

## **Account Opening Form (Legal Entities)**

## TABLE OF CONTENTS

<b>PART A - APPLICATION FORM .....</b>	<b>3</b>
<b>PART B - SHAREHOLDER / BENEFICIAL OWNER'S DETAILS (INDIVIDUALS) .....</b>	<b>9</b>
<b>PART C – SHAREHOLDERS WHO ARE LEGAL ENTITIES .....</b>	<b>11</b>
<b>PART D – AUTHORISED TRADERS .....</b>	<b>12</b>
<b>LIST OF REQUIRED DOCUMENTS .....</b>	<b>13</b>

## Part A - Application Form

### Registration Details of the Company

Full Company name ("the Company"): \_\_\_\_\_

Trading Name: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(dd/mm/yyyy)

Country of incorporation: \_\_\_\_\_

Registration number: \_\_\_\_\_

Registration authority: \_\_\_\_\_

### Registered Office Address

Street / No. : \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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### Correspondence Address *(if different from Registered Office Address)*

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Street / No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

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### Principle Place of Business *(if different from Registered Office and Correspondence Address)*

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Street / No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

### Contact Person(s)

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

## Regulatory Information

The Entity is Tax Resident of the country/ies stated below:

Country: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_  
Country: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

If no TIN is provided, select one of the reasons below:

- Country does not issue TIN  
 TIN is not required by the domestic law  
 Unable to obtain a TIN, specify the reason: \_\_\_\_\_

**Legal Entity Identifier (LEI):** \_\_\_\_\_

(20-character alphanumeric string)

**Licenses / authorisations, if any:**

<i>License Number</i>	<i>Type and Class of License</i>	<i>Licensing Authority</i>
_____	_____	_____
_____	_____	_____

## Legal entity type

<input type="checkbox"/> Corporate entity with shares in Registered form	<input type="checkbox"/> Unincorporated businesses, partnerships and other legal persons with no separate legal status
<input type="checkbox"/> Corporate entity with shares in Bearer form	<input type="checkbox"/> Non-commercial unions, societies, clubs, provident funds and charities
<input type="checkbox"/> Private limited liability company with Shares	<input type="checkbox"/> UCITS and their management companies
<input type="checkbox"/> Trust	<input type="checkbox"/> Pension Fund and management companies of such funds
<input type="checkbox"/> National or regional government or a public body	<input type="checkbox"/> International institution such as World Bank, IMF etc
<input type="checkbox"/> Listed Company	<input type="checkbox"/> Segregated Portfolio Company
<input type="checkbox"/> Other (please provide clear description of your legal status): _____ _____	

Provide a detailed description of the Company's business activities: \_\_\_\_\_

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

## Economic Profile

### (a) Financial Information

Annual Turnover	Annual Net Income	Amount to be invested in next 12 months
<input type="checkbox"/> ≤ € 100,000	<input type="checkbox"/> ≤ € 100,000	<input type="checkbox"/> ≤ € 100,000
<input type="checkbox"/> ≤ € 1,000,000	<input type="checkbox"/> ≤ € 1,000,000	<input type="checkbox"/> ≤ € 1,000,000
<input type="checkbox"/> ≤ € 10,000,000	<input type="checkbox"/> ≤ € 10,000,000	<input type="checkbox"/> ≤ € 10,000,000
<input type="checkbox"/> Other € _____	<input type="checkbox"/> Other € _____	<input type="checkbox"/> Other € _____

### (b) Type of Income to be invested (you can choose more than 1 option)

- Business profits / retained earnings
- Earnings from investments
- Proceeds from Loan financing
- Equity contributions of shareholders
- Other, please specify: \_\_\_\_\_

### (c) Do you meet two of the following size requirements?

Yes

No

Annual Turnover	Annual Net Income
Balance sheet total	<input type="checkbox"/> €20 000 000
Net turnover	<input type="checkbox"/> €40 000 000
Own funds	<input type="checkbox"/> €2 000 000

### (d) Company Structure

Provide the Company's shareholding structure leading up to the beneficial owner(s) with the details of the Company's Director (s).

### (e) Bearer shares

Are bearer shares currently in issue?

YES  NO

Does the Company have the capacity to issue bearer shares in the future?

YES  NO

### (f) Number of employees

- 0 – 1
- 2 – 5
- 6 – 10
- 11 – 20
- more than 20

**Source of funds to be invested (you can choose more than 1 option)**

- Business profits / free cash / retained earnings
- Proceeds from Loan financing
- Equity contributions of shareholders
- Clients' funds / assets
- Earnings from investments
- Other, please specify: \_\_\_\_\_

