



Customer Due Diligence

Form 6 Entities

To be used where entity completing form is a Company, Partnership or Trust.

This section of the form is to be completed in respect of the Trust by any Settlor, Co-Trustee, Beneficiary, Protector, Enforcer, Custodian or Nominee of the Trust which is a corporate entity, trust or partnership (the "Entity")

1.	Name of Entity:				Relationship Name:			
2.	Entity is one or more of the following:	Settlor: <input type="checkbox"/>	Co-Trustee: <input type="checkbox"/>	Beneficiary: <input type="checkbox"/>	Protector: <input type="checkbox"/>	Enforcer: <input type="checkbox"/>	Custodian: <input type="checkbox"/>	
		Nominee: <input type="checkbox"/>	Company: <input type="checkbox"/>	Trust: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Unit Trust: <input type="checkbox"/>		
3.	Code in 5Series (Key Code): Internal Use							
4.	Registered Office Address of Entity (i.e. of the Company, Partnership or Trustee)	Street Address:						
		City:		State/Province:				
		Country:		Zip/ Postal Code:		Email:		
		Telephone:		Cellular:		Fax:		
5.	Date of Incorporation / Registration/Formation	[dd/mm/yyyy]						
		Jurisdiction of Incorporation / Formation:						
6.	Principal Operating or Mailing Dress of Entity (if different from above)	Street Address:						
		City:		State/Province:				
		Country:		Zip/ Postal Code:		Email:		
		Telephone:		Cellular:		Fax:		
7.	Expected Account Activity:							

Complete one of the following sections: ("CDD Form Individuals" is required for each beneficial owner)

8.	Public Company:	Full Name of stock exchange Listing:				Ticker Symbol:	
9.	Private Company:	Full name(s) and address of Ultimate Beneficial Owner(s):					
		ATTACH:	<input type="checkbox"/> Copy of Certificate of Incorporation <input type="checkbox"/> Current Certificate of Goodstanding (if Meritus is accepting administration of an existing entity) <input type="checkbox"/> Directors & Officers Register <input type="checkbox"/> Memorandum of Association <input type="checkbox"/> Share Register <input checked="" type="checkbox"/> World-Check (Internal use only)				
10.	Trust:	Type of Trust:					
		Full name(s) and addresses of Trustee(s):					
		Is the Trustee regulated or supervised by an Authorised body? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
		Full name(s) and addresses of Settlor:					
		Full name(s) and addresses of Enforcer/Protector:					
Full name(s) and address of Primary or Fixed Interest Beneficiaries:							

		ATTACH: <input type="checkbox"/> Copy of Settlement Document <input type="checkbox"/> World-Check (Internal use only)
11.	Partnership:	Full name(s) and addresses of General Partner(s):
		Full name(s) and addresses of all beneficial owner(s) who exercise control over the management of the Partnership:
		ATTACH: <input type="checkbox"/> Copy of Partnership Agreement (if registered) <input type="checkbox"/> World-Check (Internal use only)

Please fill in "CDD Form Individual" for the following if applicable:

Full name of Director/Officer/Representative:			
Full name of Director/Officer/Representative:			
Full name of Director/Officer/Representative:			
Full name of Director/Officer/Representative:			
SIGN-OFF	Print Name	Signature	Date
Client:			
Prepared by: (Internal use only)			
Compliance Officer/MLRO: (Internal use only)			