Work Type
XCRSAN

Business Account Number _____

Business Sort Code _____

Instructions:

ID Response Slip

Full name _____

Guidelines on completing this form:

Step 1: Select two separate documents, one from each of the lists on the following page to confirm your identity and to confirm your address. It is important that you select a different document from each table.

Step 2: Take your original documents and the photocopies to be certified. Certifiers must be currently active in their profession and cannot be retired. Please be aware that we may contact this person for further verification. The person signing cannot be a relative or family member, or someone residing with you at your address, or someone who works at your firm.

The following professionals are acceptable certifiers

Accountant	Minister of a recognised religion - including Christian science
Airline pilot	Nurse - RGN or RMN
Barrister	Officer of the armed services
Chairman/director of limited company	Optician
Commissioner of oaths	Paralegal - certified paralegal, qualified paralegal or associate member of the Institute of Paralegals
Councillor – e.g. local or county	Person with honours - eg an OBE or MBE
Civil servant (permanent)	Pharmacist
Doctor	Police officer
Financial services intermediary – e.g. a stockbroker or insurance broker	Post Office official
Fire service official	Salvation army officer
Funeral director	Solicitor
Judge	Surveyor
Justice of the peace	Teacher, lecturer
Legal secretary - fellow or associate member of the Institute of legal secretaries and PAs	Trade union officer
Local government officer	Valuer or auctioneer - fellows and associate members of the incorporated society
Member of parliament	Warrant officer or chief petty officer
Merchant navy officer	

Step 3: On each photocopy of the document the certifier **must** write the following:

'I, <Name of certifier> confirm this is an accurate copy of the original'

And add the following:

Certifier's signature and full name printed alongside
Certifier's occupation, company/professional address and telephone number

Certifier's professional registration number where applicable
The date on which the document is certified

or for documents containing a photo:

'I <Name of certifier> confirm that this is an accurate copy of the original and the photo is a true likeness of the person concerned'

And add the following:

Certifier's signature and full name printed alongside
Certifier's occupation, company/professional address and telephone number
Certifier's professional registration number where applicable
The date on which the document is certified

Please note, attaching a business card is not acceptable; the certifier must write their details on both certified documents.

Step 4: Send the certified copied documents back to us along with all relevant forms below.

Work Type
XCRSAN

Questionnaire

1. Tell us about your organisation

Full Registered Business /Legal Name

Trading Name (if different to Registered Business /Legal Name)

What is your business legal status? (Partnership)

Date of establishment/ (when the business began trading)

Country of registration/ Incorporation

Company/Limited Liability Partnership Registration Number

Please list your principal business activity(ies)?

Business activity	Percentage of revenue

Is the business a Regulated Financial Institution

Yes No

What is your business's' country / countries of residence for tax purposes?

Country 1

Country 2

Country 3

Have you registered for VAT in the EU?

Yes No

If Yes, please provide details EU VAT country code Registration Number

Is the business or any of its customers or suppliers involved in the gambling industry e.g. online gambling, casinos?

Yes – Business Yes – Suppliers Yes – Customers No

If Yes to any of the above please provide details on the involvement

Does the business require a licence/permission to operate in the UK?

Yes No

Please provide the following information:
Licence/Permit Number Name of issuing body
(eg, Trade Organisation, Local Magistrate, Local Authority etc.)

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2. Existing relationship with HSBC

Does this entity or any entities within the Group Structure hold any other business accounts with the HSBC Group? ☐ Yes ☐ No

Yes, please provide the following details:

Name of account	Branch and country where account held	Relationship manager's name	Account number

3. Business Contact Details

Business Address
(please include postcode and country)

Correspondence Address if different from above (please include postcode and country)

Work Type
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4. Ownership Information

Please provide details of any Ultimate Beneficial Owner of the business with a shareholding of 25% or greater.
Copy this page to record details of any additional UBO's

Partner

Full name (including title) and middle name

Home address

What is your date of birth?

When did you move in?

