

CLIENT QUESTIONNAIRE - INDIVIDUAL

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.

Individual informations
LAST NAME : _____
First name : _____
Date of birth: _____
Place of birth: _____
Country : _____
Nationality : _____
National Identification Number : _____
Profession : _____
Tax Identification Number (TIN) :
Address: Street: _____ Number: _____ Zip Code: _____ City: _____ Country: _____ Phone number: _____ Email: _____

Please add to your client questionnaire form a copy of any valid government-issued identification document.

☐ 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 he/she has 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 to the Centre the documents it requests.

In _____, the _____

Full Name: _____

Signature(s)