

THE REGISTRAR GENERAL'S DEPARTMENT

REGISTER OF BENEFICIAL OWNERSHIP ACT, 2018 (and its amendments) LEGAL ENTITIES BENEFICIAL OWNERSHIP INFORMATION FORM

All legal entities without a registered agent are required to complete the information below and file such information with the Registrar General within 15 days of identifying any persona as a beneficial owner of that legal entity.

(A) LEGAL ENTITY INFORMATION Company Incorporation No. _____ Name of Legal Entity: Date of Incorporation: _____ Status of Legal Entity: _____ Registered Address of Legal Entity: Type of activity legal entity is engaged in: (B) BENEFICIAL OWNERSHIP INFORMATION Full Name(1): _____ Date of Birth: _____ Gender: ____ Country of Ordinary Residence or Domicile: ____ House /Apartment No.: _____ Street Address: City: _____ State: ____ Zip Code/P.O. Box: ____ Identifying information from passport, drivers licence or other government issued document:-Nationality:_____ Passport No:_____ Drivers Licence No:_____ Country of issue ______ Date of issue: _____ Date of expiry: _____ Please complete the following and/or additional forms for more additional beneficial owners Full Name(2): _____ Date of Birth: _____ Gender: ____ Country of Ordinary Residence or Domicile: _____ House /Apartment No.: ______ State: ______ Zip Code/P.O. Box: ______ Street Address: Identifying information from passport, drivers licence or other government issued document:-Nationality:_____ Passport No:_____ Drivers Licence No:_____ Country of issue _____ Date of issue: _____ Date of expiry: _____ Full Name(3): _____ Date of Birth: _____ Gender: ____ Country of Ordinary Residence or Domicile: ____ House /Apartment No.: _____ Street Address: City: _____ State: ____ Zip Code/P.O. Box: ____ Identifying information from passport, drivers licence or other government issued document:-Nationality:_____ Passport No:_____ Drivers Licence No:_____ Country of issue ______ Date of issue: _____ Date of expiry: _____

Full Name(4):			
	First	Last	M.I.
		ountry of Ordinary Residence or Domicile:	
		House /Apartment No.: Zip Code/P.O. Box:	
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Identifying information t	from passport, drivers licence or	other government issued document:-	
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Full Name(5):			
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		untry of Ordinary Residence or Domicile:	
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Country of issue	Date of issue:	: Date of expiry:	
	(C) Details of Re	anisterable Legal Entity	
		egisterable Legal Entity	
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