

**Know Your Customer Information and Requirements**

Homes and Communities Agency (HCA)

##### Data Protection Statement

The Homes and Communities Agency (HCA) is a housing and regeneration agency for England formed in December 2008 by bringing together the functions of English Partnerships, the Housing Corporation, Department for Communities and Local Government and the Academy of Sustainable Communities. The HCA is a non-departmental government body which is governed by the Housing and Regeneration Act 2008.

The HCA is accountable to the Department for Communities and Local Government and its main objectives are regenerating and developing land and infrastructure, improving housing quality and supply, supporting the creation, regeneration and development of communities and the achievement of sustainable development and good design.

**Focus of the HCA Data Protection Compliance Programme**

The HCA needs to collect and use certain types of information about people with whom it deals in order to conduct its operations. These include suppliers, developers, business partners, customers and others with whom we have dealings. For example, we may occasionally be required to collect and use certain types of personal information to comply with government requirements and/or other legal obligations as well as other statutory and/or administrative functions.

The HCA has a statutory obligation to adhere to the Data Protection Principles enumerated in the Data Protection Act 1998 (the “DPA”) when collecting said information.

These Principles require us to ensure that the personal information which we process is:

1. processed fairly and lawfully and, in particular, in accordance with specific legal conditions;
2. obtained only for one or more specified and lawful purposes, and shall not be further processed in any matter incompatible with that purpose or those purposes;
3. adequate, relevant and not excessive in relation to the purpose or purposes for which it is processed;
4. kept accurate and, where necessary, kept up to date;
5. not be kept for longer than is necessary for that purpose or those purposes;
6. processed in accordance with the rights of individuals under the DPA;
7. processed subject to appropriate technical and organisational measures taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
8. not transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

Further information on how the HCA deal with personal information and how to request that information can be found at: <https://www.gov.uk/government/organisations/homes-and-communities-agency/about/personal-information-charter>

##### Your information

##### When completing this form you should use a black pen and write in capital letters.

In this section:

“HCA” means Homes and Communities Agency

"you" and "your" in standard text means the applicant;

"**you**" and "**your**" in **bold** text has the following meanings

* for sole traders and partnerships – the individuals who own the business;
* for personal representatives and trustees - the personal representatives and trustees (collectively and individually) and the deceased or trust (as appropriate); and
* for companies, limited liability partnerships, other incorporated bodies, clubs, societies, associations, charities and other unincorporated bodies - both the prospective borrower and (where applicable), the directors, officers, members, shareholders and other parties responsible for the operation of the business, charity or body.

This section explains how we will use information about **you** once you have applied for HCA funding. Please refer to our HCA Data Protection Statement above for further details.

**Sole Traders, Partnerships, Personal Representatives and Trustees**

We may use credit reference agencies to verify **your** identity and suitability for an investment using information from the Electoral Register and other public sources. We may use details of **your** credit history (together with those of any financial associate with whom **your** financial records have been linked by the credit reference agencies) to assess **your** ability to meet your financial commitments.

The credit reference agencies will record details of **your** application which will form part of your credit history whether or not **you** proceed.

**Incorporated Bodies and Unincorporated Bodies (except Personal Representatives and Trustees)**

We may use credit reference agencies in order to verify **your** identity using information from the Electoral Register and other public sources connected with your business, charity or body.

We may use details of **your** credit history to assess your suitability for an investment and **your** ability to meet **your** financial commitments.

**Crime Prevention and Debt Recovery**

To prevent crime, verify **your** identity and to recover debt, we may exchange information where appropriate, with fraud prevention agencies, law enforcement agencies, debt recovery agencies and other organisations including other lenders.

If **you** give us false or inaccurate information and potential fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

**Data Processing**

Information may also be processed for the purpose of complying with applicable laws, including, without limitation, anti-money laundering and anti-terrorism laws and regulations and fighting crime and terrorism. This may require the disclosure of information to a UK or other governmental or regulatory authority or to any other person we reasonably think necessary for these purposes.

