

## FORM A

### QUESTIONNAIRE – INDIVIDUAL/SENIOR MANAGING OFFICIAL

Entity Name (Legal Person) & Registration Number	
Full legal name	
Date of birth	
Residential address	
Service address for notices under the Beneficial Ownership Transparency Act, 2023 (if different from above)	

#### IDENTIFICATION:

Specify form of identification (unexpired and valid passport, driver's licence or other unexpired and valid government issued document containing the information below)	
Identification number	
Country of issue	
Date of issue	
Date of expiry	

#### NATIONALITY:

Nationality (please list all nationalities if the individual has more than one)	
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#### MECHANISM OF CONTROL:

Mechanism of Control	<div><input type="checkbox"/> Voting rights</div> <div><input type="checkbox"/> Ultimate effective control</div> <div><input type="checkbox"/> Shares</div> <div><input type="checkbox"/> Senior Managing Official</div> <div><input type="checkbox"/> Partnership interest</div> <div><input type="checkbox"/> Trustee</div> <div><input type="checkbox"/> Other means (Please specify): _____ _____</div>
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**REGISTRABLE BENEFICIAL OWNER:**

<b>Date on which the individual became a registrable beneficial owner/senior managing official</b>	
<b>Date on which the individual ceased to be a registrable beneficial owner/senior managing official</b>	

**INTERMEDIATE CORPORATE SHAREHOLDER(S):**

<b>If your interest is held indirectly through a multi-layered structure, please also provide the name(s) of ALL the intermediate corporate shareholder(s)</b>	
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We hereby confirm that (i) the above information is true and (ii) we are supplying the above information with the consent of the individual to whom the information relates. We hereby instruct you to enter the required particulars of the registrable beneficial owner(s) in the legal person's beneficial ownership register in the prescribed form and manner.

**Signed for and on behalf of:**

**[Legal Person Name]**

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**Name:**

**Director/Authorised signatory**

**Date:**

**COMPLETE ADDITIONAL PAGES FOR EACH  
ADDITIONAL INDIVIDUAL<sup>1</sup>**

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<sup>1</sup> Where there is no one meeting the definition of beneficial owner, only one senior managing official needs to be identified.

## FORM B

### QUESTIONNAIRE - REPORTABLE LEGAL ENTITY/INDIVIDUAL UNDER S2(2)

Entity Name (Legal Person) & Registration Number	
Corporate or firm name/Name	
Registered or principal office	
Legal form	
Law by which it is governed	

#### MECHANISM OF CONTROL (Not applicable for Individual under s2(2)):

Mechanism of Control	<input type="checkbox"/> Voting rights <input type="checkbox"/> Ultimate effective control <input type="checkbox"/> Shares <input type="checkbox"/> Senior Managing Official <input type="checkbox"/> Partnership interest <input type="checkbox"/> Trustee <input type="checkbox"/> Other Means (Please specify): _____ _____
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#### REGISTER OF COMPANIES (Not applicable for Individual under s2(2)):

If applicable, the register of companies in which it is entered	
Registration number in that register (if applicable)	

#### REGISTRABLE BENEFICIAL OWNER:

Date on which it became a registrable beneficial owner	
Date on which it ceased to be a registrable beneficial owner	

We hereby confirm that (i) the above information is true and (ii) we are supplying the above information with the consent of the reportable legal entity/individual to whom the information relates. We hereby instruct you to enter the required particulars of the registrable beneficial owner(s) in the legal person's beneficial ownership register in the prescribed form and manner.

**Signed for and on behalf of:**

**[Legal Person Name]**

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**Name:**

**Director/Authorised signatory**

**Date:**

**COMPLETE ADDITIONAL PAGES FOR EACH  
ADDITIONAL LEGAL ENTITY/INDIVIDUAL**

## FORM C

### QUESTIONNAIRE – TRUSTEES OF A TRUST IDENTIFIED IN ACCORDANCE WITH S4(3) WHICH DO NOT MEET THE DEFINITION OF A REPORTABLE LEGAL ENTITY

Entity Name (Legal Person) & Registration Number	
Name	
Address	
Legal form (Company/Partnership)	
Name of contact person (must be an individual)	
Email address of contact person	
Telephone number of contact person	

#### REGISTRABLE BENEFICIAL OWNER:

Date on which it became a registrable beneficial owner	
Date on which it ceased to be a registrable beneficial owner	

We hereby confirm that (i) the above information is true and (ii) we are supplying the above information with the consent of the individual/legal person to whom the information relates. We hereby instruct you to enter the required particulars of the trustee(s) in the legal person's beneficial ownership register in the prescribed form and manner.

Signed for and on behalf of:  
[Legal Person Name]

\_\_\_\_\_  
Name:  
Director/Authorised signatory  
Date:

**COMPLETE ADDITIONAL PAGES FOR EACH  
ADDITIONAL TRUSTEE**

## FORM D

### ALTERNATIVE ROUTES OF COMPLIANCE

Name of Legal Person: \_\_\_\_\_

Registration Number: \_\_\_\_\_

If the legal person wishes to utilise one of the alternative routes of compliance set out in section 12(1)(a) to (c) of the Beneficial Ownership Transparency Act, 2023, please indicate which is the relevant route and provide the relevant details:

<input type="checkbox"/>	<p>a. listed, or is a <b>“subsidiary of a listed entity”</b> (as explained in the Explanatory Notes), on the Cayman Islands Stock Exchange or an <b>“approved stock exchange”</b> (as explained in the Explanatory Notes)</p> <p>Name of Stock Exchange: Jurisdiction of Stock Exchange:</p> <p>Relevant option in relation to the legal person: <input type="checkbox"/> Listed   <input type="checkbox"/> Subsidiary of a Listed Entity Name of exempted listed parent (if applicable):</p>
<input type="checkbox"/>	<p>b. licenced under a <b>“regulatory law”</b> (as explained in the Explanatory Notes)</p> <p>Licence Number: Regulatory law under which legal person is licensed:</p>
<input type="checkbox"/>	<p>c. a fund registered under the Private Funds Act (2021 Revision) or the Mutual Funds Act (2021 Revision)</p> <p><u>Contact details of a licensed fund administrator<sup>2</sup> or another contact person licensed or registered under a regulatory law for providing beneficial ownership information located within the Cayman Islands</u></p> <p>Company Name: Company Address: Individual First Name*: Individual Last Name*: Individual Telephone Number: Individual Email Address**:</p> <p>*If the contact person is a corporate entity, an individual within the contact person must be identified. ** For business continuity purposes, an email address which is accessible by more than one person within the contact person may be provided to the Competent Authority.</p>

<sup>2</sup> **“licensed fund administrator”** means a person that holds a Mutual Fund Administrators Licence under the *Mutual Funds Act (2021 Revision)*.

We hereby confirm that the above information is true, and instruct you to file this written confirmation and the relevant particulars with the competent authority.

Signed for and on behalf of:

**<Legal Person Name>**

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**Name:**

**Director/Authorised signatory**

**Date:**