



CLIENT APPLICATION – NATURAL PERSON
(Each Client must complete a form)

The information provided herein is subject to the provisions of the relevant Panamanian laws. Trust Services, S.A. does not provide either legal or foreign tax advice and this should be obtained from professionals licensed to render such advice before making offshore commitments. The application cannot be processed until the completed originals of this form as well as the supporting documentation are received. We reserve the right to reject an application without explanation.

| | | |
|---|-------------------------------------|----------------------------------|
| Please indicate whether you are Panamanian or Foreign | Panamanian <input type="checkbox"/> | Foreign <input type="checkbox"/> |
|---|-------------------------------------|----------------------------------|

1. CLIENT PROFILE

| GENERAL INFORMATION | | | | |
|---|---------------------------|---------------------------|--|--|
| First Name: | Second Name: | Last Name: | Mother's Last Name: | Married Name: |
| Date of Birth: ____/____/____ (dd-mm-yyyy) | | Country of Birth: | | Nationality: |
| Type of Identity Document: <input type="checkbox"/> Personal ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____ | Document Number: _____ | Issuing Country: _____ | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Other _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ |
| Document's Expiration Date: ____/____/____ (dd-mm-yyyy) | Date Issued: | Country of Residence: | Spouse's Name: | |
| Home Address: | | | | |
| Postal Address: | | | | |
| Home Telephone Number: | Cel Telephone Number: | Fax: | Email Address: | |
| Postal Address: | | Profession or Occupation: | | |
| Economic Activity: | | | | |

**EMPLOYMENT INFORMATION****Labour Situation**

| | | | |
|--------------------------------------|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Businessman | <input type="checkbox"/> Student | <input type="checkbox"/> Housewife | |
| Place of Employment: | Position: | Address: | Starting Date: |
| Employer's Name: | | | |
| Employer's Activity: | | | Years of Service: |
| Telephone: | Email: | Fax: | |

REFERENCES

| Contact Person | Type of Reference | Email | Telephone |
|----------------|-------------------|-------|-----------|
| | | | |
| | | | |
| | | | |

2. BENEFICIARY DISCLOSURE

Are you acting as an intermediary for another person who is the true owner of the assets?

YES

NO

If yes, please provide the name of the true owner(s) of the assets and the personal ID or passport number.

Are you the beneficial owner of the assets?

YES

NO

Are you subject to tax obligations, indicate the country or group of countries?

YES

NO

Indicate Country: (ies) _____ Tax ID No. _____



3. POLITICALLY EXPOSED PERSON (PEP)

Are you a politically exposed person?

YES

NO

Is there a link between you and a Politically Exposed Person (PEP)?

YES

NO

Do you manage public resources due to your position or activity?

YES

NO

If the answer to any of the above questions is positive, please provide the following information:

DETAILED KNOWLEDGE OF POLITICALLY EXPOSED PERSON

| Link/Relationship | Name | Type of Identity Document | Nationality | Entity | Position | Separation Date |
|-------------------|------|---------------------------|-------------|--------|----------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Link/Relationship

1. First degree of consanguinity: parents and children - affinity: spouses.
2. Second degree of affinity: grandparents, siblings, grandchildren - affinity: in-laws, brothers-in-law, son-in-law / daughter-in-law.
3. First civil: adopted children or adoptive parents.
4. Partners

ACCOUNTING RECORDS

Name and address of the accountant that keeps the accounting records and supporting documentation:

Physical address where accounting records and supporting documentation are kept:



4. RECRUITMENT CHANNELS

| | | | | | |
|------------------------------------|--------------------------------------|---|---|--|-----------------------------------|
| <input type="checkbox"/> Web Pages | <input type="checkbox"/> Main Office | <input type="checkbox"/> Regulated Intermediary | <input type="checkbox"/> Non-regulated Intermediary | Local Intermediary <input type="checkbox"/> | <input type="checkbox"/> Referred |
| | | | | Foreign Intermediary <input type="checkbox"/> | |

1. PREVIOUS PENDING OR ANTICIPATED LAWSUITS

Is there a prior, pending or anticipated legal process where you have been, will be or may be accused, including investigations in which you have been, will be or may be involved? Please answer YES or NO.

YES

NO

If yes, please provide details:

2. PURPOSE OF THE STRUCTURE AND/OR SERVICES REQUIRED.

In the space provided, please indicate briefly the purpose of the structure and the services required. Provide specific details about your intentions and objectives. (What are you protecting your assets from and why? Who will be the beneficiaries of your estate planning and why?)

3. SOURCE OF ASSETS THAT REPRESENT ALL THE CLIENT'S INCOME AND PATRIMONY

| DETAILS OF ORIGIN AND SOURCE OF ASSETS | APPROXIMATE VALUE |
|---|--------------------------|
| <i>Inheritance:</i> | |
| <i>Business Profits:</i> | |
| <i>Salary:</i> | |
| <i>Personal Savings:</i> | |
| <i>Sale of Property:</i> | |
| <i>Others (specify):</i> | |



4. DETAILS OF THE ASSETS THAT FORM PART OF THE ENTITY AND THE APPROXIMATE VALUE

| | |
|--|--|
| | |
| | |
| | |

5. PRODUCTS Y SERVICES

Please specify the products or services you would like TRUST SERVICES, S.A. to provide:

- Trust
- Foundation
- Corporation
- Provision of Officers and Directors
- Registered Agent

6. BANKING SERVICES

Do you need a separate bank account?

YES

NO

Do you need an investment account?