##### Company identification

**Documentation for UK companies**

For UK companies we require the original Certificate of Incorporation which we will return, or upon request, we will download a copy directly from Companies House. We may also accept a certified copy of the Certificate of Incorporation, please refer to section 1.3 below. For UK companies that have been recently incorporated, please supply a certified extract of the company’s shareholder register.

**Documentation for non-UK companies**

For non-UK companies we require evidence of registration as detailed below:

* Official evidence of registered address, for example, an extract of a trade register or a Certificate of Incorporation.
* A copy of the documents required by law on the formation of a company and on any change of name for example, the Memorandum and Articles of Association for the company.
* A Certificate of Good Standing or Legal Validity from a qualified lawyer.
* A Certified Register of Shareholders.
* A Certified Register of Directors / Members.

It is preferred that we see the original documents, but if this is not possible the copies must be certified. Please refer to section 1.3 below for guidance about certification.

**Report and accounts**

All companies that have been trading for more than 18 months or more must provide a copy of the latest report and accounts (audited where applicable).

**Please note that, if the beneficial ownership of the account holding entity is through a series of other entities, we will require documentary evidence of the legal existence of these entities, together with a legal entity structure chart. Please ask your HCA contact for further information.**

##### Identification requirements of those persons who have control over the business

We require two forms of identification (as outlined below) in respect of all beneficial owners or principal controllers being those individuals who have an interest in any entity in the corporate structure of 25% or more and all persons who are authorised to sign on behalf of the Business with respect to HCA documentation.

**Proof of Identity**

The primary form of identification must bear a photograph and signature. **We prefer to see the original document**, but if this is not possible, copies must be certified as a true copy of the original, please refer to Section 1.3 below.

* Full and valid UK or Foreign Passport that has the Machine Readable Zone
* Photocard national identity card that has the Machine Readable Zone
* Full UK or Foreign photocard driving licence

The passport, national identity card or driving licence must be up to date and be signed by the holder.

**Proof of Address**

The second form of identification must confirm the individual’s permanent residential address.

* Full UK photocard driving licence bearing residential address (if not already used as your proof of Identity)
* UK or foreign bank credit card / bank statement (dated within the last three months and not printed from the internet)
* UK Mortgage statement (dated within the last 12 months and not printed from the internet)
* UK council tax bill (for the current year)
* Letter / bill from Utility Company (less than 3 months old, except for water bills, which must relate to the current charging period). The letter you receive must confirm you receive a service from the company and cannot be printed from the internet. Mobile phone bills are not accepted.
* UK TV Licence letter or Direct Debit schedule (less than 12 months old). This should confirm your name, address and existence of a TV Licence.

**Note:**

- We do not accept utility bills printed off the internet. Online bank statements may only be accepted if stamped and certified bearing the account holder’s address.

- Please note that mobile telephone bills, store card statements and any documents showing a "care of address" or non-residential address cannot be accepted.

- If any party has previously been identified by HCA in conjunction with another scheme, please indicate this on the form if you would like us to use previously supplied information (if this remains up-to-date and valid). If Credit Reference Agency searches are required, these may be refreshed if required

**1.3** **Certification of Documents**

People who can certify documents are:

* Employees of HCA (for UK-issued documentation only)
* A director, manager or bank counter staff of a bank or an authorised credit or financial institution
* An Embassy, consulate or high commission officer in the country of issue
* A qualified lawyer or attorney, registered with the relevant national professional body in the jurisdiction of country of issue
* A qualified accountant, registered with the relevant national professional body in the jurisdiction of country of issue
* A notary public, a member of the judiciary, a senior civil servant or a serving police officer in the jurisdiction of country of issue.

Please note that individuals within the above categories in most countries are acceptable but exceptions may apply.

**Certification Requirements**

The person giving the certification should provide the certification directly on the copy of the document, providing the following information:-

* sign and date the copy document (printing his/her name clearly in capitals)
* clearly indicate his/her position or capacity
* provide his/her contact details, including the name and address of the company/institution that they represent
* the certifier must state that it is a true copy of the original document.

For security reasons if sending originals of the above documents through the post, please ensure you use Special/Recorded delivery as we cannot be held responsible for their safe receipt.

Please note that independent certification is an HCA requirement and we may have no option but to return documents that are not certified in accordance with our guidelines above.