If you have lived at your present address for less than three years, please complete your previous address below.

Nationality/Citizenship
(if you hold more than one nationality/citizenship please include these details below – you may include up to three)

Please provide country of residence for tax purposes (if more than one please include below)

Business ownership/Interest percentage

What is your management role? You may select more than one option.

Authorised Signatory ☐ Key Controller ☐ Power of Attorney ☐ Director ☐ Other ☐

If other has been selected, please indicate your role in the business

If this beneficial owner is related to any other beneficial owner in this business, please provide their name(s) and relation below

If you (beneficial owner) are an existing HSBC personal customer, please list your account numbers and the country of the account below

Account number	Country where account is held

Please tell us about any other Authorised Signatories, Key Controllers, Power of Attorneys and all Partners who have not been mentioned previously. If necessary, please photocopy this page.

Full name (including title) and middle name

Home address

Full name (including title) and middle name

Home address

Work Type
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(please include postcode and country)

When did you move in?

(please include postcode and country)

When did you move in?

If you have lived at your present address for less than three years, please complete your previous address below.

Date of birth

Date of birth

Nationality/Citizenship (if you hold more than one nationality/citizenship please include these details below – you may include up to three)

If you are resident for tax purposes in more than one country please include these below:

Business ownership/ Interest percentage

Business ownership/ Interest percentage

Management role (you may select more than one option)

- ☐ Authorised Signatory
- ☐ Key Controller
- ☐ Power of Attorney
- ☐ Director/Partner/Sole Trader
- ☐ Other

- ☐ Authorised Signatory
- ☐ Key Controller
- ☐ Power of Attorney
- ☐ Director/Partner/Sole Trader
- ☐ Other

If other has been selected, please indicate your role in the business.

If other has been selected, please indicate your role in the business

If any Ultimate Beneficial Owner/Key Controller is a company or an LLP, please complete the following section:
Copy this page to record details of any additional UBO's

Company name

Company number

Business ownership/ interest percentage

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Country of Incorporation

Is the Company listed on a stock exchange? Yes No

If Yes, name of the stock exchange(s)?

Is the Company Regulated? Yes No

If Yes, please provide the name & country of Regulator

Name Country

If any Ultimate Beneficial Owner/Key Controller is a Trust or Foundation, please complete the following section
Copy this page to record details of any additional UBO's

Full Name of the Trust/Foundation

Is this a trust or a Foundation? Trust Foundation Trust/Foundation/ ownership interest %

Country of Trust/ Foundation establishment
Address of Trust/Foundation (including postcode and country)

What is the nature, purpose and objectives of the Trust/ Foundation?

What is the approximate number of Beneficiaries?

Name of Regulator of the Trust (where applicable)

If any Ultimate Beneficial Owner/Key Controller is a Government Body, please complete the following section
Copy this page to record details of any additional UBO's

Name of Government Body

Country Business ownership/ interest percentage

Permanent address
Postcode

Are any of the individuals identified in section 5 considered to be of influence in politics, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a government? Yes No

If yes, please provide the following details:

Full name	Current / previous position held	Country position held in	Dates held (from / to)

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Are any of the individuals identified in section 5 close associates or immediate family members of a person considered to be of influence in politics, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a government? ☐ Yes ☐ No

If Yes, please provide the following details:

Full name of associates of family member	Relationship to influential person	Current/previous held by influential person	Country position held in	Dates held (from / to)	Full name of influential person

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6. Business Details

Approximate total annual revenue of the business?

Country of primary business operations
(this is the country where the majority of the Business' premises/people are based)

Is this Company listed on any Stock Exchange? ☐ Yes ☐ No

If Yes, which Stock Exchange and Country?

