

### Nucleus Offshore Bond application form

Nucleus client relations, PO BOX 26968, Glasgow G2 9DY.

Instructions for completion

Please complete and sign form and send to us at the above address. If any party signs but fails to date a signature, the date that Nucleus receives the Offshore Bond application form will be deemed to be the date that the signing party signed this agreement. The Nucleus Offshore Bond is provided by RL360 Insurance Company Limited (RL360) and they will require information in order to set up your account.

Country or countries of tay residence

If you have any questions please contact Nucleus client relations on 0131 226 9535 or client.relations@nucleusfinancial.com who will be delighted to help.

Instructions for completion	Country or countries of tax residence				
• If you are an individual, please complete sections 1, 5, 6, 7, 8, 9 and 11.					
• If you are applying for a trust, please complete sections 2, 5, 6, 7, 8, 9, 11 and 12.	National Insurance Number and/or Tax Identification Number				
• If you are corporate trustee, please complete sections 2, 3, 5, 6, 7, 8, 9, 11 and 12.	Length of time at current address years months				
• If you are a corporate applicant, please complete sections 4, 5, 6, 7, 8, 9 and 11.	Current residential address				
Additional notes can be appended in section 10 for all applications.					
Section 1					
Individual applicant	Postcode				
Applicant details - first applicant					
Miss Mr Mrs Other (please state)	Country of residence				
First name(s)	Are you a US Specified Person?				
	Yes No				
Surname	* Please see page 22 for a definition of a US Specified Person				
	Additional contact details				
Male Female	Telephone (home)				
Date of birth					
	Telephone (work)				
Country of birth					
	Telephone (mobile)				
Nationality					



Your previous details Male Female Previous names or aliases Date of birth Previous residential address (if less than three years at above address) Country of birth **Nationality** Postcode Country or countries of tax residence Correspondence address National Insurance Number and/or Tax Identification Number Address Length of time at current address years months Current residential address Postcode Is this correspondence address for Postcode You Your adviser Power of Attorney A family member Country of residence Other (please specify) Are you a US Specified Person? Applicant details - second applicant Yes Mr Miss Other (please state) Mrs \* Please see page 22 for a definition of a US Specified Person Additional contact details First name(s) Telephone (home) Surname Telephone (work)



Telephone (mobile)	Section 2
	Trust details  Name of trust
Your previous details	
Previous names or aliases	Creation date of trust
Previous residential address	Taxpayers Identification Number (or Unique Tax Reference)
Postcode	The correspondence address to be used is
Correspondence address Address	Postcode
	The nature and purpose of the trust
Postcode	
Is this correspondence address for	Trustee details
You Your adviser Power of Attorney	Trustee 1
A family member	Miss Mr Mrs Other (please state)
Other (please specify)	
	Male Female
	Full name
	Date of birth
	Country of birth



Nationalit	У	Trustee 2	Trustee 2				
		Miss	Mr	Mrs	Other (please sta	ate)	
Country o	r countries of tax residence						
		Male	Femo	ıle			
National I	nsurance Number and/or Tax Identification Number	Full nam	е				
Current R	esidential address	Date of I	oirth				
		Country	of birth				
Postcode		National	lity				
_	Length of time at current address years months  Previous residential address (if you have lived at your current address		Country or countries of tax residence				
	an three years)		National Insurance Number and/ or Tax Identification Number				
Postcode		Current	Resident	tial addres	SS		
Contact te	elephone number	Postcode	е				
Are you a	US Specified Person?						
	No	Length c	of time at	t current a	ddress years	months	
	see page 22 for a definition of a US Specified Person	Previous for less t			ss (if you have lived	at your current add	lress



