



GCB TRUST – CORPORATE ACCOUNT APPLICATION

This is an application to receive approval to open an account with the Trustee indicated below.

TRUSTEE : GC Trust KB

TRUSTEE ADDRESS : Svetsarvägen 15, 2 tr 171 41 Solna, Sweden

SECTION 1 – DOCUMENT CHECKLIST:

Corporate KYB Documents	
	Signed GCB Trust Settlor Application Form
	Certificate of Incorporation / Business Registration Certificate
	Memorandum & Articles of Association / Constitution
	Register of Directors
	Register of Shareholders
	Certificate of Good Standing
	Proof that representative of settlor has sufficient authority to do so (Board resolution OR Power of Attorney)
Director / Shareholder (Holding more than 20% shares) KYC documents	
	National ID / Passport / Driver’s License
	Proof of address (Utility Bill / Bank Statement)

SECTION 2 – ACCOUNT TYPE

Eligibility		Please tick where appropriate		
1.	Personal Trust Account (USDT / USD/ EUR) Minimum USD 1,000 initial account deposit. Min USD 500 account balance maintenance.	USDT	USD	Euro
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Personal Elite Trust Account (USDT / USD/ EUR) Minimum USD 2,000 initial account deposit. Min USD 1,000 account balance maintenance.	USDT	USD	Euro
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – COMPANY IDENTIFICATION

Legal Entity Name:

Doing Business as Name (DBA):

Company Registration Number/EIN Number:

Tax/VAT/GST number (if applicable):

Corporate Website:

Corporate Social Media Channels (if applicable):

SECTION 4 – CORPORATE ADDRESS

Building Name:

Floor/Suite:

Street:

City:

Zip Code:

State/Province/Region:

Country:

Email:

Phone:

SECTION 5 – PRINCIPAL PLACE OF BUSINESS ADDRESS

(if different from above)

Building Name:

Floor/Suite:

Street:

City:

Zip Code:

State/Province/Region:

Country:

Email:

Phone:

SECTION 6 – COMPANY DETAILS

Company Type:

Sole Proprietor	Private Limited	Partnership	Trust	Public
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What was your company's annual revenue last year (USD):

Number of Employees:

Business Industry:

Business Activity Description:

Principal Contact: _____

Title: (Mr./Ms./Dr.) _____

First Name: _____

Last Name: _____

Position: _____

Contact Number: _____

Contact Email: _____

Are you a licensed Financial Institution? Yes No

If yes to above please elaborate: _____

SECTION 7 – AUTHORIZED REPRESENTATIVE, CONTROL PERSON, & ULTIMATE BENEFICIAL OWNER (UBO) INFORMATION (ALL PROSPECTS TO COMPLETE)

Authorized Representative	Please tick where appropriate and duplicate this section for each authorised person and each controlling person:	Director	Signatory

Please include in the section each authorized representatives acting on behalf of the Client/Company. An authorized representative must be a director or an Authorized Signatory that has been appointed by a director, or by Power of Attorney, to sign and execute transactions on behalf of the company. Directors of a Company are either Officers or Agents appointed by the Shareholder/Beneficial Owners to manage the Company’s day-to-day affairs. For UK/EU: please include at least two Directors of the Company in this section.

Control Person

A control person is an individual with significant responsibility for managing or directing the entity, including an executive officer or senior manager. (E.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Treasurer). For UK/EU: Please include all individuals with significant control over the company. For US: Please include one control person.

Individual Shareholders/ Ultimate Beneficial Owner (UBO)

UBO must be a natural person (individual) unless it is a publicly traded business. Please list UBOs with 25% ownership or more (or 10% or more ownership for Politically Exposed Person – examples are: Member of Parliament, Ambassador, Judge, working in a State-Owned Enterprise. US persons only: Select social security number for Government ID Type. Enter last four digits of SSN under the “Government ID Number” section.

Title: (Mr./Ms./Dr.) _____

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (Day/Month/Year): _____

Passport	National ID	Driver License
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Government ID Type: _____

Government ID Number: _____

Nationality: _____

Residential Address: _____

Unit/Apartment Number: _____

Street: _____

City: _____

Zip Code: _____

State/Province/Region: _____

Country: _____

Email: _____

Phone: _____

SECTION 8 – CORPORATE SHAREHOLDER INFORMATION

*If you have a company that has corporate owners in the ownership structure, please provide a signed and dated organization chart, and complete the Shareholder Detail section for any shareholder holding over 25% shares in the company applying for a GCB account. **Please duplicate this section for each shareholder:***

Shareholder Name: _____

Reg/ID Number: _____

Share of Ownership %: _____

Registered Address: _____

Building Name: _____

Floor/Suite: _____

Street: _____

City: _____

Zip Code: _____

State/Province/Region: _____

Country: _____

Email: _____

Phone: _____

SECTION 9 – BUSINESS INFORMATION

Please tell us about your customer base. Please select the customer type you do business with and include a percentage:

Individual (%): _____
Corporate (%): _____

If you have corporate customers: Please indicate the top 5 industries that they operate in (providing % split by industry type). If no corporate customers, enter NA

Financial Services: _____
Manufacturing: _____
Health: _____
Hospitality: _____
Transport: _____
IT/Technology: _____
Other: _____

Please tell us about the Countries that your customers either reside in or are registered in (providing % split by the top 5 Countries).

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Do you currently deal with virtual currencies, such as cryptocurrency, points, and/or rewards?

Yes	No
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If yes, please provide details below. (Details to include how your business deals with such products and any such internal controls in place to deal with associated risks).

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Please provide a detailed description of the customer information and documents that you obtain, verify, record, and retain. Please also advise how long this information and documents are retained for. If you use 3rd party providers to collect customer information, please list them here.

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Do you perform customer identification and verification ("CDD") on your customers? If so, please describe your CDD Process (including how CDD is performed, the frequency of the CDD checks, and the systems you use to perform these checks).

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Please describe how you market to your clients. What marketing tools are used and how do you target them?

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SECTION 10 – SIGNATURE

By signing this GC Trust KB Settlor application form, I Certify that I am the authorized representative of the customer identified in this form and am fully authorized to provide the information contained in this form. All information provided and documents submitted in connection with this application are complete and correct. GC Trust KB is authorized to use such information to perform background checks and provide the services requested.

Authorized Signatory Name

Position

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Signature

Date (DD-MM-YYY)

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