

INDIVIDUAL CUSTOMER REGISTRATION FORM

(All shaded areas must be completed)

PERSONAL INFORMATION					
First Name		Title	Mr.	Mrs.	Ms. Miss
Last Name		Sex	Male	Female	
Middle Name		DOB	M	D	Y
Mother's Maiden Name		Marital Status	Married		Widowed
			Divorced		Separated
Country of Birth			Single		Common-law
Country of Citizenship		Country of Residence			
Multiple Citizenship	Yes No	If yes, please state country:			
IDENTIFICATION INFORMATION (Please provide two forms of valid ID)					
PP#	Expiry Date M D Y	Country of Issuance			
DP#	Expiry Date M D Y	Country of Issuance			
ID#	Expiry Date M D Y	Country of Issuance			
ADDRESS INFORMATION (Please provide proof of address)					
Home Ownership: <div style="display: flex; justify-content: space-around;"> Renting Owner Occupied Living with Parents </div> Other (Please specify):					
Residential Address (Must not be P.O. Box)		Mailing Address			
State/Province/Region		State/Province/Region			
City		City			
Country		Country			
Postal/ Zip Code		Postal/Zip Code			
CONTACT INFORMATION					
Home		Mobile			
Primary Contact no.		Email address			
EMPLOYMENT INFORMATION					
Employment Status	Employed	Unemployed	Self Employed	Pensioner	
	Retired with Pension	Retired without pension		Student	
Employer Name					
Department/Division					
Employer Address					
Occupation		Work contact no.			
Do you have secondary income?	Yes No	If yes, please specify			
Annual Income	Under 50,000	50,001-100,000	100,001 – 150,000		
	150,001 – 200,000	200,001- 250,000	over 250,001		
Tax Payer ID (TIN#)		Country of Issuance			
NIS#		No of dependents			
OTHER INFORMATION					
Purpose of relationship with UTCGBFL.					
Are you a Politically Exposed Person?		Yes No			
Were you or are you entrusted with any prominent public office domestically or in a foreign country such as: head of states, senior politicians, senior government, senior judicial or military officials senior executives of state owned companies		If yes, please provide details:			

Are you a close family member, personal associate or professional associate with any person identified above?		Yes	No	If yes, please provide details:	
Do your combined transactions exceed 10 per month?		Yes	No		
Do you remit more than 2 wire transfers per month?		Yes	No	If yes, please provide jurisdiction details:	
Estimated Investment Volumes		Under 5,000	5,001-50,000	over 50,000	
Power of Attorney exist?	Yes	No	If yes, please provide expiration date		
			M	D	Y
If yes, please provide the following details on Donee					
POA#					
Name:		Date of Birth		M	D Y
Residential Address					
Home#		State/Province/Region			
Mobile#		City			
Contact#		Country			
E-mail address		Postal/Zip Code			
Identification					
PP#	Expiry Date		Government Identification		Country
	M	D	Y		
DP#	Expiry Date		Government Identification		Country
	M	D	Y		
ID#	Expiry Date		Government Identification		Country
	M	D	Y		
Staff member	Yes	No	Employee no.		
Shareholder Deceased	Yes	No	Date of Death: M D Y		
DECLARATION					
Attestation Statement	<p>"I _____ hereby declare and confirm that the information I have provided in support of this application is true and correct to the best of my knowledge. I hereby authorize the UTC Global Balanced Funds Limited to obtain independent verification of any information provided in respect of this application or as may be required by law."</p>				
SHAREHOLDER SIGNATURE					
Signature:					
Name (Please Print Name):					
Date:					

FOR OFFICIAL USE ONLY

Unique Identifier #	
Broker-Dealer Code:	
Reviewed By: <i>(Print Name)</i>	Signature
Approved By: <i>(Print Name)</i>	Signature
Date:	