

# New Account Application Form

## - Business Account



# Account Application – Business Account

Strategic Wealth Preservation  
P.O. Box 10055 • Grand Cayman KY1-1001 • Cayman Islands • British West Indies  
T: (345) 640 2111 • C: (345) 525 2111 • E: info@swpcayman.com



Please note this form is for opening Business Accounts only. All information will be kept confidential and used solely for the purposes of opening a storage account with Strategic Wealth Preservation Ltd.

## Section 1 - General Business Information

Registered Name of Business Entity: \_\_\_\_\_  
*The business name as it appears on the incorporation, registration or official documents*

Trade Name of Business Entity: \_\_\_\_\_  
*If different from Registered Name*

Principal Business Activities: \_\_\_\_\_

Name of and domicile of bank that provides the operating account for the Business Entity:  
\_\_\_\_\_

### Principal Place of Business

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

### Registered Business Address

*If different from Principal Place of Business*

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

## Section 2 - Information on Directors, Officers, Managers/Members, General Partners

Please list the full names and titles of all persons who exercise effective control over the business (i.e. Directors, Officers, Managers, Members, General Partners, etc). Attach additional sheets if needed.

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

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## Section 3 - Information on Beneficial Ownership

3.1 The beneficial owner is an entity:

*Please provide registered business name*

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Where the beneficial owner is a corporation (including Private Trust Companies): This information is ONLY required from corporations that are not publicly listed on a recognized stock exchange or are not regulated in an approved jurisdiction (or are not affiliated with a group member who is listed or regulated). Please advise SWP if this is the case.

For those entities which are not listed or regulated (or are not part of a listed or regulated group) please list all of the principal shareholders with ownership equal to or greater than 10%.

Where the beneficial owner is a Partnership:

*Please list the name of the General Partner(s)*

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Where the beneficial owner is a Limited Liability Company:

*Please list the name of the Managing Member(s)*

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All other types of entities:

Please identify the entity type and list all of the beneficial owners or controlling parties as outlined above at 3.1

Attach additional sheets if needed.

Full Name: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title or Occupation: \_\_\_\_\_

3.2 The beneficial owner is an individual

*Please provide owner(s) name*

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## Section 4 - Verification of Identity

In an effort to comply with global anti-money laundering standards SWP requires that the identity of all clients be verified.

Please provide a certified copy of a valid government-issued passport, complete with signature page for all individuals identified as beneficial owners in section 3. The copy of ID must be clear and current. In the event that you are unable to provide a copy of your passport the following types of government-issued photo identifications may be acceptable:

- Driver's License
- Permanent Resident Card
- Passport
- Record of Landing
- National Identification Card
- Citizenship Card

### Document Certification

The person who is certifying or notarising the document should be a "suitable person". This includes lawyers, accountants, directors or managers of regulated credit or financial institutions, a notary public, a member of the judiciary or a senior civil servant. No individual can certify his or her own documents.

The certifier should sign the actual copy document, printing their name underneath and clearly indicating their position or capacity along with a contact address and phone number and confirming that the document is true copy of the original. In cases where the certification has been attached to the copy document page, the wording should clearly identify what documentation is being certified including specific reference to the passport number, and the name and date of birth of the person.

Please note that SWP reserves the right to request additional information to assist with the verification of identity process.

## Section 5 - Information on Operating Authority

Please list the individual(s) authorized to transact with SWP on behalf of this entity.

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature Specimen: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature Specimen: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature Specimen: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature Specimen: \_\_\_\_\_

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## Section 6 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby declare that the Business Entity is abiding by all local, state/provincial and federal business registration regulations.

I hereby accept and acknowledge that SWP shall not be held liable should the Business Entity not be forthcoming in its ability to abide by local, state/provincial and federal business registration regulations.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## Section 7 - Instructions

Please complete and return this form:

**By email** - info@swpcayman.com

**By mail** -

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Cayman Islands

British West Indies

An SWP representative will be in touch with you shortly to confirm your account has been opened. If you have any question, please email info@swpcayman.com or call (345) 640-2111.