

## Form A

Name of Entity:	Contracting Party:
Verificati	n of the Beneficial Owner's Identity
The undersigned herby declares (Select one of the options)	at:
the contracting partner is	the beneficial owner of the asset concerned
the beneficial owner of th	e assets concerned is:
Full name (or firm):	
Address/Domicile Country:	
Date of birth/incorporation:	
Nationality:	
The contracting partner undertal changes.	es to inform OCA Financial Services Ltd immediately of any
· · · · · · · · · · · · · · · · · · ·	it is to be opened for the Entity, the contracting partner eneficial owner's identity may be disclosed to the financia
Wilfully entering false informatio	in this form is a criminal offense.
Place and date	Signature