

Customer Information Form

Dear Customer,

Before entering into a commercial transaction with your company, Victoria Helicopters, Inc. must collect the information requested below in order to comply with the Victoria Helicopters Anti-Money Laundering/Know Your Customer directive. Therefore, please provide the requested information in the space provided and return the completed, signed form to your Sales Manager. Please note that the information collected may be transmitted to other Victoria Helicopters employees and/or external advisors or regulatory authorities. Victoria Helicopters will store and retain this information in accordance with its applicable policies and procedures.

Date

Primary Point of Contact

Name

Title

Email

Phone Number

Company Information

Company's Legal Name

Company ID or Registration #

Federal Tax ID # (EIN)

Address of Company Headquarters or Principal Place of Business

Street Address

City

State/Province

Zip/Postal Code

Country

Please list all individuals with more than 25% ownership or control of the company:

Full Name	Date of Birth
<input type="text"/>	<input type="text"/>
Country	Ownership Percentage
<input type="text"/>	<input type="text"/>
Full Name	Date of Birth
<input type="text"/>	<input type="text"/>
Country	Ownership Percentage
<input type="text"/>	<input type="text"/>
Full Name	Date of Birth
<input type="text"/>	<input type="text"/>
Country	Ownership Percentage
<input type="text"/>	<input type="text"/>
Full Name	Date of Birth
<input type="text"/>	<input type="text"/>
Country	Ownership Percentage
<input type="text"/>	<input type="text"/>

Please list each member of the company's Board of Directors or the equivalent governing body:

Full Name	Date of Birth	Country of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Date of Birth	Country of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Date of Birth	Country of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name	Date of Birth	Country of Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF NEWLY CREATED (60 DAYS): Company's Certificate of Incorporation or Formation (or the equivalent document filed in the State of origin)

Authorization

I confirm that I am a duly authorized representative of the company listed above and hereby certify that the information provided herein is accurate, true and complete to the best of my knowledge.

Authorized Representative Name

Email

Phone Number

Title

Privacy Notice:

Victoria Helicopters, Inc. is collecting the above-referenced personal data, such as names and birth dates, to comply with anti-money laundering regulation requirements (which may include, to the extent applicable, European Directive 2005- 60-EC dated 26 October 2005 and French Law n°2016-1691 dated 9 December 2016). This personal information will be stored for 15 years and will be processed by Victoria Helicopters, Inc. or its affiliates. Any person whose personal data is provided herein has the right to request an update of his/her personal data and this access right can be exercised by contacting your Sales Manager.