



DUE DILIGENCE FORM 2 (MCP2 Form 303)

Corporate Investment Holding Company or Foundation/Trust Accounts

Place of Incorporation/Establishment _____

Date of Incorporation/Establishment _____

Client Managed [] MCP Managed [] Third Party Managed [] _____

Sources of Wealth of the Beneficial Owners or Settlers:

Business Ownership [] Senior Executive [] Professional []

Investments [] Inheritance [] Other: [] _____

Name of Existing Business/Settlor/Beneficial Owner: _____

Address: _____

Type of Business: _____ Position: _____

Telephone: _____ Fax: _____ E-Mail: _____

Beneficial Owner's or Settlor's OCCUPATION, PROFESSION, and/or OTHER INCOME: _____

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: Total Assets, Total Net Worth, Total Liquid Net Worth, Total Annual Income.

Purpose of the Account: [check all that apply]

Asset Holding [] Investments [] Other: [] _____

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#: _____



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Source of Referral: Advertisement Intermediary/Advisor Existing Client

Source Details: _____

Source Relationship to Client: _____

Other banking, securities or financial relationships maintained by client:

Name of Bank/Securities Firm	Address
_____	_____
_____	_____

Sources of funds that will be coming into the account: _____

Client Signature

Date