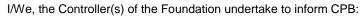


## **Private Bank**

<b>TEMPLATE – 5 – BENEFICIAL OWNERSHIP DECLARATION</b>	٧
(FAMILY / NON – PROFIT FOUNDATION)	

Cit	te: i Private Bank (CPB) ibank, N.A.			
De	ar Sir/Madam			
Re	: Declaration of Beneficia	I Ownership (Family Foundation) by Authorized Representative of the Co	mpany	
I/M ma	<pre>/e,</pre>	(Name(s) of Controller/Controller Company) exercis	e control over the	
	e Foundation was set up undation:	by the following contributor(s), who is/are also the sole contributor(s) of all	the assets in the	
1)	Name:			
2)	Name:			
Th	e Foundation was set up fo	r the benefit of the following Beneficiaries (check where it is appropriate):		
	The settlor(s)' close family	y members:	_(list)	
	Others:		(describe)	
I/M	e also confirm the following	g (check where it is appropriate):		
	No other person has powe to replace a Controller of	er to exercise control, directly or indirectly, over the management of the Foundat the Foundat the Foundat the Foundation.	ion, such as power	
<ul> <li>The following persons have authority to exercise control, directly or indirectly, over the management of the For as power to replace a Controller or change beneficiaries.</li> <li>Details of this/these person(s) are as:</li> </ul>				
	1) Name:			
	Residential Address:			
	Permanent Address: (if different)			
	(il dillerent)			
	Date of Birth:	Nationality:		
	2) Name:			
	Residential Address:			
	Permanent Address: (if different)			
	Date of Birth:	Nationality:		
СР	B Global KYC Standard 2019	Page 1 of 3 Citibank, N.A., Ho	ong Kong/ Singapore	

# Private Bank



- if I/we become aware of any new asset contributors to the Foundation;
- details of any change in the authority of the Controller or Power Holder (persons who have power, directly or indirectly, to direct or control the foundation);
- the identity of any new Power Holder; and
- if I/we become aware that payment out of the Account is made to the Beneficiaries or on their behalf and to disclose the details of the Beneficiaries' identities.

Furthermore, the Foundation undertakes to provide CPB with a copy of its governing documents for the Foundation (e.g. Foundation articles, by-laws, charter, letters of wishes, etc), including an English translation if available, and commit to advise the bank if this changes and provide the revised documents.

Yours faithfully By/For and on behalf of the Foundation

Sig	inature:	Signature: Name: Controller or Authorized Representative of Controller Company				
	me: ntroller or Authorized Representative of Controller Company					
De	Details of Controller Company (if applicable):					
Pla	ce of Incorporation:					
	gistered Office Address:					
All	Persons authorized to act on behalf of Foundation:					
1)	Name:					
2)	Name:					
3)	Name:					
4)	Name:					
	persons who can change terms of Foundation incorporatio horities or distribute assets of the Foundation:	n documents; give directions to the Foundation governing				
1)	Name:					
2)	Name:					
3)	Name:					
4)	Name:					

### Notes:

This form is to be completed whenever CPB is requested to open an account for a foundation. Please give the reason(s) if any of the information required is not available or applicable.



## Private Bank

The following section is to be also completed where a Personal Investment Company (PIC) is opening an account with CPB, and the PIC is beneficially owned by a Foundation.

Name of Company ("the Company"):

Company Registration No.:

### The issued shares of the above Company ("the Company") are:

□ Registered □ Bearer Shares

I, on behalf of the Company, confirm that the beneficial owner of the Company is the Foundation, and that the Company undertakes to inform CPB:

- if the Company becomes aware of any new asset contributors to the Foundation;
- details of any change in the beneficial ownership of the Company;
- the identity of any persons with power to exercise control appointed subsequent to the date of this letter; and
- if the Company becomes aware that payment out of the Account is made to the Beneficiaries or on their behalf and to disclose the details of the Beneficiaries' identities.

For and on behalf of the Company

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

Name:

Director or Authorized Representation of the Company opening account with CPB

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

### Notes:

This form is to be completed whenever CPB is requested to open an account for a foundation. Please give the reason(s) if any of the information required is not available or applicable.