

CMI Global Investor/  
 CMI Corporate Investor/  
 CMI Portfolio

# CMI Global Investor/CMI Corporate Investor/CMI Portfolio

## New investment adviser questionnaire (non-UK)

**This form must be completed in English.**

Full name of investment adviser

Registered address

Postcode

Telephone number

Fax number

Correspondence address (if different)

Postcode

Telephone number

Fax number

Legal status of investment adviser, ie company, partnership, etc

Principal contact name and position

Are you regulated in a country with Financial Action Task Force (FATF) status?

Yes

No

If 'No', please detail below (or attach a separate sheet) a list of the company directors.

Name

Position

Name

Position

Name

Position

Name

Position

Name

Position

Please supply certified copies of the following for at least two of the above (one of which must be an executive director):

- Passport or a national identity card, and **one** of the following:
  - Utility bill
  - Current driving licence
  - Tax assessment document
  - Bank statement
  - Proof of ownership of residential address.

Please enclose a certified copy of (or equivalent of) your company's:

- i. Certificate of Incorporation
- ii. Memorandum and Articles of Association or Objectives
- iii. Latest audited accounts (in English if possible).

Please supply details of shareholders of the company with 20% or more of a holding:

Shareholder 1

Shareholder 2

Shareholder 3

Shareholder 4

For these shareholders, please supply certified copies of:

- Passport or a national identity card, and **one** of the following:
  - Utility bill
  - Current driving licence
  - Tax assessment document
  - Bank statement
  - Proof of ownership of residential address.

**Please note:**

- Where the shareholder is a corporate entity, please provide additional information in respect of that entity, as required above.
- All documents must be certified as true copies and signed and dated by a notary public, lawyer, advocate or an authorised representative of an embassy or consulate of the country who issued the identification document. The name of the person signing the documents should be clearly stated, ie in CAPITAL LETTERS, along with their position within the company or organisation. Documents referring to 'Care of' addresses are not acceptable.

Are you regulated by any government or regulatory organisation?

Yes

No

If 'Yes', please give the following details and provide written proof (ie copies of documentation).

Regulated by

Registration/licence number

Registered category/permissions and date of registration

Who is your compliance officer or individual responsible for compliance issues and when was your last compliance visit from your regulator?

The role each party has is described below. If this is different to your understanding please let us know.

- Your organisation provides investment advice/recommendations.
- The policy owner is also able to make investment recommendations.
- CMI Insurance Company Limited authorises such recommendations.

Please describe the structure of your operation (please attach a copy of your organisation chart if available).

Organisation structure

Please state your principal business activities and how long you have been established (please attach a copy of your corporate brochure if available).

Principal business activities

How many employees are engaged in these activities?

How many are responsible for dealing with CMI Insurance Company Limited?

Please detail all employees authorised to make investment recommendations (please attach a biography if available).

Name  Date of birth (DD/MM/YYYY)  /  /

Position  Qualifications

Time in current role  Time with company

Sample signature

Name  Date of birth (DD/MM/YYYY)  /  /

Position  Qualifications

Time in current role  Time with company

Sample signature

Name  Date of birth (DD/MM/YYYY)  /  /

Position  Qualifications

Time in current role  Time with company

Sample signature

Name  Date of birth (DD/MM/YYYY)  /  /

Position  Qualifications

Time in current role  Time with company

Sample signature

Name  Date of birth (DD/MM/YYYY)  /  /

Position  Qualifications

Time in current role  Time with company

Sample signature

**Investment advice details**

In what form are your records held (eg manual or computer based)?

How do you determine what investments to recommend on behalf of the policy owners?

What systems/information sources do you use?

Please supply an example of the form(s) you use when recommending purchases and sales of our assets.

How do you track the performance of the assets purchased, especially if you are appointed as investment adviser to a number of clients with varying asset portfolios?

Should key individuals be incapacitated for any reason, what measures do you have in place to provide for the continuation of ongoing investment advice to the clients?

Do you carry out any other investment advice?

Yes

No

If 'Yes', please give details of any other connections, specifying business name, size of connection, performance, establishment date, objectives and strategy etc.

Please provide details of your professional indemnity insurance (please supply a copy of your insurance certificate).

Professional indemnity insurance details

**Bank details**

Bank name

Address of bank

Postcode

Account name

Bank account number

Bank sort code (if UK-based)

How long have you operated accounts with them?

Are you willing for CMI Insurance Company Limited to take up references with the bankers named above?

Yes

No

If 'Yes', please sign the authorisation at the end of this section.

If 'No', please give reasons:

Do you undertake any internal audit checks?

Yes  No

If 'Yes', please give details.

If 'No', please explain why not.

Have any of the directors, officers or partners ever been convicted of a criminal offence?

Yes  No

If 'Yes', please give details.

Have any of the directors, officers or partners ever been insolvent or bankrupt?

Yes  No

If 'Yes', please give details.

Have any of the directors, officers or partners ever been served with any civil judgement or similar?

Yes  No

If 'Yes', please give details.

Are there any (current or pending) legal proceedings against any of the directors, officers or partners?

Yes  No

If 'Yes', please give details.

Is the company in the process of being dissolved, struck off, wound up or terminated?

Yes  No

If 'Yes', please give details.

Has the company ever undertaken business with CMI Insurance Company Limited or any other subsidiary within the Clerical Medical Investment Group?

Yes  No

If 'Yes', please give details.

## Declaration – to be signed by or on behalf of the investment adviser

I/We declare that the information given in this form is, to the best of my/our knowledge, true and complete.

Name (in CAPITAL LETTERS)

Position

Address

Postcode

Signature

Date

/   / 2 0

## Authorisation for the obtaining of references

I/We hereby authorise CMI Insurance Company Limited to obtain references from any bank with which I/we have had previous or existing dealings.

Signature

Date

/   / 2 0

For and on behalf of

Name

Position

Please return the original of this completed form to:

CMI Insurance Company Limited  
 Clerical Medical House  
 Victoria Road  
 Douglas  
 Isle of Man  
 IM99 1LT

### [www.clericalmedical.co.uk](http://www.clericalmedical.co.uk)

CMI Insurance Company Limited, Clerical Medical House, Victoria Road, Douglas, Isle of Man IM99 1LT, British Isles.

Registered No. 33520, Isle of Man. Telephone: +44 (0)1624 638888. Fax: +44 (0)1624 625900.

Approved by Clerical Medical Financial Services Limited, 33 Old Broad Street, London EC2N 1HZ. Registered No. 2114901, England.

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Financial Services Authority rules are made under the Financial Services and Markets Act 2000 for the protection of investors and apply to investment business conducted in or from the UK. Holders of policies issued by the company will not be protected by the Financial Services Compensation Scheme if the company becomes unable to meet its liabilities to them. CMI Insurance Company Limited is supervised by the Isle of Man Insurance & Pensions Authority and its policyholders receive the protection of the Life Assurance (Compensation of Policyholders) Regulations 1991.