Postcode	Postcode				
Contact telephone number	Length of time at current address years months  Previous residential address (if you have lived at your current address				
Are you a US Specified Person?	for less than three years)				
Yes No					
* Please see page 22 for a definition of a US Specified Person					
Trustee 3	Postcode				
Miss Mr Mrs Other (please state)					
	Contact telephone number				
Male Female					
Full name	Are you a US Specified Person?				
	Yes No				
Date of birth	* Please see page 22 for a definition of a US Specified Person				
	Trustee 4				
Country of birth	Miss Mr Mrs Other (please state)				
Nationality	Male Female				
	Full name				
Country or countries of tax residence					
	Date of birth				
National Insurance Number and/or Tax Identification Number					
	Country of birth				
Current Desidential address					
Current Residential address	Nationality				



Country or countries of tax residence	Section 3  Corporate trustee details			
National Insurance Number and/or Tax Identification Number	Corporate trustee name			
Current Residential address	Global Intermediary Identification Number (GIIN)			
	Registered address			
Postcode				
Length of time at current address years months	Postcode			
Previous residential address (if you have lived at your current address for less than three years)	Correspondence address (if different from above)			
Postcode	Postcode			
Contact telephone number	Contact name			
Are you a US Specified Person?  Yes No	Contact position			
* Please see page 22 for a definition of a US Specified Person	Telephone number			
	If you are using a different correspondence address please confirm who this address relates to			
	Your company Your adviser Your solicitor			
	Other (please specify)			



#### Shareholders and beneficial interest

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

First name(s)	Last name(s)	Position	Shareholding (%)

#### Directors and authorised signatories

Please provide us with a list of all directors or partners for your business. We also need you to name two directors, one an executive director, for identity verification purposes.

National Insurance Number and/or Tax Identification Number

#### Executive director/partner 1

Miss Mr Mrs Other (please state)

Current residential address

Male Female

Full name

Postcode

Position

Date of birth

Country of birth

Nationality

Country or countries of tax residence



Director/partner 2

Special instructions

Miss Mr

Mrs

Other (please state)

Male

Female

Full name

Date of birth

Country of birth

**Nationality** 

Country or countries of tax residence

National Insurance Number and/or Tax Identification Number

Position

Current residential address

Postcode

**Authorised signatories** 

We need you to provide us with a list of all authorised signatories. We also need you to tell us how many signatories will need to sign in order to action changes to the policy (including any special instructions, for example – 1 from category 'A' and 1 from category 'B')

Number of signatories required

Section 4

Company details

Type of company (please tick one box only)

Public limited company

Please tell us what stock exchange you are listed on

Private limited company

Limited liability partnership

**Partnership** 

Please tell us the nature of your business

Charity

Country of registration

Registration number

Country or countries of tax residence

Company tax number(s)

Company FATCA GIIN (if applicable)

Company or charity name



#### Shareholders and beneficial interest

Beneficial owner being any director or shareholder holding 25% or more of the issued share capital.

Full name	Position	Shareholding (%)	National Insurance Number and/or Tax Identification Number	Country or countries of tax residence		u a US ed person?
					Yes	No
					Yes	No
					Yes	No
					Yes	No

		Yes	No
		Yes	No
Contact name(s)			
contact name(a)			
Contact position			
Telephone number			
Registered address			
Postcode			
rosicode			
Correspondence address			
correspondence address			
Postcode			



If you are using a different correspondence address please confirm Director/partner 2 who this address relates to Other (please state) Miss Mr Mrs Your adviser Your solicitor Your company Other (please specify) Male Female Full name Directors and partners Date of birth Executive director/partner 1 Miss Mr Mrs Other (please state) Country of birth Male Female Full name Position Date of birth National Insurance Number and/or Tax Identification Number Country of birth Country or countries of tax residence Position Current residential address National Insurance Number and/or Tax Identification Number Postcode Country or countries of tax residence Are you a US Specified Person? Current residential address Yes \* Please see page 22 for a definition of a US Specified Person Meeting of the board Postcode At a meeting of the board held on

Are you a US Specified Person?

