

Entity Status Confirmation under Cayman Islands Economic Substance Law

Instructions: Complete this form for a [Relevant Entity](#) engaged in one or more of the following [Relevant Activities](#):

- [Distribution and Service Centre](#)
- [Financing and Leasing](#)
- [Headquarters](#)
- [Pure Equity Holding Company](#)
- [Intellectual Property](#)
- [Shipping](#)

Complete this form using Adobe Acrobat. The form does not need to be signed. Send the completed form to regulation@campbellslegal.com

Part 1 of this form includes the information currently required for ES Notification, Part 2 of this form includes required due diligence in support of Part 1.

If there is more than one Immediate Parent, Ultimate Parent and/or Beneficial Owner, please provide Campbells with an Organizational Chart and the required information.

If any of the information set out below changes, you should notify Campbells within 30 days of the change by email to regulation@campbellslegal.com

Part 1 – ES Notification	
Entity Name:	
Entity Reference:	
Relevant Activity: ¹	
Financial Year End: (dd/mm/yyyy)	
Part 2 – Entity Due Diligence	
Name of Entity's Immediate Parent :	
Address Line 1:	
Address Line 2:	

¹ If more than one Relevant Activity is applicable, please complete a separate ES Notification Form E for each Relevant Activity.

City:		
Province/State:		
Country:		
Code/Zip:		
Jurisdiction of Tax Residence:		
Tax ID:		
Jurisdiction of Incorporation:		
Name of Entity's Ultimate Parent :		
Address Line 1:		
Address Line 2:		
City:		
Province/State:		
Country:		
Code/Zip:		
Jurisdiction of Tax Residence:		
Tax ID:		
Jurisdiction of Incorporation:		
Name of Ultimate Beneficial Owner of the Entity:		
Address Line 1:		
Address Line 2:		
City:		
Province/State:		
Country:		
Code/Zip:		
Jurisdiction of Tax Residence:		
Tax ID:		
Citizenship:		
Please update your Campbells contact details:		
Billing Contact(s):		
Name:	Phone:	Email:

Contact(s) with respect to legal/regulatory matters:		
Name:	Phone:	Email:
Completed by: (Type name of person completing this form. A signed copy is NOT required. Do not scan.)		
Office held: (if no office, enter Authorised Signatory)		
Email:		
Date:		