**Physical copies of the supporting documentary evidence (to verify address and address verification) should be sent to your HCA contact, clearly marked with the name of the Applicant, HCA Programme Name and Project Name. Coversheet (ID Ref DD7) should be used to facilitate this.**

# Section A – Company information

### Company details

##### Company details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  | Bid no. |  |

|  |  |
| --- | --- |
| Company’s registered name |  |
| Company applicant name  (if different to the registered name) |  |

|  |  |
| --- | --- |
| Country of incorporation |  |
| Company no. |  |

|  |  |
| --- | --- |
| Company registered address |  |
|  |

|  |  |
| --- | --- |
| Town and county |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postcode |  | Country |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this business part of a larger group?  Yes  No | | | |
| If Yes, how many companies are in the Group? |  |  |  |

**Please provide the names of the Group Companies and Countries of Registration:**

|  |  |
| --- | --- |
| **Name of Group Company** | **Country of Registration** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please provide a copy of your Group Organisational Chart when submitting your application form.

Is this business/organisation the top parent company?  Yes  No

If No, please provide the following details:

|  |  |
| --- | --- |
| Parent Company name & Company no. |  |

|  |  |
| --- | --- |
| Country of Registration/Incorporation |  |

|  |  |
| --- | --- |
| Primary country of operation |  |

##### Company point of contact

##### Please advise which person the company would like to nominate as its main point of contact.

|  |  |
| --- | --- |
| Contact name |  |
| Position |  |

|  |  |
| --- | --- |
| Business address  (if different from the correspondence address in section 2.1) |  |

|  |  |
| --- | --- |
| Town and county |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postcode |  | Country |  |

Please indicate your preferred contact method by ticking the relevant boxes. Where appropriate, please include the country codes.

|  |  |
| --- | --- |
| Telephone no. |  |
| Mobile no |  |
| Email address |  |

##### Company Directors and Secretary

**Please complete the following section for all company Directors and the Secretary. If a company Director is also a shareholder/beneficial owner of the company, please just list the Director’s name here but complete the shareholder/beneficial owner details in full on the next page.**

Please advise the number If there are more than four directors, please provide the below information on the

of directors supplementary sheet at back of this form.

Director/Secretary 1 Director/Secretary 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home address |  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

Director/Secretary 3 Director/Secretary 4

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home address |  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

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| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

##### Shareholders/beneficial owner details

Please advise the number If there are more than four shareholders/beneficial owners then please provide

additional information on the supplementary sheet at back of this form.

**Shareholders/beneficial owners with 25% or more interest in the company are required to complete the following section**.

Shareholder/beneficial owner 1 Shareholder/beneficial owner 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |  | **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| Surname |  |  |  |
| First name |  |  |  |
| Other name(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent residential address |  |  |  |
|  |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Town of birth |  |  |  |
| Country of birth |  |  |  |
| Nationality |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation or business  (if not a Director of the company) |  |  |  |
| Country of business |  |  |  |
| Business address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

**If any beneficial owner/shareholder is a company, please complete the following section:**

|  |  |
| --- | --- |
| Company name |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company no |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of incorporation |  | Business ownership/ interest percentage | % |

# Section A – Company information (continued)

**Shareholders/beneficial owners with 25% or more interest in the company are required to complete the following section**

Shareholder/beneficial owner 3 Shareholder/beneficial owner 4

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |  | **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| Surname |  |  |  |
| First name |  |  |  |
| Other name(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent residential address |  |  |  |
|  |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |

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| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Town of birth |  |  |  |
| Country of birth |  |  |  |
| Nationality |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation or business  (if not a Director of the company) |  |  |  |
| Country of business |  |  |  |
| Business address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

**If any beneficial owner/shareholder is a company, please complete the following section:**

|  |  |
| --- | --- |
| Company name |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company no |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of incorporation |  | Business ownership/ interest percentage | % |

##### Additional Signatories

**Please complete the following section for any additional individuals who will be authorised to sign HCA-related documentation or to provide instructions to HCA in relation to the proposed transaction.**