Yes No

\* Please see page 22 for a definition of a US Specified Person



At (insert office address)					Date of birth				
					Current re	esidential	l address		
It was ag	greed that	we have	the capacity to make this investm	nent.					
Authoris	ed signato	ories							
We need you to provide us with a list of all authorised signatories. We also need you to tell us how many signatories will need to sign in order to action changes to the policy (including any special instructions, for example – 1 from category 'A' and 1 from category 'B')				Postcode					
		ories requi			Country of residence				
Special i	nstructions	S			Additiona	ıl lives as	sured (2)		
					Miss	Mr	Mrs	Other (please state)	
					First name	e(s)			
Section 5	5								
	s <mark>ured deta</mark> st applicar		sured? Yes No		Surname				
Is the sec	cond appl	licant a life	e assured? Yes No		Male Female				
You may have up to six lives assured on your policy, inclusive of any applicants chosen as lives assured. At least one life assured must be younger than age 76 when the policy starts.					Date of birth				
Addition	al lives as	sured (1)			Current residential address				
Miss	Mr	Mrs	Other (please state)						
First nam	ne(s)								
					Postcode				
Surname	Э								
					Country o	f residen	ice		
Male	Female	<u> </u>							



Additional lives assured (3)				Current residential address			
Miss	Mr	Mrs	Other (please state)				
First name	e(s)						
				Postcode			
Surname							
0011101110				Country of residence			
	- 1						
Male	Female						
Date of bi	rth			Additional lives assured (5)			
				Miss Mr Mrs Other (please state)			
Current re	esidential	address					
				First name(s)			
				Surname			
Postcode							
				Male Female			
Country o	f residen	ce		Date of birth			
Additiona	l lives as	sured (4)		Current residential address			
Miss	Mr	Mrs	Other (please state)	contain residential address			
First name	<b>2(5)</b>						
THOTTIGHT	5(5)			Postcode			
6							
Surname				Country of residence			
				Coorning of residence			
Male	Female						
Date of bi	rth						



Additional lives assured (6)				Bank address	Bank address				
Miss	Mr	Mrs	Other (please state)						
First nam	e(s)								
				Postcode					
C. IND OIDS									
Surname									
				Account holder's name					
Male	Female	)							
Date of b	irth			A					
				Account sort code					
				Account number					
Current r	esidentia	l address							
				A	41				
				Account held for years	months				
				If you are funding your policy f	rom more than one bank account				
5				reason why in the additional n	details below and please provide the notes section below.				
Postcode	!								
				Bank name					
Country	of residen	ice							
				Bank address					
Section 6									
Premium									
Minimum	n contribu	ition of at l	least £50,000	Postcode					
Source of	f funds			Account holder's name					
Please pi	rovide us	with the d	letails of your bank account that you w	vill .					
use to fu			,						
Bank nar	ne			Account sort code					
				Account number					
				Account held for years	months				



Additional notes

If you have any unearned income please provide the details of amount received (inc currency).

This year	Last year	Previous year

Section 7

#### Source of wealth (all amounts are GBP unless specified)

The Insurance (Anti-Money Laundering) Regulations 2008 requires all Isle of Man life companies to "make enquiries as to how an applicant has acquired the money to be used as premium for, or contribution to, a bond". This reflects the Isle of Man's commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360 has adopted a risk-based approach to meet these regulations, categorising all countries that we will accept business from into one of three tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards. www.rl360wrap.com sets out RL360s Source of Wealth procedures, including the premium levels above which documentary evidence is required to support the Source of Wealth information supplied in the Application Form.

You must complete the annual salary question in full, in all cases and for both applicants as applicable. You must also complete all other relevant questions within this section. Please use the notes section of this application form if you require more space (section 10 refers).

RL360 may ask for further information in regard to source of wealth where no back up is provided, irrespective of premium amount.

#### First applicant

If you are retired, please tell us your income details on the following page.

Earned income (including currency)

This year	Last year	Previous year

Occupation

Employer's company name

Nature of business

Date received

Received from

#### Second applicant

If you are retired, please tell us your income details on the following page.

