

# OPENING OF RELATIONSHIP FORM

\_\_\_\_\_  
Date:

\_\_\_\_\_  
File reference:

\_\_\_\_\_  
Filled in by:

\_\_\_\_\_  
Type:

## IDENTIFICATION OF THE CONTRACTING PARTY

\_\_\_\_\_  
Name / First Name(s) / Company Name:

\_\_\_\_\_  
Profession / Company Object:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Date of Birth / Date of Founfing:

\_\_\_\_\_  
Permanent Address:

\_\_\_\_\_  
Head Office / Address of the Business Involved:

\_\_\_\_\_  
Nationality / Country od the Head office:

\_\_\_\_\_  
Identity Document Number: *(take photocopy)*

\_\_\_\_\_  
Prof phone number

\_\_\_\_\_  
Private phone number

\_\_\_\_\_  
Mobile number

\_\_\_\_\_  
Prof phone number

\_\_\_\_\_  
Private phone number

\_\_\_\_\_  
Mobile number

(\*if possible, at least one rapid means of communication)

### THE FINANCIAL INTERMEDIARY (mark where appropriate) :

- Is certain that the contractual partner is the benficial owner of the assets subject to the business relationship
- Is not certain that the contractual partner is the benficial owner of the assets subject to the business relationship (in this case, the contracting party must identify in writing the beneficial ownerof the assets)

## IDENTIFICATION OF THE BENEFICIAL OWNER

\_\_\_\_\_  
Name and first name(s) or company name of the contracting party:

**The contracting party hereby declares (mark with a cross where appropriate)**

- to be the only beneficial owner of the assets being involved in his business relationship with [Name of the financial intermediary]
- that the following person(s) is/are the beneficial owner(s) of the assets implicated in his business relationship with [Name of the financial Intermediary]

(Name(s) and first name(s) or complete Company Name(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The contracting party undertakes to communicate spontaneously and without delay any modification concerning the beneficial owner(s). The contracting party has been made aware that to intentionally complete this form in an erroneous manner constitutes creating a false document falling under Article 251 of the Swiss Penal Code.

\_\_\_\_\_  
Place and Date:

\_\_\_\_\_  
Signature of the contracting party :

# KNOW YOUR CUSTOMER

**Notice: this form must be completed by each beneficial owner, regardless of his or her status as contracting party.**

\_\_\_\_\_  
Name / First Name(s) / Company Name:

\_\_\_\_\_  
Profession / Company Object:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Date of Birth / Date of Founfing:

\_\_\_\_\_  
Permanent Address:

\_\_\_\_\_  
Head Office / Address of the Business Involved:

\_\_\_\_\_  
Nationality / Country od the Head office:

\_\_\_\_\_  
Identity Document Number: *(take photocopy)*

\_\_\_\_\_  
Prof phone number

\_\_\_\_\_  
Private phone number

\_\_\_\_\_  
Mobile number

\_\_\_\_\_  
Prof phone number

\_\_\_\_\_  
Private phone number

\_\_\_\_\_  
Mobile number

## INTRODUCTION:

\_\_\_\_\_  
Introduced by:

\_\_\_\_\_  
Place, date, reasons for the business relationship:

## CONNECTIONS WITH OTHER CLIENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# KNOW YOUR CUSTOMER

**PERSONAL DETAILS:**

Marital Status:

Names, first names and birth date of spouse:

Names, first names and birth date of parents:

Names, first names and birth date of children:

Dominant shareholders:

Subsidiaries:

**FINANCIAL SITUATION :**

Fortune:

Income:

**PURPOSE OF THE BUSINESS RELATIONSHIP:**

**TRACING OF THE ASSETS:**

# KNOW YOUR CUSTOMER

ECONOMICAL ORIGIN OF THE ASSETS:

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REASON FOR INCREASED VIGILANCE:

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SUPPORTING TO DOCUMENTS:

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## IDENTIFICATION OF THE BENEFICIAL OWNER

Name / First Name(s) / Company Name:

Profession / Company Object:

Employer:

Date of Birth / Date of Founfing:

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Head Office / Address of the Business Involved:

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Prof phone number

Private phone number

Mobile number