

**PERSONAL DECLARATION FORM FOR SHAREHOLDERS**

A separate declaration must be completed and signed by each individual proposing to have a beneficial interest of 10% or more in a company either registered in or to be registered in Bermuda. In respect of Partnerships, a declaration is to be completed by the General Partner(s), where the General Partner is an individual or where the ultimate beneficial owner of the General Partner is an individual. In respect of Trusts, a declaration is to be completed by the Settlor/Beneficiary/Trustee (the one who exercises control of the Trust).

<b>Name of Entity in connection with which this declaration is being completed:</b>			
<b>Surname:</b>			
<b>Complete forename(s):</b>			
<b>Known by other name(s):</b>			
<b>Any previous name(s):</b>			
<b>Name of Spouse:</b>			
<b>Residential Address: (P.O. Box <u>not</u> acceptable)</b>			
<b>Country of Citizenship (If more than one citizenship is held please attach additional details)</b>			
<b>Passport Details:</b>	<b>Passport No:</b>		
	<b>Place of issue:</b>		
	<b>Date of issue: (dd/mm/yyyy)</b>		
	<b>Date of Expiry: (dd/mm/yyyy)</b>		
<b>Valid Driver's Licence No.</b>			
<b>Date of Birth:</b>	<b>Day:</b>	<b>Month:</b>	<b>Year:</b>
			<b>Gender:</b>
<b>Place of Birth:</b>	<b>City:</b>	<b>Country:</b>	
<b>Present Employer:</b>			
<b>Occupation (if retired details of last occupation):</b>			

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES PLEASE PROVIDE DETAILS IN WRITING IN RESPECT OF THAT ANSWER.**

- |      |   | Yes                      | No                       |
|------|---|--------------------------|--------------------------|
| 1.   | Do you have any interest in any company or partnership registered or formed in Bermuda?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.   | Have you ever been refused consent to register a company or form a partnership in Bermuda?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.   | Are you or have you ever been an undischarged bankrupt?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.   | Have you ever been convicted of a criminal offence involving fraud, dishonesty, or any other criminal offenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.   | Has fraud or dishonesty been proven against you in any civil proceedings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.   | Have you ever been the subject of a <b><u>judicial</u></b> or <b><u>any other official enquiry/investigation</u></b> ?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.   | Are you a member in good standing of a self regulatory organisation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7a.  | If yes, name the organisation(s) _____  |                          |                          |
| 8.   | Have you ever been the subject of investigation, proceeding or other enquiry by a self regulatory organisation of which you are or were a member?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.   | Have you or any entity that you have been associated with, ever been refused or had a licence, permit or other authorisation revoked in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.  | Have you or any person that you have been associated with, ever been a Politically Exposed Person (“PEP”)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10a. | If yes please provide details   |                          |                          |

---



---



---



---

I hereby certify that the information in this Declaration is true to the best of my information, knowledge and belief.

Signed:

---

Dated:

---