

# New Account Application Form

## - Individual & Joint Accounts



# Account Application – Individual & Joint Accounts

Strategic Wealth Preservation  
P.O. Box 10055 • Grand Cayman KY1-1001 • Cayman Islands • British West Indies  
T: (345) 640 2111 • C: (345) 525 2111 • E: info@swpcayman.com



Please note this form is for opening Individual and Joint Accounts only. All information will be kept confidential and used solely for the purposes of opening a storage account with Strategic Wealth Preservation Ltd.

## Section 1 - Account Owners

### Account Owner(s)

**Name 1 (primary contact):** \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Name 2:** \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Name 3:** \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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## Section 1 - Account Owners

**Name 4:** \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Street address 1: \_\_\_\_\_  
Street address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
ZIP/Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Section 2 - Account Owner Signatures

All account owner signatures:

Signature (Name 1): \_\_\_\_\_  
Signature (Name 2): \_\_\_\_\_  
Signature (Name 3): \_\_\_\_\_  
Signature (Name 4): \_\_\_\_\_

## Section 3 - Verification of Identity Requirements & Document Certification

In an effort to comply with global anti-money laundering standards SWP requires that the identity of all clients be verified.

Please provide a certified copy of your passport, complete with signature page for all individuals identified in section 1. The copy must be clear and current. In the event that you are unable to provide a copy of your passport the following types of government-issued photo identifications may be acceptable:

- Driver's License
- National Identification Card
- Permanent Resident Card
- Record of Landing
- Citizenship Card

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## Section 3 - Verification of Identity Requirements & Document Certification

The person who is certifying or notarising the document should be a “suitable person”. This includes lawyers, accountants, directors or managers of regulated credit or financial institutions, a notary public, a member of the judiciary or a senior civil servant. No individual can certify his or her own documents.

The certifier should sign the actual copy document, printing their name underneath and clearly indicating their position or capacity along with a contact address and phone number and confirming that the document is true copy of the original. In cases where the certification has been attached to the copy document page, the wording should clearly identify what documentation is being certified including specific reference to the passport number, and the name and date of birth of the person.

Please note that SWP reserves the right to request additional information to assist with the verification of identity process.

## Section 4 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby accept and acknowledge that SWP shall not be held liable should the applicant(s) not be forthcoming in their ability to abide by local, state/provincial and federal regulations.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

## Section 5 - Instructions

**Please complete and return this form:**

**By email** - info@swpcayman.com

**By mail** - Strategic Wealth Preservation

P.O. Box 10055

Grand Cayman KY1-1001

Cayman Islands

British West Indies

**An SWP representative will be in touch with you shortly to confirm your account has been opened. If you have any question, please email info@swpcayman.com or call (345) 640-2111.**