**State the type of supporting documentary evidence that can be provided to evidence the Company's source of funds:**

<input type="checkbox"/>	Audited Financial Statements
<input type="checkbox"/>	Un-audited Financial Statements (i.e. management accounts)
<input type="checkbox"/>	Tax Returns
<input type="checkbox"/>	Documents related to the Company's activity, including sale and purchase agreements, consultancy agreements and etc as well as the Company's bank statements showing the receipt of funds from the Company's counterparts
<input type="checkbox"/>	Documents related to earnings from investments, including the relevant bank/broker statements showing the available funds as well as supporting source of funds documents related to the initial investment amount
<input type="checkbox"/>	Loan from the Company's Shareholder, including the relevant Loan Agreement, the Company's bank statements showing the receipt of funds from the Shareholder as well as the source of funds documentation of the Shareholder
<input type="checkbox"/>	Other. Please specify: _____

**Banking details**

Please state the name (s) of the Company's banking relationships and the country (ies) where these bank accounts are maintained:

**Expected Origin of Incoming Funds**

Bank Name:	
Bank Address/country:	
Account Holder Name:	
Joint Account Holder Name:	
Account Number:	
Swift Code:	
IBAN No:	
Sort Code:	

**Expected Origin of Outgoing Funds (*if different*)**

Bank Name:	
Bank Address/country:	
Account Holder Name:	
Joint Account Holder Name:	
Account Number:	
Swift Code:	
IBAN No:	
Sort Code:	

## Directors of the Company

Details of all Directors of the Company:

Name	Country of residence	Date of Birth	Passport No. / Country of Issue

## Shareholders / Beneficial Owners of the Company

\* Each Shareholder / Beneficial Owner who is a natural person should complete **Part B** of this Questionnaire.

Name	Country of residence / registration	Ownership %	Passport No. / Registration No.	Country of Issue

## Economic Substance

Answer YES or NO next to each point below:

<input type="checkbox"/> YES <input type="checkbox"/> NO	The Company has no physical presence in its country of domicile (other than a mailing address)
<input type="checkbox"/> YES <input type="checkbox"/> NO	The Company has no established economic activity, little to no independent economic value and no documentary proof to the contrary
<input type="checkbox"/> YES <input type="checkbox"/> NO	The Company is registered in a jurisdiction where companies are not required to submit to the authorities independently audited financial statements
<input type="checkbox"/> YES <input type="checkbox"/> NO	The Company has a tax residence in a jurisdiction recognized as a 'tax haven' or has no tax residence whatsoever

If the answer to any of the above is YES, please state if the Company falls under any of the below exemptions:

<input type="checkbox"/>	The Company is established solely for holding intangible or other assets, including real estate or ship vessels;
<input type="checkbox"/>	The Company is established to facilitate currency trades and asset transfers, corporate mergers, acts as group treasurer or in any other case where convincing proof can be provided that the Company is engaged in legitimate business and substantiated information is provided about its ultimate beneficial owner (s);
<input type="checkbox"/>	The Company is established for purpose of holding stock or shares of another business entity or entities with identifiable activities and ownership;
<input type="checkbox"/>	None of the above;

## Declarations

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of the Directors / shareholders / beneficial owners / authorised signatories/representatives hold or held in the last 12 months any prominent public functions ?  <i>(i.e. head of State, head of government, minister or deputy or assistant minister; member of parliament; member of supreme courts, of constitutional courts or of other high-level judicial bodies; member of courts of auditors or of the boards of central bank; ambassador; high-ranking officer in the armed forces; member of the administrative, management or supervisory bodies of State-owned enterprises)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is any of the immediate family members or close associate of the above persons is such person?  <i>(the spouse or the person with which he/she cohabit for at least one year, their children and their spouses or the persons with which cohabit for at least one year, their parents, any natural persons who is known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a PEP, any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of a PEP)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have any of the Directors/shareholders ever declared bankruptcy?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is any of the immediate family members or close associate of the above persons is such person?  <i>(the spouse or the person with which he/she cohabit for at least one year, their children and their spouses or the persons with which cohabit for at least one year, their parents, any natural persons who is known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a PEP, any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of a PEP)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	The Company is registered in a jurisdiction where companies are not required to submit to the authorities independently audited financial statements
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the legal entity involved in the Electronic gambling / gaming activities through the internet?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the legal entity offer services (e.g. payment provider, software house, card acquirer) to persons involved in Electronic gambling / gaming activities through the internet?

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

\_\_\_\_\_  
*(name of the Client)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
*(Signature / Seal)*



## Part B - Shareholder / Beneficial Owner's Details (Individuals)

### Identification Information

<input type="checkbox"/> <b>Shareholder</b>	Direct Holding (%)		<input type="checkbox"/> <b>Beneficial owner</b>	Direct Holding (%)	
	Indirect Holding (%)			Indirect Holding (%)	

<b>First Name</b>	
<b>Last Name</b>	
<b>Middle / Initials</b>	

<b>Passport No.</b>			
<b>Country of Issue</b>			
<b>Additional Passport Country (if any)</b>			
<b>Date of Birth</b>		<b>Country of Birth</b>	