Earned income (including currency)

This year	Last year	Previous year

Occupation

Employer's company name

Nature of business

If you have any unearned income please provide the details of amount received (inc currency).

This year	Last year	Previous year

Received from

Date received



If you are retired please complete the following

	Previous occupation	Previous salary	Employer's company name	Date retired
First applicant				
Second applicant				

Please confirm your source of wealth for this application by completing the relevant boxes below. In each case please provide further information in the additional notes section of this application form (section 10 refers)

# First applicant Savings Date of sale

Amount accumulated (include currency)

#### Company profits

How were the savings accumulated?

Profits this year (include currency)

Please detail the bank or building society where the savings were held Profits last year (include currency)

Company industry

Postcode

Date received

#### Property or asset sale

Address of property or asset type

Company sale

Amount received (include currency)

Name of company

Postcode

Company industry

Amount received (include currency)

Date of sale



Pension transfer Amount received (include currency)	Property or asset sale  Address of property or asset type
Date received	
	Postcode
Received from	Amount received (include currency)
Other sources (such as lottery or betting win, gift or inheritance)  Amount received (include currency)	Date of sale
Date received	
Source	Company profits  Profits this year (include currency)
Second applicant	Profits last year (include currency)
Savings Amount accumulated (include currency)	Company industry
How were the savings accumulated?	Date received
Please detail the bank or building society where the savings were held	Company sale Amount received (include currency)
	Name of company
	Company industry



Date of sale This section should only be completed if regular withdrawals are

Fixed income amount

Pension transfer

Amount received (include currency)

Date received

Received from

Other sources (such as lottery or betting win, gift or inheritance)

Amount received (include currency)

Date received

Source

Section 8

Regular withdrawals

Please complete this section if you would like to receive a regular withdrawal from your Nucleus Offshore Bond. If you do not wish to set up a regular withdrawal at this stage, please continue to the next section.

Payments to or from third parties are not acceptable.

Withdrawals in excess of 5% per annum of your total premiums paid (including additional investments) from an offshore bond in any policy year will give rise to a chargeable event and this may result in a tax charge (unless the 5% allowance from previous years has not been used). Please refer to your adviser for further information.

The above information is based on our current understanding of Her Majesty's Revenue and Customs law and practice which is subject to change.

required (minimum £200).

Or percentage of the premium

Payment frequency

Monthly Quarterly Half yearly Annually

Preferred start date

Section 9

Adviser declaration

Company name

Agency number

FCA number

Full name

Work telephone number

Mobile telephone number

Email address



I confirm that I have seen documentary proof of the applicant(s) identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both as set out in the completion notes, along with this application.

Signed (we require a handwritten signature)

Print name

Date

#### Section 10

Additional notes (if required)

#### My application

By signing this application I agree to my policy being governed by the Nucleus Offshore Bond Terms and Conditions.

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

#### **Availability**

I am not resident in the USA. I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my investment unlawful.

#### **Politically Exposed Persons**

A Politically Exposed Person ('PEP') is a person entrusted with prominent public functions, their immediate family members or persons known to be close associates of such persons.

Examples of PEP's include political figures, members of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Please add the names of any PEP's associated with this application in the box below.

#### Section 11

#### Declaration and authorisation

#### Literature

I can confirm that I have read a copy of the Nucleus Offshore Bond product literature including the Key Features, Key Information Document and the Terms and Conditions.

#### Adviser

I have appointed

(company name) to act as my adviser. I agree to RL360 disclosing all information relating to my policy to Nucleus and to my appointed adviser. I will let RL360, via Nucleus, know in writing if I decide to change my appointed adviser.



#### Investment

I am aware that RL360 does not provide investment advice and that any published acceptable investment list should not be considered a recommendation. I am aware that all investment dealing and transactions will be performed via Nucleus, and will be subject to their term and conditions.

