

Business Information

*Business Activity

*Business type

Politically Exposed Persons

*Does the Entity (or its Controlling Beneficiaries) perform, or is the Entity (or its Controlling Beneficiaries) closely associated with a person who performs a political function? Yes No

*If Yes, please provide details:

Authorised Contact Information

*Name (title, first name, middle name(s)(if applicable) and surname)

*Phone 1

Phone 2

*Position/Role

Email Address (please provide if you are happy for us to communicate with you via email)

*Name of DCI representative you had contact with

How was the Entity introduced to Israel Bonds?

Israel Bonds relationship (e.g. synagogue name, organisation name or affinity group)

*Has the Entity ever purchased an Israel Bond before? Yes No

I have enclosed with this form (tick relevant enclosures):

() Signed Terms of Business;

() Requested evidence of Entity ownership

I certify that all of the information I have supplied to DCI on this form or otherwise is accurate, complete and truthful and that I am duly authorised to sign on behalf of the Entity. I agree to notify DCI in writing within 30 days of any material changes to the information supplied by me on this form or otherwise. I further acknowledge that DCI shall not be responsible for any changes to such information unless DCI has received written notice of such changes from me. I understand that DCI does not give investment, legal or tax advice. I further understand that DCI does not disclose personal information about its clients or former clients to anyone, except as set out in the Terms of Business or as otherwise permitted by law.

Authorised Contact Signature

Date

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