

Shareholder Details Form

Please complete this form in full and return it with a copy of your photo ID.

1. Primary shareholder contact details

Shareholder registration name(s)*: <input style="width: 90%;" type="text"/>			
Contact name: <input style="width: 90%;" type="text"/>			
Residential/registration address: <input style="width: 90%;" type="text"/>			
Mailing address (if different than above): <input style="width: 90%;" type="text"/>			
Phone: H	<input style="width: 15%;" type="text"/>	W	<input style="width: 15%;" type="text"/>
C	<input style="width: 15%;" type="text"/>	Email:	<input style="width: 40%;" type="text"/>
Proof of identity attached (photo ID)**: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport			Reports can be found online at allshores.com

* Name as it appears on the share certificate(s)/notices.

** Companies and Trusts: Copy of the signatories document required.

2. Dividends (please select one of the following options)

<input type="checkbox"/> Bermuda currency payments	
i Dividends payable to shareholders with Bermuda bank accounts shall be made by BMD direct deposit only.	
I/we authorise that dividend payments are to be deposited to the following Bermuda bank account:	
Bank account information	
Banking details: <input type="checkbox"/> Butterfield Bank <input type="checkbox"/> HSBC Bank Bermuda <input type="checkbox"/> Clarien Bank <input type="checkbox"/> Bermuda Commercial Bank	
Bank account name: <input style="width: 45%;" type="text"/>	Banking account number: <input style="width: 45%;" type="text"/>
<input type="checkbox"/> Foreign currency payments	
i Please provide the name as it appears on the bank account.	
I/we authorise that dividend payments be sent by one of the following methods:	
<input type="checkbox"/> Bank draft (to the address in section 1)	
Currency*: <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> Other: <input style="width: 40%;" type="text"/>	
<input type="checkbox"/> Wire payment	
Beneficiary bank name: <input style="width: 55%;" type="text"/>	SWIFT or ABA code: <input style="width: 35%;" type="text"/>
Beneficiary bank address: <input style="width: 95%;" type="text"/>	
Correspondent bank name (if required): <input style="width: 55%;" type="text"/>	SWIFT or ABA code: <input style="width: 35%;" type="text"/>
Correspondent bank address: <input style="width: 95%;" type="text"/>	
Final beneficiary name (first/middle/last): <input style="width: 55%;" type="text"/>	SWIFT or ABA code: <input style="width: 35%;" type="text"/>
Final beneficiary address: <input style="width: 95%;" type="text"/>	
Final beneficiary account number: <input style="width: 95%;" type="text"/>	
IBAN number (for European, Middle Eastern and Caribbean countries): <input style="width: 95%;" type="text"/>	
Currency*: <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> Other: <input style="width: 40%;" type="text"/>	

* Any costs associated with the foreign exchange conversion will be deducted from the amount to be paid.

3. Compliance details

i Please complete the following for each named shareholder, including joint shareholders and minors/beneficiaries. Please include all nationalities and countries of residence.

Type of shareholder: Company Trust Private individual

Primary Shareholder or Company/Trust

Name (first/middle/last):

DOB/DOI (dd-mmm-yyyy): Nationality: Bermudian Non-Bermudian (please specify):

Country of residence/registration for tax purposes (select all that apply):

Bermuda United States Canada Great Britain Other:

Shareholder 2 (Company: N/A Trusts: Beneficiary)

Name (first/middle/last):

DOB (dd-mmm-yyyy): Nationality: Bermudian Non-Bermudian (please specify):

Country of residence for tax purposes (select all that apply):

Bermuda United States Canada Great Britain Other:

Residential address (if different from primary shareholder):

Signature:

Date (dd-mmm-yyyy):

Shareholder 3 (Company: N/A Trusts: Beneficiary)

Name (first/middle/last):

DOB (dd-mmm-yyyy): Nationality: Bermudian Non-Bermudian (please specify):

Country of residence for tax purposes (select all that apply):

Bermuda United States Canada Great Britain Other:

Residential address (if different from primary shareholder):

Signature:

Date (dd-mmm-yyyy):

Authorisation and declaration

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to Allshores processing my personal data in accordance with Allshores' privacy policy (allshores.com/privacy).
- I understand that I may withdraw my consent by email to privacy@allshores.com but that may impact Allshores' ability to administer my shareholding.
- I confirm that any personal data I provide to Allshores in respect of any third party is done with that third party's consent and knowledge of Allshores' processing of their personal data.

By signing this form, I acknowledge that the information is true and correct to the best of my knowledge.

I undertake to advise Allshores Limited within 30 days where any change in my circumstance occurs, which causes any of the information contained to be inaccurate.

ACCEPT TERMS

Name:

Primary shareholder signature:

Date (dd-mmm-yyyy):