#### Corporate, corporate trustee and individual trustee applications

I confirm that we have the necessary powers to take out this policy and enter into a contract with RL360. I can confirm that the company has the capacity to enter into the contract applied for and has not been and is not in the process of being dissolved, struck off, wound up or terminated.

I agree that we will notify RL360, via Nucleus, in writing immediately when any of our directors, list of authorised signatories or trustees change. I agree that we will provide evidence of identity and current residential address when asked for it. I also acknowledge that an up-to-date authorised signatory list can be requested at any time. I am aware that a bank reference can be requested at any time.

#### **Data Protection Act**

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances if we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

#### Cancellation rights

I am aware that I have the right to cancel my policy and obtain a refund of the premium paid to RL360 less any reduction as a result of investment performance, by giving written notice. I agree to provide RL360 with signed notice within 30 days of receiving the cancellation notice should I wish to cancel the policy.

#### Legal

I agree to the policy being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that may be brought in relation to the policy.



Final agreement	Applicant/trustee/authorised signature 2
I agree to the following documents forming the basis of the contract between me and RL360	Signed (we require a handwritten signature)
This Application Form	
The Terms and Conditions	
The Policy Schedule	Print name in full
The Policy illustration	
Any Endorsements to the Policy Schedule	Date
Any other document that evidences a change in the contract	Dule
I am aware that some aspects of my policy will operate as defined in the Nucleus Terms and Conditions.	Trustee/authorised signature 3
<ul> <li>I accept that RL360 can bring the contract to an end if I have failed to detail any facts that may influence the decision to accept this application.</li> </ul>	Signed (we require a handwritten signature)
<ul> <li>I am aware that RL360 cannot accept applications where the advice is received (whether by letter, fax, email, telephone or in person) or the Application Form is signed in the USA.</li> </ul>	
I/we can confirm that this application form was signed in (please give country)	Print name in full
	Date
Signatures	
Applicant/trustee/authorised signature 1 Signed (we require a handwritten signature)	Trustee/authorised signature 4 Signed (we require a handwritten signature)
Print name in full	Print name in full
Date	Date



#### Section 12

#### Document checklist

#### Large Investors

Full details on the source of wealth procedures can be obtained from your adviser.

If source of wealth evidence is required please indicate the appropriate box in the table below and attach copies of the evidence requested when submitting this application. In all cases copy evidence must be countersigned by a 'Suitable Certifier' acceptable to RL360 Insurance Company Limited (see guidance notes below).

If source of wealth evidence is not required, please leave this section blank.

Source of wealth	Evidence required	Attached
Income from employment	Certified copy of your last three month's payslips, confirming your income from your employer, copy of your recent accounts if you are self-employed, or equivalent documentation.	
Other income or capital	Relevant certified documentation to verify the source of wealth	
Lottery or betting win	Certified copy of the confirmation letter or cheque confirming the win from the relevant organisation, or equivalent documentation	
Company sale	Certified copy of the sale agreement or equivalent documentation	
Gift	Certified copy of identification for gift donor and suitable documentation to verify source	
Policy claim	Certified copy of solicitor's letter or court order, or other equivalent documentation.	
Compensation payment	Certified copy of solicitor's letter or court order, or other equivalent documentation.	
Property sale	Certified copy of sale agreement or equivalent document	
Inheritance	Certified copy of the will, solicitor's letter or equivalent documentation	
Any other source not listed above	Relevant certified documentation to verify source of wealth	



#### Verification of your identity and current residential address

In order to satisfy the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, RL360 are required to check your identity and current residential address. Documents to evidence your identity must be the most recent available to you. Documents to evidence your current residential address must be the most recently issued and ideally not more than three months old. All copy documentation provided should be suitably certified.

Documents that can be accepted as satisfactory evidence of identity

- A valid 'full' passport
- A national ID card (carrying a photograph)

Where the above documents are not available, two formal documents with appropriate reference numbers will be considered.

