

**Client Declaration Form
for settlements through Omnibus Account**

Date: _____ Client Code at LMC _____
 Account number: _____
 Transaction Reference: Securities Transfer Request/Order/Agreement # _____

Client type: Legal person (*please fill in Section 1*) Physical person (*please fill in Section 2*)

Section 1. Legal person

Client Name
 Registration #:
 Country of registration:
 Registration Date:
 Registration Address:

Beneficial Owner

Name:
 Date of birth:
 Identity Document: Identity document number:

Section 2. Physical person

Client Name:
 Date of birth:
 Identity Document: Identity document number:
 Residence address:

Is there other Beneficial owner for the transaction: No
 Yes (please fill in below questions)

Beneficial Owner Name:
 Date of birth:
 Identity Document: Identity document number:
 Residence address:

Section 3. Credentials

Client Name
 Authorized Signatory Name
 Authorized Signatory Position
 Signature