

CLIENT QUESTIONNAIRE - LEGAL ENTITIES

According to our Rules of arbitration, each party to an arbitration proceeding shall provide the Secretariat with all necessary documentation to establish its identity and, where applicable, the identity of its legal representatives and/or ultimate beneficial owners.

In order to fulfil this obligation, we ask you to complete this form and provide the Secretariat with copies of the requested documents. If you have any questions or comments, please contact the Secretariat at: arbitration@cc.lu.

Thank you for your cooperation.

Legal entity informations
Company name :
Legal form : _____
Commercial sign (if different from company name): _____
Corporate purpose - main activity : _____ _____ _____
Country - City of registration : _____
Registered number: _____
Head office address Street: _____ Number: _____ Zip Code: _____ City: _____ Country: _____ Phone Number: _____ Email: _____

Business Operation address (*if different from head office*)

Street: _____ Number: _____

Zip Code: _____ City: _____

Country: _____

Phone Number : _____ Email : _____

Tax Identification Number (TIN) : _____

☐ Supervised company ☐ Quoted company ☐ Public/Supranational company

Name of supervisory authority / quotation market / public authority*:

**Select as appropriate*

Shareholder (1)
Full name or company name: _____
Country : _____
Is the company part of a group? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the group: _____
Name and country of the ultimate parent company: _____
Number of units/shares held: _____

Shareholder (2)	
Full name or company name: _____	
Country : _____	
Is the company part of a group? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the group: _____	
Name and country of the ultimate parent company: _____	
Number of units/shares held: _____	

If more than two shareholders are to be declared, please copy this page as many times as necessary and attach them to this form.

Personal information of legal representative
Surname : _____
Name : _____
Date of birth: _____
National Identification Number * : _____
Function: <div><input type="checkbox"/> Partner <input type="checkbox"/> Member of the Executive Committee <input type="checkbox"/> Other (please specify) : _____</div> <div><input type="checkbox"/> Director <input type="checkbox"/> Managing Director</div>
Address Street: _____ Number: _____ Zip Code: _____ City: _____ Country: _____
Email : _____

If more than one representative is to be declared, please copy this page as many times as necessary and attach them to this form.

Please add to your client questionnaire form a copy of:

- (i) a recent extract from the commercial register,
- (ii) consolidated articles of association, and
- (iii) any valid government-issued identification document of legal representatives and/or ultimate beneficial owners.

☐ I confirm that the funds will be transferred from an account at:

Name of the Bank: _____

Country of the Bank: _____

The undersigned, declare:

- have completed this form honestly and correctly, to the best of my knowledge and ability;
- that the Company, its officer(s) and its beneficial owner(s) have never violated the Anti-Money Laundering and Anti-Terrorist Financing Act in force;
- understanding that the information provided in this document will be processed by the Luxembourg Arbitration Center in compliance with the data protection legislation in force in Europe. For any information on the protection of personal data, the persons concerned may consult the website of the National Data Protection Commission: <https://gdpr.eu>;
- will be sending the Center the documents it requests.

In _____, the _____

Full Name and function of the representative(s) completing this form:

Signature(s)