Documents that can be accepted as satisfactory evidence of your current residential address

- A current driving licence.
- A utility, rates or council tax bill. Mobile telephone bills are not acceptable.
- An entry in a local telephone directory.
- An extract from the official register of electors.
- A state pension, benefit book or other government produced document showing benefit entitlement.
- A tax assessment document.
- An account statement from a bank or bank credit card. Statements
  featuring a "care of" or accommodation address are not
  acceptable. Non-bank cards, such as store cards are not
  acceptable.
- Proof of ownership or rental of the residential address.
- Proof of payment for a PO Box service (which must also show your current residential address), where the PO Box shown is also your correspondence address.
- A mortgage statement.
- An extract from the official Register of Electors.

#### **US Specified Person**

US Specified Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

#### Trustee applicants

All trustees must sign the Declaration on page 20 and the following should be submitted to support your application form

- Certified true copies of a full and current passport or national identity card for each trustee carrying a photograph of the individual and certified true copies of proof of residential address.
   See below for a list of acceptable documents.
- Certified true copy of the trust deed and any subsequent deed(s).
- If not detailed on the trust deed, full details of the settlor(s)/ protector(s) dates of birth and current address (if the settlor is no longer living the trustees should provide the date of death.
- Full details of all current named beneficiaries, including name, date of birth and current address (trustee(s) to provide).

#### Corporate trustee

The required number of authorised signatories must also sign the Declaration on page 20 and the following should be provided to support your application

- Certified true copies of a full and current passport or national identity card for at least two directors (one of whom should be an Executive Director) carrying a photograph of the individual and certified true copies of proof of residential address.
- Certified true copy of the trust deed and any subsequent deed(s).
- If not detailed on the trust deed, full details of the settlor(s)/ protector(s) dates of birth and current address (if the settlor is no longer living the trustees should provide the date of death.
- Full details of all beneficiaries (including contingent beneficiaries, if any) including name, date of birth and current address (trustees to provide).
- Certified true copy of the corporate trustees certificate of incorporation.
- Certified evidence of the registered office of the corporate trustee.
- Full list of directors.
- Authorised Signatory List with their specimen signatures.
- Certified verification of the identity of all shareholders holding 25% or more of the issued share capital as at the date of the application. If the holder of 25% or more is a holding company, trust or nominee, further information may be required.
- Certified copy of a set of the latest annual report and accounts.



#### Corporate applicants

The required number of authorised signatories must also sign the Declaration on page 20 and the following should be provided to support your application

- Certified true copies of a full and current passport or national identity card for at least two directors (one of whom should be an Executive Director) carrying a photograph of the individual and certified true copies of proof of residential address.
- Full list of directors.
- A certified copy of the certificate of incorporation (or equivalent document)
- · Certified evidence of the registered office.
- Authorised Signatory List with their specimen signatures.
- Certified verification of the identity of all shareholders holding 25% or more of the issued share capital as at the date of the application. If the holder of 25% or more is a holding company, trust or nominee, further information may be required.
- Certified copy of a set of the latest annual report and accounts.

#### **Suitably Certified Copy Documentation**

RL360 can accept certification of copy documents by your financial adviser, assuming they hold established Terms of Business and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to determine if they can certify your documents.

Where Suitable Certifier status is not held, RL360 will only accept certification by one of the following 'Suitable Certifiers'

- A Notary Public (or equivalent).
- A Commissioner for Oaths
- A Lawyer.
- A formally appointed member of the judiciary.
- An employee of RL360

The certifier must

- Add the statement 'Certified as a true copy taken from the original'.
- Sign and date the copy document on all pages.
- Print their name clearly in block capitals underneath their signature.
- Record the capacity or position in which they are certifying the document.
- · Add their company name or official stamp or seal.

The documents received must contain the original certification and stamp.

When photocopying any document please ensure the photocopy is true to size. We are unable to accept copies reduced in size. You should also ensure the copy is legible.