

Connected Party - Individual (Annexure 1)

Connected Party - Individual (5)	
Full name	
Previous/Former name	
Capacity of Connected Party (Please select all which apply)	<input type="checkbox"/> Ultimate Beneficial Owner (Ownership ____%) <input type="checkbox"/> Member of Beneficial Owner Family Group (Ownership ____%) <input type="checkbox"/> Sole Authorised Signatory <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Key Controller <input type="checkbox"/> Direct Appointee (includes Company Secretary) <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Other Related Party _____ <input type="checkbox"/> Trustee <p style="text-align: right;"><i>(please define)</i></p>
Designation in the applicant entity (if any)	
Date of birth	
Nationality/Citizenship (In case of multiple please mention all)	
Proof of Identity	Document Type: _____ Document Number: _____
Please provide HSBC account number, if any	
Residential Address	Address _____ _____ Post Code _____ City _____ State _____ Country _____
Permanent Address (if different from residential address)	Address _____ _____ Post Code _____ City _____ State _____ Country _____

Connected Party - Individual (6)	
Full name	
Previous/Former name	
Capacity of Connected Party (Please select all which apply)	<input type="checkbox"/> Ultimate Beneficial Owner (Ownership ____%) <input type="checkbox"/> Member of Beneficial Owner Family Group (Ownership ____%) <input type="checkbox"/> Sole Authorised Signatory <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Key Controller <input type="checkbox"/> Direct Appointee (includes Company Secretary) <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Director <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Karta <input type="checkbox"/> Other Related Party _____ <input type="checkbox"/> Trustee <p style="text-align: right;"><i>(please define)</i></p>
Designation in the applicant entity (if any)	
Date of birth	
Nationality/Citizenship (In case of multiple please mention all)	
Proof of Identity	Document Type: _____ Document Number: _____
Please provide HSBC account number, if any	
Residential Address	Address _____ _____ Post Code _____ City _____ State _____ Country _____
Permanent Address (if different from residential address)	Address _____ _____ Post Code _____ City _____ State _____ Country _____

Submit original documents for verification against each photocopy submitted where requested by the bank and where applicable.

Each page to be signed by at least 1 signatory as per mandate / Board Resolution.

Authenticate any overwriting/cancellations with full signatures.