

(If joint ownership, details to be completed for each beneficial owner. If a company, details to be completed for each shareholder.)

**CLIENT INFORMATION** Please write in BLOCK CAPITALS and tick where necessary

|                                     |   |                         |           |
|-------------------------------------|---|-------------------------|-----------|
| <b>RBKY Investment Account Name</b> | Enter your RBKY Investment Account Name |                         |           |
| <b>RBKY Investment Account #</b>    | Enter your RBKY Investment Account Name | <b>FOR CNS USE ONLY</b> | Account # |

**CLIENT 1**

|  |                              |                               |                              |                               |                    |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------|
| Dr. <input type="checkbox"/>                               | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Miss <input type="checkbox"/> | Full Name          |
| Address  |                              |                               |                              |                               |                    |
| Date of Birth  | Day / Month / Year           | Marital Status                |                              | Country of Residence          |                    |
| Nationality (List all countries which you have a passport) |                              |                               |                              | Tax Identity Number           |                    |
| Profession/Occupation                                      |                              |                               | Office Telephone             |                               | Cellular Telephone |
| Home Telephone   |                              |                               | Email Address                |                               |                    |

**CLIENT 2** (To be completed if joint ownership, or if a company with a second shareholder)

|  |                              |                               |                              |                               |                    |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------|
| Dr. <input type="checkbox"/>                               | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Miss <input type="checkbox"/> | Full Name          |
| Address  |                              |                               |                              |                               |                    |
| Date of Birth  | Day / Month / Year           | Marital Status                |                              | Country of Residence          |                    |
| Nationality (List all countries which you have a passport) |                              |                               |                              | Tax Identity Number           |                    |
| Profession/Occupation                                      |                              |                               | Office Telephone             |                               | Cellular Telephone |
| Home Telephone   |                              |                               | Email Address                |                               |                    |

**CLIENT 3** (To be completed if more than two beneficial owners, or if a company with a third shareholder)

|  |                              |                               |                              |                               |                    |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------|
| Dr. <input type="checkbox"/>                               | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Miss <input type="checkbox"/> | Full Name          |
| Address  |                              |                               |                              |                               |                    |
| Date of Birth  | Day / Month / Year           | Marital Status                |                              | Country of Residence          |                    |
| Nationality (List all countries which you have a passport) |                              |                               |                              | Tax Identity Number           |                    |
| Profession/Occupation                                      |                              |                               | Office Telephone             |                               | Cellular Telephone |
| Home Telephone   |                              |                               | Email Address                |                               |                    |

**CLIENT 4** (To be completed if more than two beneficial owners, or if a company with a fourth shareholder)

|  |                              |                               |                              |                               |                    |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------|
| Dr. <input type="checkbox"/>                               | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Miss <input type="checkbox"/> | Full Name          |
| Address  |                              |                               |                              |                               |                    |
| Date of Birth  | Day / Month / Year           | Marital Status                |                              | Country of Residence          |                    |
| Nationality (List all countries which you have a passport) |                              |                               |                              | Tax Identity Number           |                    |
| Profession/Occupation                                      |                              |                               | Office Telephone             |                               | Cellular Telephone |
| Home Telephone   |                              |                               | Email Address                |                               |                    |

**CLIENT 5** (To be completed if more than two beneficial owners, or if a company with a fifth shareholder)

|  |                              |                               |                              |                               |                    |
|--|------------------------------|-------------------------------|------------------------------|-------------------------------|--------------------|
| Dr. <input type="checkbox"/>                               | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Miss <input type="checkbox"/> | Full Name          |
| Address  |                              |                               |                              |                               |                    |
| Date of Birth  | Day / Month / Year           | Marital Status                |                              | Country of Residence          |                    |
| Nationality (List all countries which you have a passport) |                              |                               |                              | Tax Identity Number           |                    |
| Profession/Occupation                                      |                              |                               | Office Telephone             |                               | Cellular Telephone |
| Home Telephone   |                              |                               | Email Address                |                               |                    |