



**Introduced Prime Brokerage
New Account Questionnaire**

Please complete in full

*Client Identification information will be verified

LEGAL ENTITY NAME			

Primary Business Address of Legal Entity			

Street Address			

City	State/Province	Postal Code	Country

Tax Status Check one: <input type="checkbox"/> US Non-Individual <input type="checkbox"/> Non- US Financial Institution Entity Is Organized under the Laws of (state/country): _____ *Provide list of all owners of 25% or more equity (attach)	Tax ID Number (Required for U.S.) Tax ID Number _____ If no ID#, date applied for _____ If not applicable, indicate 'N/A' _____
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Is the Legal Entity an SEC-Registered Investment Advisor?	<input type="checkbox"/> No (proceed to Entity Type section below) <input type="checkbox"/> Yes
If yes, provide SEC Registration Number and Effective Date: 801-_____ Effective Date _____	

Is the Legal Entity a State-Registered Investment Advisor?	<input type="checkbox"/> No (proceed to Entity Type section below) <input type="checkbox"/> Yes
If yes, provide the following: IARD/CRD Number _____ Effective Date _____ Jurisdiction _____	

ENTITY Type (Check One)		
<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> Less than 25 partners <input type="checkbox"/> More than 25 partners <input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PENSION PLAN <input type="checkbox"/> GOVERNMENT ENTITY <input type="checkbox"/> INSURANCE COMPANY	<input type="checkbox"/> EDUCATIONAL FACILITY <input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> ESTATE <input type="checkbox"/> TRUST

Additional Information (provide all that apply)	
Business Phone _____	
Fax # _____	
Alternate # _____	
E-mail Address 1 _____	



BNP PARIBAS

Additional Information

- Principal Line of Business _____
- Year Business Established _____ mm/yyyy
- Primary Source of Revenue _____ (i.e. Investment Income)
- Is the Legal Entity a Shell Bank? Yes No
- If yes, has a certification been requested or obtained? Yes No
- Does the Legal Entity now or has ever employed a senior foreign political figure? Yes No
- Is the Legal Entity a Money Service Business? Yes No

Due Diligence Form (Please include all owners, key managers and/or traders)

Legal Entity Name: _____

Name: Home Address: Date of Birth: Phone Number: Fax: Email	Name: Home Address: Date of Birth: Phone Number: Fax: Email
Name: Home Address: Date of Birth: Phone Number: Fax: Email	Name: Home Address: Date of Birth: Phone Number: Fax: Email
Name: Home Address: Date of Birth: Phone Number: Fax: Email	Name: Home Address: Date of Birth: Phone Number: Fax: Email

Please fax or mail completed questionnaire to your Introducing Broker contact