

Beneficial Ownership Confirmation under Cayman Islands Companies Law (2020 Revision)

Instructions: Complete this form if you are a [Registrable Person](#) and/or you are the beneficial owner of a [RLE](#). Refer to the [Beneficial Ownership Webpage](#) for more information.

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

If any of the information set out below changes, you should notify Campbells within 21 days of the change by email to regulation@campbellslegal.com

Information About The Company	
Name of the Company (the “Company”):	
Company Reference Number: (You will find this number in the email from Campbells)	
Company Incorporation Number: (You will find this number in the email from Campbells)	
If you are completing this form as the beneficial owner of a RLE, enter the name of the RLE:	
Information About The Registrable Person	
First Name of the Registrable Person:	
Middle Name of the Registrable Person: (Enter N/A if no Middle Name)	
Last Name of the Registrable Person:	
Registrable Person -Date of birth: (yyyymmdd)	
Registrable Person’s Identification	
Registrable Person - Identification Type (select one):	
Registrable Person - Identification Number:	
Registrable Person - Identification Country of Issue: (Select two Alpha country code from this list)	
Registrable Person - Identification Date of issuance: (yyyymmdd)	
Registrable Person - Identification Date of expiry: (yyyymmdd) (If the Identification has no expiry date leave blank.)	
Residential Address of the Registrable Person	
Registrable Person – Residential Address – PO Box: (Enter N/A if not applicable)	
Registrable Person – Residential Address – Building Number and Street Name/Number:	
Registrable Person – Residential Address – Suite/Apartment/Unit Number/Building Name: (Enter N/A if not applicable)	

Registrable Person – Residential Address –City /Town:	
Registrable Person – Residential Address – State/Province:	
Registrable Person – Residential Address –Postal/Zip Code:	
Registrable Person – Residential Address - Country: (Select two Alpha country code from this list)	
Service Address of the Registrable Person (Optional)	
Registrable Person – Service Address – PO Box: (Enter N/A if not applicable)	
Registrable Person – Service Address – Building Number and Street Name/Number:	
Registrable Person – Service Address – Suite/Apartment/Unit Number/Building Name: (Enter N/A if not applicable)	
Registrable Person – Service Address – City Town:	
Registrable Person – Service Address – State/Province:	
Registrable Person – Service Address – Postal/Zip Code:	
Registrable Person – Service Address - Country: (Select two Alpha country code from this list)	
Registrable Person Dates	
Date you became a Registrable Person¹: (yyyymmdd)	
Date you ceased to be a Registrable Person²: (yyyymmdd)	
I hereby confirm that I am a Registrable Person in relation to the Company and certify the information contained in this self-certification questionnaire to be true and correct.	
Name:	
Email:	
Date: (yyyymmdd)	

¹ This is the date that you acquired your interest in the Company. Generally, this will be the date of incorporation of the Company, unless you acquired your interest in the Company at a later date (for instance if you purchased your interest at a later date).

² Retain a copy of this form for your records. If you cease to hold your interest in the company and you are no longer a Registrable Person, insert the date you ceased to be a Registrable Person and return this form to regulation@campbellslegal.com.