

To: MG Commercial Bank Limited

Customer Pre-Clearance Questionnaire

Name of Company / Person: _____

Type of Company: _____

Cert. of Incorporation / Business No. _____

Country of Incorporation: _____

Business Nature: _____

Place / Country of Business: _____

Date of Business Commence: _____

Listed / Non – Listed Company: _____

Principal Activities: _____

Major Market(s): _____

Director / Sole Proprietor: _____

Shareholder(s) / Partner(s): _____

Ultimate Beneficial Owner: _____

Source of Funds: _____

Intended Use of Funds: _____

Expected period of deposits (mth./yr.): _____

Destination of Funds (Country): _____

Expected Future Funds Size (USD): _____

Regular / Frequent deposits of funds: _____

Name of Contact Person: _____

Contact Email Address: _____

Date of Completion: _____

Completed by: _____