



Ultimate Beneficial Ownership Form

	Capital Alliance PLC
	Capital Alliance Securities (Pvt) Limited
	Capital Alliance Investments Limited

Declaration of Beneficial Ownership	
<i>This form has been issued under the Customer Due Diligence Rule No 1 of 2016 issued in terms of the Section 2(3) of the Financial Transactions Reporting Act of 2006. This form is required to be completed by all customers of financial institutions designated under the Acts to the best of their knowledge. The original completed and signed and witnessed version of this form must be retained by the financial institution and available to the competent authorities upon request.</i>	
Customer Identification:	
Name of the Corporate Client	
Registration Number	
Registered Address	

I/We declare that listed below are the Ultimate Beneficial Owner/s* that own or control 10% or more of the customer's equity of this account.

*Beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a person or a legal arrangement."

**politically exposed person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State-owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals

Name	NIC or Passport # /Country of Issue/Country of Citizenship	DOB	Current Address	Source of Beneficial Ownership (1=Equity (indicate %), 2=Effective Control, 3=Person on Whose Behalf Account is Operated)	Check if Politicall y Exposed Person (PEP)**
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

					<input type="checkbox"/>
					<input type="checkbox"/>

I/We Certify that the information provided herein are true and accurate.

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Director / Trustee

Name :

NIC/Passport Number :

Date :