Please confirm if there have there been any material changes to the nature of the business in the last five years? ☐ Yes ☐ No

If Yes, please provide details of the changes

Please provide names of the countries from where the business generates (or anticipates to generate) 10% or more of its revenue (include the UK if applicable)

Countries	% of revenue	Countries	% of Revenue
(e.g. Japan)	(e.g. 25%)		

Please provide names of the countries where the business makes (or anticipates to make) 10% or more of its purchases (include the UK if applicable)

Countries	% of purchases	Countries	% of Purchases
(e.g. Japan)	(e.g. 25%)		

Please provide details of countries where 10% or more of the business' assets are held (or anticipated assets) (include the UK if applicable)

Countries	Percentage of assets	Type of asset (e.g. offices/factories/equipment)	Number of subsidiary businesses

Please indicate the nature of your customer base (please tick all that apply)

☐ The public / individual consumers ☐ Government / public sector bodies ☐ Banks / other financial institutions ☐ Other businesses

If 'other businesses', please provide further details below

Do you rely on one customer for more than 50% of your sales revenue? ☐ Yes ☐ No

Registered name of key customer	Trading name (if applicable)	Percentage of sales	Nature of business / industry

Number of employees

If the business has no employees, please explain why

Number of partners

Does the business trade from a freehold or leasehold property ☐ Freehold ☐ Leasehold

Please advise if you do business with any of the below countries?

☐ Syria ☐ Iran ☐ North Korea ☐ Sudan ☐ Myanmar (Burma)
☐ Cuba ☐ No

If you have ticked for any of the above countries, please provide the name/s of the country/ies and details of the nature of the business undertaken.

Country	Nature of business undertaken

7. Financial Information

How will your business be funded on an ongoing basis (please tick all that apply)

☐ ☐

Work Type
XCRSAN

Business income (accumulated profits)

☐ Business Loan

☐ Investment by owner/partner

☐ Sale of assets

External investment

☐ Other, please specify below

8. Financial Accounting Information

Please advise the name of your audit or accounting firm (if the business does not have an audit or accounting firm please advise N/A

Please complete this section if the business is less than 5 years old

Please tell us how your business was initially funded (i.e. the start-up capital) We need to understand where the majority of the funds have been invested from. Typically this will be the largest single investment. If there are more than two investments of the same amount you may need to photocopy this section.

In certain circumstances we may require further information and we will contact you if this is the case.

Name of investor 1

(please complete the most relevant sections below)

a. Personal savings and investments/previous employment

Value of savings from employment

Occupation industry

Occupation

Name of employer

Number of years employed

b. **Inheritance**

Amount of inheritance

c. Family Loan

Amount of loan

Name of lender

d. **Pension**

Amount of pension

Pension provider

e. Redundancy payment

Amount of redundancy payment

Name of employer

f. Remortgage

Amount

Property value

Name of lender

Address of the property including postcode

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g. Sale of property/assets

Value of asset

Type of asset

If the initial investment into the business was a business banking loan, please provide the following information:

Amount borrowed

Term of loan

Who provided the loan

h. Other

Please provide the details of the source of the wealth if none of the above options above are applicable e.g. venture capital, finance from group company etc. Please detail below:

Value

Description of the type of funding

9. Transaction details

Tell us about the payments into/out of your account?

		Number of transactions per annum	Typical value of each transaction
Cash activity (notes and coins)			
	Cash deposits		
	Cash withdrawals		

Are cash deposits made on a regular basis?

No cash deposits Daily Weekly Monthly Quarterly Annually

Please advise further details of any future significant cash payments and the reason behind these cash payments

		Number of transactions per annum	Typical value of each transaction
Cheque activity			
	Cheques Received		
	Cheques issued		
Domestic electronic transfers			
	Transfers Received		
	Transfers Sent		
International electronic transfers			
	Transfers Received		
	Transfers Sent		

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Are international electronic transfers made on a regular basis?

☐ No transfers ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

Please advise further details of any significant or regular international electronic payments and the reason behind these

Please list the top ten countries (by sterling value) that you intend to make payments to and receive payments from?

Name of country payments made to	Percentage of total payments	Name of country payments received from	Percentage of total payments

Are seasonal trends expected? Yes ☐ No ☐

If Yes, please explain these seasonal trends below