

This Application Form is to be completed by ICD customers for the purpose of (a) meeting obligations with regards to anti-money laundering, sanctions/ denied party and Know Your Customer related due diligence processes and (b) credit risk and payment term review. ICD reserves the right to refuse any application at any time. All personal data provided to us will be dealt with in strict confidence for use only by ICD.

Instructions for completion and submission of this form:

The Form must be completed in English.

- All mandatory* parts of the Form must be filled, an incomplete Form will not be considered.
- The Form must be signed by an Authorized Representative and be sent to icdamerica.credit@icdgroup.com along with a copy of the documents required to be submitted. Also include your ICD Commercial Contact to this email.
- In the event that the documents to be submitted are not in English, a duly translated copy must be submitted.
- ICD may seek more information from you, if considered necessary.

PART A – General information

COMPANY INFORMATION <small>(Buying entity or entities)</small>	
Registered Company name* <small>(Legal entity name)</small>	Trading/business name <small>(if different from Company name)</small> or company name in original local language
Registered address & country*	Invoice address & country <small>(if different from Registered address)</small>
Date of incorporation*	Company website <small>(if available)</small>
Company registration number*	Name of parent company <small>(if applicable)</small>
Company structure* <small>(Select as relevant)</small> <input type="checkbox"/> Private company <input type="checkbox"/> Publicly listed <input type="checkbox"/> State or government entity <input type="checkbox"/> Individual <input type="checkbox"/> Other	Name Stock Exchange(s) and Listing(s) <small>(if publicly listed)</small> Registration / Membership of an internationally recognized Foreign Trade Association <small>(if applicable)</small>

*Mandatory Fields



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COMPANY DIRECTORS AND BENEFICIAL OWNERS						
Company directors* (List full names)						
	<i>First name</i>					<i>Surname</i>
1						
2						
3						
4						
5						
Shareholders/beneficial owners* <i>(For private/unlisted companies)</i>						
<i>List individuals and/or legal entities that own or control 25% or more of the shares or voting rights. Please list full name and registered address.</i>						
	<i>Name shareholder/ beneficial owner</i>	<i>Address & Country</i>			<i>% interest</i>	
1						
2						
3						
4						
5						
Country of ultimate beneficial entity*						
<i>Please list the country where the ultimate beneficial entity is registered.</i>						
CONTACT DETAILS						
Purchase contacts				Finance contacts		
Name		Name				
Title		Title				
Telephone		Telephone				
E-mail		E-mail				
Business Activity						
<input type="checkbox"/>	Converter	<input type="checkbox"/>	Flexible Packaging	<input type="checkbox"/>	PE	Annual Consumption
<input type="checkbox"/>	Converter & Distributor	<input type="checkbox"/>	Injection Molding	<input type="checkbox"/>	PP	0-1,000 mt
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Blow Molding	<input type="checkbox"/>	PS	1,000-5,000MT
<input type="checkbox"/>	Trader/Merchant	<input type="checkbox"/>	Pipe	<input type="checkbox"/>	ABS	5,000-10,000MT
<input type="checkbox"/>	Financial Intermediary	<input type="checkbox"/>	Compounder	<input type="checkbox"/>		>10,000MT
Years in Business			Number of employees			Desired Resins

*Mandatory Fields

PART B – Know Your Customer information

BANK ACCOUNT INFORMATION	
Name of Bank Account Holder ^{1*}	Bank branch address & country*
Name of Bank*	
Bank account number (for refunds, if applicable)	SWIFT (for refunds, if applicable)
DESTINATION OF THE PRODUCT	
Is the delivery location of the product different from the registered or invoicing address?*	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide further details on the physical delivery location of the product:	
Is the registered or invoicing address of the buying entity or the delivery address for the product located in any of the countries listed below?*	
<input type="checkbox"/> Belarus <input type="checkbox"/> Cuba <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Iran <input type="checkbox"/> Myanmar <input type="checkbox"/> North Korea	<input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Russia <input type="checkbox"/> Sudan <input type="checkbox"/> Syria <input type="checkbox"/> Ukraine <input type="checkbox"/> Zimbabwe

*Mandatory Fields



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PART C – Trade Finance Information

LETTER OF CREDIT									
Will you be using a Letter of Credit (LC)?*									
<input type="checkbox"/> YES					<input type="checkbox"/> NO				
If YES, provide further details:									
LC Issuing Bank <small>(if applicable)</small>					LC facility available for shipment value <small>(if applicable)</small>				
<small>(if LC is applicable)</small> Will you be using a LC agent?									
<input checked="" type="checkbox"/> YES > complete part A on a separate KYC form and provide the documentation listed in part D					<input type="checkbox"/> NO				
Trade References (Three plastic trade references preferable) – Please give complete addresses									
Name									
Street									
City		State		Country		Zip			
Phone Number				Contact					
Fax Number				Email				Amount Credit Line	
Name									
Street									
City		State		Country		Zip			
Phone Number				Contact					
Fax Number				Email				Amount Credit Line	
Name									
Street									
City		State		Country		Zip			
Phone Number				Contact					
Fax Number				Email				Amount Credit Line	
Financial Information									
	Currency	Last Reporting Period 20		Previous Year 20		Previous Year 20			
Current assets									
Current Liabilities									
Total Assets									
Total Equity									
Revenues									
Gross Margin									
Net Income									
Credit Amount Requested		DUN's Number				Ticker Symbol (public Company)			

* Details on the bank account from which payments will be made to ICD and potential refund of sales proceeds.

*Mandatory Fields



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PART D – Supporting documentation & sign off

SUPPORTING DOCUMENTATION			
<input type="checkbox"/>	Certificate of Incorporation & Memorandum/Articles of Association* (Or equivalent legal documents demonstrating the legal incorporation/ commercial registration of the company depending on the jurisdiction)		Proof of registered and invoicing address* (If not included on the legal incorporation documents. E.g. utility bill, rental agreement or equivalent) Proof of Taxpayer Information (Form W9)
<input type="checkbox"/>	<i>Not required for publicly listed companies</i> Register of shareholders/ beneficial owners, including proof of ownership interest. (Or equivalent document. Persons or entities who own 25% or more of the shares of your company should be listed by name.)	<input type="checkbox"/>	<i>Not required for publicly listed companies</i> Publication of company directors (Document by mean of which can be demonstrated that the person(s) in question is (are) (a) director or legal representative)
<input type="checkbox"/>	Audited Financial Statements* (Includes profit and loss, balance sheet, and cashflow statement, issued within one year; covering at least two comparative periods <i>Note: If considered confidential, this information can be provided to ICD's Credit & Trade Solutions team directly via icdamerica.credit@icdgroup.com</i>	<input type="checkbox"/>	Trade finance letter of credit facility letter* (Reference letter/agreement issued by the bank indicating the availability of the facility.) <i>Note: If considered confidential, this information can be provided to ICD's Credit & Trade Solutions team directly via icdamerica.credit@icdgroup.com</i>
UNDERTAKINGS & SIGN OFF			
<p><i>I, undersigned, declare that:</i></p> <p>a) <i>The funds used to buy product from ICD do not originate from proceeds of criminal activities; and</i></p> <p>b) <i>Understand the responsibilities in respect to immediately informing ICD in writing of any modification to the details submitted in this form and providing the required supporting documentation.</i></p> <p><i>ICD reserves the right to terminate the relationship with the customer if it does not meet the requirements of ICD's Know Your Customer procedure and if it appears that the information supplied is incomplete or incorrect.</i></p>			
Name and details of the Authorizer of this Form*			
Name		Signature	
Title			
Date			

*Mandatory Fields