**THERE IS NO REQUIREMENT TO LIST ANY SIGNATORIES WHO ARE ALSO DIRECTORS / SHAREHOLDERS WITHIN SECTIONS 2.3 AND 2.4.**

Additional signatory 1 Additional signatory 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home address |  |  |  |
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| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

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| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

Additional signatory 3 Additional signatory 4

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

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| --- | --- | --- | --- |
| Home address |  |  |  |
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| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

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| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

**Section B – Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Bid no. |  |

By signing this Declaration, we confirm that :

* Full details of all shareholders/beneficial owners/principal controllers who have an interest in any entity in the corporate structure of 25 % or more and all persons who are authorised to sign on behalf of the business have been disclosed above.
* The signatories to this form are duly authorised by other Directors, Officers, Partners, Shareholders, Signatories or other relevant parties to consent to the Credit Reference Agency searches and use of information as set out in Section1.
* We will notify you promptly in writing if there is any change to the Beneficial Owners / Shareholders.

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of the Director |  | | | |
|
|
| Name |  | Capacity |  |

|  |
| --- |
| | | |

Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of the Director/Secretary |  | | | |
|
|
| Name |  | Capacity |  |

|  |
| --- |
| | | |

Date

**Guidance Notes**

The Declaration must be signed above by company officials as follows:

**Signature of the Chairperson:** - The director who was the chairperson of the meeting at which the resolutions setting out the signing instructions were passed should sign here.

- In the case of a sole director, the sole director should sign here.

**Signature of the Director/Secretary:** - If the company is a Public Limited Company or has a company secretary, then the company secretary must sign here, unless they were the director who chaired the meeting and therefore signed as the chairperson; in this case a second director must sign here.

**-** If the company does not have a company secretary, then another director (other than the chairperson) must

sign here.

- If the company has a sole director and no company secretary, this section will be unsigned.

**Please return a signed copy of this Declaration to your HCA contact.**

# Section C – Supplementary sheet

Director/Secretary 5 Director/Secretary 6

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home address |  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction with**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

Director/Secretary 7 Director/Secretary 8

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Official position  (please complete) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Home address |  |  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |
| Mobile no. |  |  |  |
| Email address |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

# Section C – Supplementary sheet

**Shareholders/beneficial owners with 25% or more interest in the company are required to complete the following section**.

Shareholder/beneficial owner 5 Shareholder/beneficial owner 6

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the shareholder / beneficial owner**  **also a Director of**  **the company.** | **Yes  No** | Shareholding % |  |  | **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| Surname |  |  |  |
| First name |  |  |  |
| Other name(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent residential address |  |  |  |
|  |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Town of birth |  |  |  |
| Country of birth |  |  |  |
| Nationality |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation or business  (if not a Director of the company) |  |  |  |
| Country of business |  |  |  |
| Business address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes**  **No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

**If any beneficial owner/shareholder is a company, please complete the following section:**

|  |  |
| --- | --- |
| Company name |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company no |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of incorporation |  | Business ownership/ interest percentage | % |

# Section C – Supplementary sheet

**Shareholders/beneficial owners with 25% or more interest in the company are required to complete the following section**.

Shareholder/beneficial owner 7 Shareholder/beneficial owner 8

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |  | **Is the shareholder / beneficial owner also a Director of the company.** | **Yes  No** | Shareholding % |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  |  |  |
| Surname |  |  |  |
| First name |  |  |  |
| Other name(s) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent residential address |  |  |  |
|  |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone no. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Town of birth |  |  |  |
| Country of birth |  |  |  |
| Nationality |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation or business  (if not a Director of the company) |  |  |  |
| Country of business |  |  |  |
| Business address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Town and county |  |  |  |
| Post code |  |  |  |
| Country |  |  |  |

**Have you previously been identified by HCA in conjunction Have you previously been identified by HCA in conjunction**

**with another scheme  Yes  No with another scheme  Yes  No**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HCA Programme name |  | Project name |  |  | HCA Programme name |  | Project name |  |

**If so, please provide details below: If so, please provide details below:**

**If any beneficial owner/shareholder is a company, please complete the following section:**

|  |  |
| --- | --- |
| Company name |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company no |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country of incorporation |  | Business ownership/ interest percentage | % |