Favor responder:

YES

NO

7. DECLARATION OF THE SOURCE OF ASSETS

In the space provided, indicate the source of your assets. Assets belonging to third parties or that you maintain as an agent will not be accepted. Please provide specific details of the assets (for example, income earned as a doctor for xxx years, or business income of my software design company that has existed for XXX years, or inheritance from my late father), as well as any documentary evidence, such as financial statements.

8. FINANCIAL PROFILE

I DECLARE THAT ALL MY ACTIVITIES ARE OF LEGAL ORIGIN

MY APPROXIMATE MONTHLY INCOME IS \$ _____

MY APPROXIMATE ANNUAL INCOME IS \$ _____



MY APPROXIMATE NET WORTH IS \$ _____

BREAKDOWN OF SOURCE OF FUNDS (Annual):

Main Activity (____%)

- Less than \$ 25,000
- \$ 25,001 – \$ 100,000
- \$ 100,001 – \$ 200,000
- \$ 200,001 – \$ 500,000
- \$ 500,001 – \$ 1,000,000
- More than \$ 1,000,000

Other Activities (____%)

- Less than \$ 25,000
- \$ 25,001 – \$ 100,000
- \$ 100,001 – \$ 200,000
- \$ 200,001 – \$ 500,000
- \$ 500,001 – \$ 1,000,000
- More than \$ 1,000,000

Source of Funds (Must total 100%)

- ____% Business
- ____% Rentals
- ____% Salary
- ____% Investments
- ____% Real Estate
- ____% Other Income

(Specify) _____

1. If you entered a percentage for “Investments” and “Real Estate”, please provide details in the space below:

2. If you entered a percentage for “Other Income” that originates from activities different from your main activity, please provide details in the space provided below:

TRANSACTION PROFILE

In case the entity does not have bank accounts, please indicate NO in all the following boxes.

MONTHLY INCOME AND WITHDRAWALS

Amount of Approximate Monthly Incoming Transactions

- NO
- \$1 - \$10,000
- \$10,001 - \$50,000
- \$50,001 - \$500,000
- \$500,001 - \$1,000,000
- ≥\$1,000,001

Indicate the number of approximate monthly transactions

Incoming



Amount of Approximate Monthly Outgoing Transactions

NO \$1 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$500,000 \$500,001 - \$1,000,000 ≥\$1,000,001

Indicate the number of approximate monthly transactions

Outgoing

TYPE OF MONTHLY TRANSACTIONS

Monthly deposits in cash, cheques, transfers between local banks (ACH) and/or between own accounts

NO \$1 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$500,000 ≥\$500,001

Indicate the number of approximate monthly transactions

Incoming

Monthly withdrawals in cash, cheques, transfers between local banks (ACH) and/or between own accounts

NO \$1 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$500,000 ≥\$500,001

Indicate the number of approximate monthly transactions

Outgoing

Monthly International Incoming Transfers

NO \$1 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$500,000 \$500,001 - \$1,000,000 ≥\$1,000,001

Indicate the number of approximate monthly transactions

Incoming

Monthly International Outgoing Transfers

NO \$1 - \$10,000 \$10,001 - \$50,000 \$50,001 - \$500,000 \$500,001 - \$1,000,000 ≥\$1,000,001

Indicate the number of approximate monthly transactions

Outgoing

Countries where International Transfers are sent or received (If not applicable please write N/A)

1. FATCA INFORMATION

Are you a US person?

YES NO



providers to be utilised, notwithstanding any suggestions made by the firm, shall be the sole decision and responsibility of me unless otherwise provided for by the terms of a trust or foundation. I further understand that if I am the authorised signatory on a bank, brokerage or other account, I must deal directly with the institution concerning all matters after the account is opened and that I am solely responsible for those accounts which I operate with the use of passwords, including the regular review of all account activity. It is understood that I will be required to sign a Client Agreement, a copy of which appears on the website of the firm, which will be prepared by the firm for signature and without which I cannot be represented.

The undersigned understand what is established in ARTICLE 389 OF THE CRIMINAL CODE OF THE REPUBLIC OF PANAMA that says: "Whoever receives, deposits, negotiates, converts or transfers money, securities, assets or other financial resources, knowing that they come from activities related to drug trafficking, qualified fraud, illegal arms trafficking, human trafficking, kidnapping, extortion, embezzlement of public funds, corruption of public servants, acts of terrorism, theft or international traffic of vehicles, provided for in Panamanian criminal law, with the object of hiding or covering up their illicit origin or helping to avoid the legal consequences of such punishable acts, will be punished with a penalty of 5 to 12 years in prison and 100 to 200 days-fine."

SIGNATURES

I declare voluntarily and spontaneously, free of any error, force or intent that all the statements and answers I have expressed in this document are correct, truthful, complete and I authorize TRUST SERVICES, S.A. to verify all the detailed information. In addition, I am obliged to inform the firm of any change or update of information that may affect the statements and responses noted in this form.

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____



NOTES

A copy of our standard Client Agreement (which we will prepare) establishing the terms and conditions of our engagement can be viewed on the home page of our website: www.trustservices.net

Correspondence: Letters should only be mailed to: Apartado 0832-1630, WTC, Panama, Republic of Panama. There is no street delivery of mail in Panama.

Courier packages should only be sent to us at: Balboa Plaza Building, Suite 522, Balboa Avenue, Panama, Republic of Panama. Tel. +507-269-2438.

Our office hours (Monday – Friday) are: 8 a.m. – 12:30 p.m. and 2 p.m. – 5 p.m

PARA USO DE LA FIDUCIARIA

RECIBIDO Y APROBADO POR:

Nombre: _____

Firma: _____

Cargo: _____

Fecha: _____

VERIFICADO POR:

Nombre: _____

Firma: _____

Cargo: _____

Fecha: _____

