

ADVANCED INVESTMENT HOLDINGS LIMITED
(the “Company” or “AIHL”)
Registered number: 59932

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 the following, directors, beneficial owners and authorised signatories.

RELATIONSHIP: ☐ Director ☐ Beneficial Owner ☐ 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:

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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 separate section below.

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

MAILING/POSTAL ADDRESS, if different to residential office address provided:

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

TELEPHONE NUMBER:

Dial Code	+	
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OTHER PHONE NUMBER:

Dial Code	+	
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RELATED PARTY Email ADDRESS - PLEASE PRINT.

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 registered shareholder and financial adviser.

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RELATED PARTY OCCUPATION DETAILS:

YOU CAN ADD ADDITIONAL INFORMATION ON SOURCE OF WEALTH DECLARATION.

Employed / Self-Employed / Retired / Other	
Your current occupation <i>(If retired, complete section with previous employer details prior to retirement)</i>	
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 CONTROLLED PERSONS IDENTIFICATION FORM, AS APPLICABLE AND PROVIDE DILIGENCE DOCUMENTATION

Signature	Date	Place