (including country and area codes)

7. Name and Address of Other Referee

8. Telephone Number (including country and area codes)

9. Facsimile Number (including country and area codes)

SECTION 4 – DETAILS OF STRUCTURE

1. Please indicate which of the following you wish to establish:
 - BVI Business Company (BC)
 - Partnership
 - Yacht Registration

2. Please provide a brief description of the purpose of the BC or partnership you wish to establish

3. Source of assets to be introduced into the company/partnership

4. Please provide the personal details of persons from whom **PFD Corporate Services (BVI) Limited** may accept instructions in relation to the company/partnership
Name (Title, First Name, Middle Name, Surname)

Signature

Limit on Authority

Name (Title, First Name, Middle Name, Surname)

Signature

Limit on Authority

Name (Title, First Name, Middle Name, Surname)

Signature

Limit on Authority
