INTERNATIONAL TITANS BASKET LIMITED

(the "Company" or "ITBL") | *Registered number: 52616*

RELATED PARTIES AND CONTROLLING PERSONS IDENTIFICATION FORM

Please copy this page and complete this section for each related party to the entity. This includes, but is not limited to, directors, beneficial owners and authorised signatories.

RELATIONSHIP: ☐ Trustee Director ☐ Trustee ☐ Protector ☐ Settlor ☐ Beneficiary ☐ Other, specify: _____

First Name/Forename(s)	
Surname	
Maiden Name/Former Name(s)	
Date of Birth	
Country of Birth	

Nationality 1**

Passport | ID Number	Country of Issue	Date of Expiry
		DD/MM/YYYY

Nationality 2

Passport | ID Number	Country of Issue	Date of Expiry
		DD/MM/YYYY

Nationality 3

Passport | ID Number	Country of Issue	Date of Expiry
		DD/MM/YYYY

*** If you have more than one nationality, please provide below how this was obtained e.g. through parent, naturalisation, residence, etc. If through naturalisation, please also provide the date of change. Due diligence verification documents must be provided for each nationality.*

Reason for dual nationality	

ADDRESS DETAILS

Residential address must match the verification of address provided.

Residential Address

P.O. Box is not acceptable. If the mailing address is not identical, complete the separate section below.

House Name | Number	
Street Name	
City	
State | Region	
Post Code	
Country | Jurisdiction	

Mailing/Postal Address (if different to residential address provided)

House Name | Number | PO Box	
Street Name	
City	
State | Region	
Post Code	
Country | Jurisdiction	

Contact Details

Telephone Number (with Dial Code)	+
Other Phone Number (with Dial Code)	+
Related Party Email Address	

For the purpose of receiving annual accounts, reports and other communication. If you are unable to receive these notices by email, please notify us immediately. Communication will be sent to the registered shareholder and financial adviser.

RELATED PARTY OCCUPATION DETAILS

You may add additional information in the Source of Wealth Declaration.

Employed / Self-Employed / Retired / Other	
Your current occupation (If retired, complete section with previous employer details prior to retirement)	
Nature of business (e.g., construction, financial services)	
Date of retirement, if applicable (dd/mm/yyyy)	
Current Employer Name, including Previous Employer, if retired	
Role and/or Job Title	
Annual Gross Salary: Currency and Amount	
Employer Address Line 1	
Employer Address Line 2	
City	
State | Region	
Post Code	
Country | Jurisdiction	

SPECIMEN SIGNATURE

Each related party must complete a Related Parties and Controlling Persons Identification Form, as applicable, and provide due diligence documentation.

Signature	**Date**	**Place**