



DUE DILIGENCE FORM 1 (MCP2 Form 302)

Personal Account

New Account [] Existing Account [] Account # _____

Complete Account Title: _____

Type of Account: Personal Account [] Investment Holding Co. [] Foundation/Trust [] Operating Company [] Other [] _____

Complete information on individual account holders, major shareholders, partners, and/or beneficial owner [account holders].

Table with 5 columns: Name, Address, ID Type & Number, Country, Birthdate. Rows 1-5.

Source of Referral: Advertisement [] Intermediary/Advisor [] Existing Client []

Source Details: _____

Source Relationship to Client: _____

Client Contact:

1. Form of client interview:

Telephone Interview [] Personal Interview [Nassau] [] Personal Interview [Location]: [] _____

2. Date of Interview: _____

3. Interview conducted by: _____ Title: _____

Source of Third Party Verification: [check all that apply]

Bank Reference [] Professional Association [] Bank Statements [] Commercial Reference [] Employment Certification [] Credit Bureau [] Referral by established client/intermediary [] Financials [] Other: []

Other Attachments: [check all that apply]

Information Brochure [] Copy of Utility Bill [] Other: [] _____

Type and Amount of Initial Deposit: [check all that apply]

Wire Transfer [] Personal Cheque[s] [] Cashier's Cheque[s] [] Securities [] Other: [] _____

Amount: _____

Name of Remitting Bank: _____ Location: _____

Securities Firm _____ Location: _____



Due Diligence Form 1/ Page 2

Sources of Client's Wealth:

Business Ownership [] Senior Executive [] Professional [] Investments [] Other: [] _____

Name and Address of Business: _____

Type of Business: _____ Position: _____

Telephone: _____ Fax: _____ Email: _____

Financial Summary: Obtain an estimate of the client's financial position. [Refer to Investor Profile.]

Table with 2 columns: Estimated [000's of US\$], Total. Rows include Total Assets, Total Net Worth, Total Liquid Net Worth, and Total Annual Income.

Products and services requested by client:

Stocks [] Fixed Income [] Mutual Funds [] Cash / Money Market []

Credit/Debit Card Facility [] Other: [] _____

Other related accounts within this institution: Yes [] No [] If Yes, Account #: _____

Other banking, securities or financial relationships maintained by client:

Name of Bank/Securities Firm Address _____

Client Signature: _____ Date: _____