



Beneficial Owner's Characterization Sheet

The information herein requested shall be automatically processed and is intended to incorporate a Customers Data Base for the exclusive use of Intercontinental Investment Bank S.A., of other Credit Institutions and Financial Companies integrated within the scope of Supervision on a consolidated basis to which Intercontinental Investment Bank S.A. is subject to with the purpose to adequate the provision of Credit Products to each Customer, Credit Management and other Banking Transactions; the Customer may have access to the data contained in the referred Data Base upon a written request to the Bank. Filling in this form is mandatory.

Fill in the spaces in block letters. Mark with an "X" where applicable.

IDPN:	Account No.:	Account No.:
No. of Contract Persons:	Branch:	Counter:
Date:		
Participation Percentage: %		

Personal Data of the Actual Beneficiary

Full Name:		
Permanent Residence Address:		Academic Title/Honorific:
Location:	Postal Cod.:	Country:
Son of: (Father)		Son of: (Mother)
Mobile: + Phone: + Email:		
Date of Birth:	Place of Birth:	Nationality:
Sex M: ☐ F: ☐		
Civil Status Single: ☐ Married: ☐ Non - Marital Partnership: ☐ Divorced: ☐ Widowed: ☐		
Matrimonial Property Regime Community Property: ☐ Communion of Acquired: ☐ Separation of Property: ☐		
ID Document No.:	B.I ☐ C.N.I ☐ Pass ☐	Issuance:
Validity:	Emitted by:	TIN:
Tax Address:		

Fill in only if different from the address of the head office or branch office | permanent establishment

Location:		Postal Cod.:	Country:
Resident: ☐	Emigrant: ☐	Non Resident: ☐	Foreign ID Doc:
Other Nationalities Yes: ☐ Non: ☐		Country:	Country:
Other Fiscal Residences(*) Yes: ☐ Non: ☐		Country:	Country:

Answer "YES" only if you have tax obligations in the USA, or if you have tax residence in a country other than Cape Verde.

Stay out of Cape Verde for more than 183 days during the fiscal year? Yes: ☐ Non: ☐

Country:	Country:
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Please fill in mandatory stay in the USA.

Family

No. of people in the household	
Spouse's Name	
Date of Birth:	Sex: M: ☐ F: ☐

*Do not fill in if you are an Account Representative.

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Professional Data

On behalf of others: ☐ Profession: Admission:
Employer Entity: Function:
Hiring Type | Effective: ☐ Term: ☐ Others: ☐
Self-Employed | Industrial: ☐ Trader: ☐ Liberal: ☐ Others: ☐
Other Occupation | Student: ☐ Domestic: ☐ Retired: ☐ Minor: ☐ Others: ☐
Do you have an income? (*)| Yes: ☐ Non: ☐

Sole proprietorship | Yes: ☐ Non: ☐ Denomination:
Monthly Net Salary or Rempe: Start Activity:
(For sole proprietorship)
Object: CAE: Business Turnover:
Education| No Education: ☐ Primary Education: ☐ Secondary Education: ☐ Technical Course: ☐
Undergraduate/Postgraduate: ☐ Master's/Doctoral Degree: ☐ Others: ☐

Public Offices*

Have You Exercised? (**) | Yes: ☐ Non: ☐ Which:
Exerce? | Yes: ☐ Non: ☐ Which:
Close Family Member | Yes: ☐ Non: ☐ Which:
Close Relative | Yes: ☐ Non: ☐ Which:

*Under the terms of number 2 of article 2. of law 120/VIII/2016 and articles 2 and 33 notice 5/2017, of the Central Bank.
*In the last 12 Months.

Origin of Assets

Quotidian Management: ☐ Investment Management: ☐ Others: ☐

Origin of funds to be Moved:

Income from work or Pensions: ☐ Commercial, Industrial or Agricultural income: ☐ Property Income: ☐
Capital Income/Securities: ☐ Inheritance: ☐ Awards: ☐
Others: ☐

TIN:
Full name of the Account Holder:

Signature: Date:
Signature(s) of Customer(s) (Individuals) or Representative(s) of Customer(s) (Legal Entities), with indication of the Quality in which they sign according to the Bond form.

TIN:
Full name of the Account Holder:

Signature: Date:
Signature(s) of Customer(s) (Individuals) or Representative(s) of Customer(s) (Legal Entities), with indication of the Quality in which they sign according to the Bond form.