### Personal Declaration

1. Do you hold or held in the last 12 months any prominent public functions (i.e. head of State, head of government, minister or deputy or assistant minister; member of parliament; member of supreme courts, of constitutional courts or of other high-level judicial bodies; member of courts of auditors or of the boards of central bank; ambassador; high-ranking officer in the armed forces; member of the administrative, management or supervisory bodies of State-owned enterprises)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does any of your immediate family member or your close associate hold such a public function within the last 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you a shareholder or a Director of legal entity involved in the Electronic gambling / gaming activities through the internet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you a shareholder or a Director of a legal entity which offer services (e.g. payment provider, software house, card acquirer) to persons involved in Electronic gambling /gaming activities through the internet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been convicted of a criminal offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever been disqualified from acting as a company director?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Have you ever declared bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Regulatory Information

I am a Tax Resident of the country/ies stated below:

Country: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_  
 Country: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

If no TIN is provided, select one of the reasons below:

- Country does not issue TIN
- TIN is not required by the domestic law
- Unable to obtain a TIN, specify the reason: \_\_\_\_\_

## Financial Profile

<b>Profession / Occupation</b>	
<b>Annual gross income (€)</b>	
<b>Income source</b>	<input type="checkbox"/> Salary
	<input type="checkbox"/> Dividends
	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Interest
	<input type="checkbox"/> Other Income (specify):

I, \_\_\_\_\_, in my capacity of *Shareholder / Beneficial Owner* of \_\_\_\_\_

**HEREBY CONFIRM THE ABOVE INFORMATION IS COMPLETE, TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

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

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

## Part C – Shareholders who are Legal Entities

If any shareholder is a legal entity please provide a breakdown of the individual shareholding (> 10%) of that legal entity in the table below, along with a corporate group structure up to the beneficial owner(s):

Company / Legal Entity name (1): \_\_\_\_\_

Name	Country of residence / registration	Ownership %	Passport No. / Registration No.	Country of Issue / Registration

Company / Legal Entity name (2): \_\_\_\_\_

Name	Country of residence / registration	Ownership %	Passport No. / Registration No.	Country of Issue / Registration

Company / Legal Entity name (3): \_\_\_\_\_

Name	Country of residence / registration	Ownership %	Passport No. / Registration No.	Country of Issue / Registration

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature / Seal)

## Part D – Authorised Traders

### Personal Details (to be completed by ALL Authorized Traders)

Full Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(dd/mm/yyyy)

Country of Issue: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

### I confirm that:

- I consent to your collection and processing of my personal data for the purpose of enabling Lime Trading (CY) Ltd to administer and operate my account, provide services to me and comply with applicable laws and regulations, including: transaction and trade reporting; and assessing my trading experience for the purposes of: (a) assessing whether a service or financial instrument is appropriate for me; or (b) for determining whether I am Professional investor as defined in CYSEC's Law and directives.
- I understand that I have the right to access, and request the correction of, any of the information that I have provided in this form by contacting Lime Trading (CY) Ltd in writing.
- The details contained in this form are correct and complete; and
- I will inform Lime Trading (CY) Ltd immediately in the event that any of the information given in this form becomes, or is subsequently found to be, incomplete.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature)

## List of Required Documents

The below list is not exhaustive and additional documentation may be requested at the discretion of Lime Trading (CY) Ltd as the case may be.

<b>A true translation should be attached in the case that the following documents/data are in a language other than English.</b>
<b>All documents/data should be in their original form or true copies</b>

<input type="checkbox"/>	Certificate of Incorporation
<input type="checkbox"/>	Memorandum and Articles of Association
<input type="checkbox"/>	Resolution of the Board of Directors to open an account and conferring authority to those who will operate it
<input type="checkbox"/>	Certificate of Registered Office
<input type="checkbox"/>	Certificate of Directors and Secretary
<input type="checkbox"/>	Certificate of Registered Shareholders
<input type="checkbox"/>	Company Licence / Registration (if applicable)
<input type="checkbox"/>	Declaration for the ultimate beneficial owners of the company (if different from shareholders)
<input type="checkbox"/>	In the cases where the registered shareholders act as nominees of the beneficial owners, a copy of the trust deed/agreement concluded between the nominee shareholder and the beneficial owner, by virtue of which the registration of the shares on the nominee shareholder's name on behalf of the beneficial owner has been agreed.
<input type="checkbox"/>	Certificate of good standing
<input type="checkbox"/>	Recent, up to 6 months, bank statement/Utilities bill (Electricity authority, Telecommunication authority, etc.), Local authority tax bill
<input type="checkbox"/>	The latest audited financial statements (if available), and/or the latest management accounts
<input type="checkbox"/>	For <b>all</b> Directors / shareholders / beneficial owners / authorised signatories/representatives: <ul style="list-style-type: none"> <li>- ID card (for Cypriot residence) and/or Passport for non-Cypriot residence</li> <li>- Utility bill (Electricity authority, Telecommunication authority etc.), and/or bank reference/statement etc <b>less than 6 months old</b>.</li> <li>- Power of Attorney (for representatives only)</li> </ul>