



**CORPORATE CUSTOMER REGISTRATION FORM**

CORPORATE CUSTOMER IDENTIFICATION			
New <input type="checkbox"/>	UTCID# _____		
Existing <input type="checkbox"/>	Account # _____		
Date:			
BUSINESS INFORMATION			
Business Name:			
Trading Name (if different from business name):			
Country of Legal Formation/Incorporation			
Company Registration No. (if applicable)			
Date of Registration			
Company Tax ID		Country of Issuance	
Standard Industry Code (SIC)			
Global Intermediary Identification Number (if applicable):			
Annual Gross Income Range:	<input type="checkbox"/> Under 250,000	<input type="checkbox"/> 250,000- 500,000	<input type="checkbox"/> 500,001 – 1,000,000
	<input type="checkbox"/> 1,000,001 – 5,000,000	<input type="checkbox"/> Over 5,000,000	
Description of Business			
FATCA Classification			
Purpose of relationship with UTC			
ADDRESS INFORMATION			
Business Address			
State/Province/Region		City	
Country		Postal/Zip Code	
Mailing address (if different from business address)			
State/Province/Region		City	
Country		Postal/Zip code	
CONTACT INFORMATION			
Phone No. 1		Phone No. 2	
Fax No.		Email Address	
Website Address			
BUSINESS TYPE STRUCTURE			
<i>Please indicate documents provided</i>			
Incorporated <input type="checkbox"/>	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum & Articles of Association/Continuance <input type="checkbox"/> Management Reports for last 3 years <input type="checkbox"/> Register of Directors <input type="checkbox"/> Signatories' names, titles & signing authority <input type="checkbox"/> Personal information for beneficial owners <input type="checkbox"/> Request letter		
Unincorporated <input type="checkbox"/>	<input type="checkbox"/> Management reports for last 3 years		

	<input type="checkbox"/> Signatories' names, titles & signing authority <input type="checkbox"/> Personal information for beneficial owners <input type="checkbox"/> Request letter
Partnership <input type="checkbox"/>	<input type="checkbox"/> Partnership agreement <input type="checkbox"/> Management reports for last 3 years <input type="checkbox"/> Signatories' names, titles & signing authority <input type="checkbox"/> Personal information for beneficial owners
Sole Trader <input type="checkbox"/>	<input type="checkbox"/> Request letter with Signatory name & title
Association/Club <input type="checkbox"/>	<input type="checkbox"/> Bye-laws <input type="checkbox"/> Request letter containing signatories' names, titles & signing authority
Charity Group <input type="checkbox"/>	<input type="checkbox"/> Bye-laws <input type="checkbox"/> Request letter containing signatories' names, titles & signing authority
Non-Governmental Organization <input type="checkbox"/>	<input type="checkbox"/> Bye-laws <input type="checkbox"/> Request letter containing signatories' names, titles & signing authority
Court <input type="checkbox"/>	<input type="checkbox"/> Request letter
Other <input type="checkbox"/>	<input type="checkbox"/>
Attestation Statement	<p>"I/We _____ confirm that the information provided in support of this application is true and correct. I/We hereby authorize the Trinidad and Tobago Unit Trust Corporation to obtain independent verification of any information provided in respect of this application or as may be required by law."</p>

**AUTHORIZED SIGNATORIES**

Signature 1:	Signature 2:
Name:	Name:
Position Held:	Position Held:
Signature 3:	Signature 4:
Name:	Name:
Position Held:	Position Held:

**PLEASE DO NOT FILL BELOW THIS LINE**

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**FOR OFFICIAL USE ONLY**

Investment Centre/Agency Code:	Date:
Completed By:	Signature:
High Risk Authorization By:	Signature: