

State Bank of India
DIFC DUBAI BRANCH
CLIENT RELATION-CUM-KYC FORM
(For Professional Clients Other than Individuals)

Regulated by Dubai Financial Services Authority

P.O. Box:482033, Office 709 & 710, Level 7, The Gate Precinct, Building -3,
Dubai International Financial Centre (DIFC), DUBAI
United Arab Emirates

State Bank of India (DIFC Branch) (“the Branch”) is an authorized firm regulated by the Dubai Financial Services Authority (“DFSA”) to conduct certain financial activities in the Dubai International Financial Center (“DIFC”). The DFSA requires persons to meet certain requirements and make certain disclosures prior to establishing a relationship with and provision of financial services by an authorized firm. Accordingly, we would request you to complete this form in light of these requirements by the DFSA.

Please note that capitalized terms not otherwise herein defined are used in the context defined in the Glossary module of the DFSA Rulebook.

Identification

Each individual who does not already have a relationship with State Bank of India, please provide a copy of passport, if original documents are not submitted in person at the Bank, please submit certified copies.

Certification of documents: Certification may be performed by any one of the following:

- A Bank acceptable to State Bank of India (please check with us in advance)
- Embassy or Consular officials

The certifier should sign the company document and underneath print his/her name clearly. Also indicate his/her position/ capacity with the organization name (if any,) contact address and phone number.

Documentation

The following documents will be provided by the Bank and should be returned with all areas completed.

- Client relationship – cum – KYC form for individuals
- General terms and conditions.
- Email, Fax, telephone & telex agreement

The CRF – CUM – KYC form asks for detailed information on the nature of the Individual’s business, the purpose of the account and the source of deposit, information on anticipated transactions including amounts. Frequencies, countries and counterparties may also be required. This is to conform to the client criteria and KYC norms stipulated by Dubai Financial Services Authority (DFSA).

Account Opening Checklist: When submitting an application to the Bank, please ensure that the following supporting documents, where applicable, are included:

- Current, signed passport.
- Current, signed ID card; or
- Other identification documentation that is customary in the country of residence and issued by the relevant authority in the jurisdiction, such as driving license, including a clear photograph of the prospective customer.
- Documentary proof of residence:
 - i) Tenancy agreement
 - ii) Utility bill issued within the last 6 months
 - iii) Local authority tax bill
 - iv) Confirmation from an electoral register search that a person of such name lives at that address
 - v) Record of home visit
- Photograph
- Proof of net Assets

Please note that the above are minimum requirements and State Bank of India reserves the right to request additional information or documentation.

(Please complete section I for each individual in case of joint account signatories.)

SECTION 1
CLIENT DETAILS, ANALYSIS & CONSENT FORM

1. Full Name of the Organization :

2. Constitutions / Legal Status :

Please tick as appropriate:

I/ We, the applicant (“applicant”) hereby confirm that I/we am/ are:

Please tick on the appropriate box signifying the criterion for qualifying as professional client.

Assessed Professional Client	
<input type="checkbox"/>	An undertaking ¹ , trust or foundation, which is set up solely for the purpose of facilitating the management of an investment portfolio of an Individual that has been assessed by the Bank as a Professional Client pursuant to Rule 2.3.7 of the Conduct of Business Module of the DFDA Rule Book.
<input type="checkbox"/>	An undertaking ¹ that: Has own funds ² or called up capital ³ of the least USD 1.00 mio, and has provided the Bank with sufficient proof thereof and has sufficient financial experience and understanding of relevant financial markets, products or transaction and any associated risks as detailed out in the Client Analysis below.
OR	
<input type="checkbox"/>	An Undertaking ¹ who has a Controller ⁴ , a holding company, a subsidiary or a joint venture partner that either: 1. Has own funds ² or called up capital ³ of at least USD 1.00 mio, and has provided the Bank with sufficient proof thereof.
OR	
<input type="checkbox"/>	2. Has at least USD 1.00 mio in net assets ⁸ , and has provided the Bank with sufficient proof thereof.
AND	
<input type="checkbox"/>	Has sufficient financial experience and understanding of relevant financial markets, Products or transactions and any associated risks as detailed in the Client Analysis below.
OR	
An Undertaking who is a ‘Deemed’ professional client (as listed below).	
Services Based Professional Client	
<input type="checkbox"/>	An undertaking who is to be provided a “Credit facility” from the Bank and the “Credit facility” is provided for use in the Business activities of; a) The Undertaking; b) A Controller ⁴ of the undertaking; c) Any member of the Group to which the Undertaking belongs; or

	d) A joint venture of the Undertaking or of the person referred to in a) to c) above.
<input type="checkbox"/>	A Person who is to be provided Corporate Structuring and financing ⁵ services from the Bank
Deemed Professional Client	
<input type="checkbox"/>	Collective investment Fund/ Regulated pension fund (i.e. an arrangement which amounts to a fund under article 15 of the Collective Investment Law 2006 and which is not excluded under the rules made under Article 16 of the Law or Regulated pension fund)
<input type="checkbox"/>	Authorized Firm, a Regulated financial institution or the Management Company of a Regulated pension fund
<input type="checkbox"/>	A properly constituted government, government agency, Central Bank of other National monetary authority of any Country or Jurisdiction
<input type="checkbox"/>	Public authority or State investment authority
<input type="checkbox"/>	Supranational organization whose members are either Countries, Central Banks or National Monetary Authorities
<input type="checkbox"/>	Authorized Market Institution, Regulated exchange or Regulated clearing house
<input type="checkbox"/>	Body Corporate whose shares are listed or admitted to trading on any regulated exchange of an IOSCO member country
<input type="checkbox"/>	A Large Undertaking: A Person is a "Large Undertaking" if it met, as at the date of its most recent financial statements, at least two of the following requirements- (a) It has balance sheet total ⁶ of at least \$20 million; (b) It has a net annual turnover of least \$40 million; or (c) It has own funds ² or called up capital ³ of at least \$2 million
<input type="checkbox"/>	An Institutional Investor whose main activity is to invest in financial instruments, including an entity dedicated to the securitization of assets or other financial transactions.
<input type="checkbox"/>	A trustee of a trust which has, or had during the previous 12 months, assets of at least USD 10.00 million
<input type="checkbox"/>	The holder of a license under the Dubai International Financial Centre Single Family Office Regulations with respect to its activities carried on exclusively for the purposes of, and only in so far as it is, carrying out its duties as a Single Family Office

3.Addresses:

Registered office:

Building Number/ Name:

Street:

Town/ City:, **Postcode:**, **Country:**

Place of incorporation (if applicable):

Date of incorporation (if applicable):

Registration No.:, **Trade license details (if any):**

Corporate Office:

Building Number/Name:

Street:

Town/ City:, **Postcode:**, **Country:**

Phone No(s):, **Fax no (s):**

Email address:, **Web site:**

Communication to be sent to: Registered Office Corporate Office

If different from the above, please specify:

Building Number/ Name:

Street:

Town/ City:, **Post Code:**, **Country:**

Phone No(s):, **Fax No(s):**

Email address:, **Web site:**

4.Principal Bankers:

Name of Organization's Principal Bankers:(from whom a reference may be obtained):.....

Address:.....

Town/ City:, **Postcode:**, **Country:**

5. Accounts with other Banks:

Name (s) of other Banks that you use :
 (Other than the primary relationship mentioned above)

Does your Organization have an existing account with State Bank of India? Yes No

If yes, please specify the account No:

6.Business Activities: Please give a brief description of present business activity and activities, which have generated the assets owned:

.....

7. Source of Funds (for depositors):Please supply full details of the source of funds to be placed in the account:.....

8. Nature of transaction in the a/c:What is the main reason for applying for this account? (Please specify) (e.g. Credit Facility / Deposits / others):

.....

How many transactions do you expect to make per month?

9. Details of financials for the last two years (in USD million):

Sr.No	Description	Year Ending 20__	Year ending 20__
1	Annual turnover		
2.	Called up Share Capital		
3.	Net Assets		
4.	Aggregated value of Cash & investments*		

*applicable to trusts/pension/collective investment funds/special purpose vehicles

10. Other information –Applicable to “Assessed Professional clients” only:

Do the all authorized signatories possess sufficient understanding of financial markets, financial market instruments & associated risks? Yes No

If no. please mention the name (S) of the signatory (ies):
.....
.....

Does your organization have previous experience in Credit /Deposit instrument relation to financial market? Yes No

If yes, please briefly specify the size and nature of transaction and the length of time your organization has been involved in such transactions:
.....
.....

Please indicate your objectives in making such Deposit (for Deposit customers):

- Capital preservation income long – term capital appreciation
 Short – term trading profits other _____

Have you previously relied on financial advice from financial institutions?

- Yes No

If yes, please provide the name of institution and period of association:

1. Name _____ period of association _____ yrs
2. Name _____ period of association _____ yrs
3. Name _____ Period of association _____ yrs

Declaration:

I /We, the applicant ("Applicant") further confirm that

- I/We have been duly informed by the Branch of the fact that the Branch carries on its services with or for Professional Clients as well as Retail Clients and the relevant consequences thereof. I / We meet the definition of a "Professional Client" pursuant to Rule 2.3.3 of the Conduct of Business Module (COB) of the DFSA Rulebook. I/We confirm that we have elected to be treated as Professional Client, which include without limitation, that I/We will not be afforded with the Retail customer's protections, and hereby confirm my / our understanding of the same;
- agree that in the event that I / We fall under any of the following client types namely:
 - Deemed Professional Client pursuant to Rule 2.3.4 of the COB; or
 - Assessed Professional Client which is an Undertaking pursuant to Rule 2.3.8.(2)(b) of the COB wholly owned by a Holding Company that is either:
 - (a) a Large Undertaking⁷ or
 - (b) a body corporate whose shares are listed or admitted to trading on any exchange of an IOSCO member country;

I/ We are aware that I / We may be classified as Market Counterparty and confirm that I / We agree to such classification and agree to be treated as Market Counterparty and have not requested to be classified otherwise.

- The particulars provided by me / us to the Branch are accurate, correct, true and complete as at the date of signature hereof and the Branch may obtain information from any source or may contact any person or entity nominated herein as a reference in order to verify the accuracy and correctness of the particulars and information provided.
- The Branch may obtain information from any source or may contact any person or entity nominated herein as a reference in order to verify the accuracy and correctness of the particulars and information provided;
- I/ We are / am aware that such particulars and information will be depended upon by the Branch in making its decision as to whether I / We qualify as a Professional Client or not;
- I/We acknowledge that the Branch has full discretion to approve or decline this application;
- I/We undertake to provide the Branch in writing at any time of any changes in any of the particulars or information provided by me pursuant hereunder, and to further provide the Branch with any information or documents it may request from time to time;
- That my/our Company/Establishment, I/We represent is active and has not been, or is not in the process of being dissolved, wound up or terminated or our creditors have entered into any arrangement.
- I/We acknowledge and expressly agree that all Personal Data as defined in the Data Protection Law 2007 (the "Data Protection Law") related to me/us held by the Bank may be disclosed to the DFSA or any other regulatory authorities upon request, where such disclosure is required under the laws or regulations relating to the DFSA or the DIFC

or otherwise in accordance with the Data Protection Law and Regulations or other applicable foreign laws or Regulations. I/We also expressly agree that the Bank may process or transfer all Personal Data, other data, documents or records pertaining to me to other companies within the State Bank of India group or third parties in any jurisdiction, which includes entities outside the DIFC.

- I / We understand further that the DFSA and DIFC may require the Branch to provide them from time to time, with information, in particular data and records pursuant to the Federal Law no 4 of 2002 (Criminalization of Money Laundering) and the requirements of the Regulatory Law and the AML module of the DFSA's Rulebook; and
- I / We on behalf of company/establishment having read and fully understood the same, agree to abide by the terms and conditions of the Bank as stipulated from time to time under which the Branch is willing to carry out its services.
- The foregoing representations and declarations are binding on my/our principal in every respect whom I/We have made aware of as duly Authorized Signatory (ies) of my/our principal and I/We undertake to ensure that my/our principal is fully aware of the nature and content of these representations and declarations being made on its behalf.

1. Authorized signatory/ partner/ proprietor

2. Authorized signatory/ partner/ proprietor

Signature

Name _____

Designation _____

Date _____

3. Authorized signatory/ partner/ proprietor

4. Authorized signatory / Partner / Proprietor

Signature

Name _____

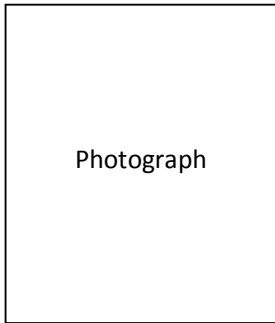
Designation _____

Date _____

Company Seal:

SECTION II

Details of authorized signatory/ Directory/ Beneficial owner



1. Personal Detail:

Salutation: Dr. Mr. Ms. Mrs.

Name (as in passport):

Gender: Male Female

Marital Status: Married Unmarried

Date of Birth://
DayMonthYear

Passport No:

Issue Date:....., Expiry Date:

Nationality:

Residential address:

Building Number/ Name:

Street:

Town/City: Postcode: Country:

Home No: Mobile No:

Office No: E-mail:

Mother's maiden name (for verification purpose):

Other information: Highest Qualification:

Primary School, Higher Secondary, Graduate, Post Graduate

2. Employment Detail:

Occupation:Corporate Title:

Year (s) of service:, Email Id:

N.B. Assessment of Expertise applies only to “Assessed Professional Client”

Details of Financial Experience:

1. Knowledge and understanding of financial markets:

2. Length of time involved in relevant financial markets:

3. Nature and size transaction and type of involvement:

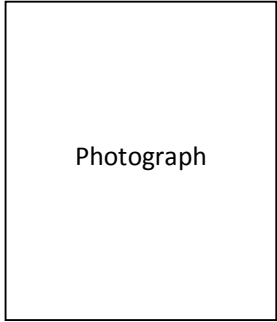
4. Qualification and experience in relevant financial markets:

5. Composition and size of existing financial investment portfolio:

6. Any other relevant information:

SECTION II

Details of authorized signatory/ Directory/ Beneficial owner



1. Personal Detail:

Salutation: Dr. Mr. Ms. Mrs.

Name (as in passport):

Gender: Male Female

Marital Status: Married Unmarried

Date of Birth://
Day Month Year

Passport No:

Issue Date:....., Expiry Date:

Nationality:

Residential address:

Building Number/ Name:

Street:

Town/City: Postcode: Country:

Home No: Mobile No:

Office No: E-mail:

Mother's maiden name (for verification purpose):

Other information: Highest Qualification:

Primary School, Higher Secondary, Graduate, Post Graduate

2. Employment Detail:

Occupation:Corporate Title:

Year (s) of service:, Email Id:

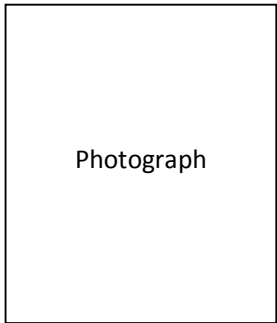
N.B. Assessment of Expertise applies only to “Assessed Professional Client”

Details of Financial Experience:

1. Knowledge and understanding of financial markets:
2. Length of time involved in relevant financial markets:
3. Nature and size transaction and type of involvement:
4. Qualification and experience in relevant financial markets:
5. Composition and size of existing financial investment portfolio:
6. Any other relevant information:

SECTION II

Details of authorized signatory/ Directory/ Beneficial owner



1. Personal Detail:

Salutation: Dr. Mr. Ms. Mrs.

Name (as in passport):

Gender: Male Female

Marital Status: Married Unmarried

Date of Birth://
Day Month Year

Passport No:

Issue Date:....., Expiry Date:

Nationality:

Residential address:

Building Number/ Name:

Street:

Town/City: Postcode: Country:

Home No: Mobile No:

Office No: E-mail:

Mother's maiden name (for verification purpose):

Other information: Highest Qualification:

Primary School, Higher Secondary, Graduate, Post Graduate

2. Employment Detail:

Occupation:Corporate Title:

Year (s) of service:, Email Id:

Section III

ACCOUNT OPENING DETAILS AND OPERATING INSTRUCTIONS

1. **Full Name of the Applicants:**

Customer ID (if an existing account):

2. **Type of account to be opened:**

Current Account Credit Account Term Deposit Account

3. **List of Authorized Signatories:**

Sr.No.	Name of authorized signatories	Specimen signature (s)	Signing on behalf. as*	Signature of verifying Authority (for Bank use only)
i.				
ii.				
iii.				
iv.				
v.				
vi.				

*Account Holder/ Power of Attorney Holder

4. **Mode of operation:**

(Please specify as

1.)Singly or2.)Anyone Singly or3.)Jointly No.__ with no. __ or

4.) No__ and anyone of others or5.)Any other specific mode)

5. **Applicable in case of Term Deposit Account:**

Currency of Deposit:

Amount :

Rate of interest:

Period :

Auto renewal : Yes No

Repayment / Settlement Instructions:

On repayment please credit my / our account withBank.

Bank address :

Swift Code :

Routing Bank :

Other routing details (if any) :

6. Statements please indicate how often would like to receive statements

Monthly Quarterly Annually

DECLARATION:

a) I / We understand that the above account will be opened on the basis of the statements / declaration made by us. We also agree that if any of the statements / declarations made herein is found to be not correct in material particulars, the Bank shall have the sole discretion to pay interest at such rates as the Bank may decide.

b) I/ We confirm that all funds being routed through this account are clean, clear, good and not related to any criminal activities or sale of drugs or armaments and do not violate any provisions of the law applicable in this regard.

c) The Bank will be at liberty to make available, as and when required by law/ authorities, to the courts, regulatory / or other authorities of UAE, India, country of residence or the country in whose currency this account will be maintained or routed, information relating to my / our account without any prior consent from me / us.

d) I am/We are eligible in terms of the law of the country of residence to open and operate the account requested for.

e) While I am / We understand that there is at present no income tax in UAE, we confirm and accept that should any tax or other governmental dues on account of this account become payable, all payment made to us shall be net of any such taxes etc, and the Bank assumes no liability in this regard.

f) I /We hereby undertake to intimate you any change in the recorded address and to furnish any Changes / amendments taking place in future with reference to the documents submitted by us and when such changes/ amendments take place.

g) I / We understand that any Deposit Insurance or any other similar coverage does not cover this account.

h) I / We understand that Bank reserve the unfettered rights to accept or reject this application.

i) I /We understand and agree issue of cheque book will be at the sole discretion of the Bank and appropriate charges will be recoverable by Bank for issue of cheque book (s).

j) We understand and agree that payment of interest of balances in Bank account will be the sole discretion of the Bank.

k)Applicable for Deposit Customer Only:

1. I /We understand that in case it is found, in course of the tenure of this Deposit, that the above conditions are not fulfilled, the Bank will be at liberty to inform Regulatory/Law enforcement authorities in compliance with the Regulatory / Legal provision in DIFC as stated in clause (3) below and to terminate the relationship with the depositor after giving notice to the depositor.

2. This Deposit account shall be governed by law applicable for the DIFC Branch which's opening this account and we, hereby, agree to submit to the jurisdiction of courts in the centre where the deposit has been accepted in respect of any dispute in connection with this account.

3. I / We confirm that we are not resident/s of UAE; we undertake to inform the Bank in case we become a resident/s of or shift to UAE. We also agree that the Bank may close the account, at any time, without any further notice to us and without any liability on the part of the Bank, if we shift to or become resident/s of UAE.

4. FIXED DEPOSITS

i) I/ We understand and agree that premature payment would be solely at the discretion of the Bank and would be made only after recovery of unwinding cost of interest rate swap (for Deposits under fixed rate).The interest rate applicable on Deposit on premature payment would not be the contracted rate but at the applicable LIBOR /SWAP rate(period for which deposit is run) prevailing on the date of booking of the deposit where it has run for at least six months.

ii)I/We authorize the Bank to Rollover the Deposit for the same period as this Deposit is made on the date of maturity at interest rate then prevailing, if we do not instruct the Bank of the disposal of maturity proceeds two working days prior to the of maturity of this deposit.

I/Wehence request the Bank to open the above account in the name(s) of I /We have received and read a copy each of the Bank's terms and conditions governing the accounts, collections, remittances and electronics banking and have understood its contents.I/ We agree to abide and be bound by them and any amendments / alteration and additions thereto that may be made from time to time.I/We consent to disclosures as provided therein and agree that all payments / Banks charges applicable be debited from the account. I / We are agreeable to the Bank maintaining customer, account balance and transaction information with their head office in India and / or any disclosure or such information to the Reserve Bank of India, as permitted by the laws and regulations of the Dubai International Financial Center (DIFC). I/ We also agree to the condition that the Bank may outsource operations including account maintenance activities to their Head Office in India or any other person or place. The Bank may also divulge our name and account no. to printer for getting relevant documents printed, if applicable, for our accounts. I/We also consent to the Bank advising us about all products either proprietary or otherwise offered by the Bank periodically to us by email/ letters/ pamphlets.

We declare that the above particulars are correct and confirm that the company/ association/club/society/trust/is not insolvent wound up nor placed in liquidation judicial management or receivership.

We, on behalf of the organization, authorize the person (s) whose signature (s) appear in the authorized signatories section to operate the accounts by signed written physical instructions, instructions throughEmail/Fax/ Telephone/ Telex. We further agree that all transaction performed or effected through written/email instructions/ internet on the organization' behalf in relation to the account are binding and conclusive whether given by me/ us jointly or severally.

(In case of partnership/sole proprietor*)

We the undersigned carrying on business in partnership in the above name,agree that we shall be jointly and severally responsible and liable to the Bank for all monies owing and liabilities incurred to the Bank by us or any of us whether in the name of or on behalf of the partnership firm or otherwise. Upon any partners ceasing to be a member of the partnership firm by death bankruptcy or retirement or otherwise, the Bank shall, subject to applicable law, treat the surviving or continuing partner or partners for the

time being as having full power to carry on the business of the partnership firm and to deal its assets, as if there had been on change in the partnership firm, until such time a notification for change in instructions is received from all other partners.

Signatures (s) of the authorized Signatories/ Proprietor/ Partners

1. Authorized Signatory/ Partner/ Proprietor 2. Authorized Signatory/ Partner/ Proprietor

Signature _____

Name _____

Date _____

3. Authorized Signatory/ Partner/ Proprietor 4. Authorized Signatory/ Partner/ Proprietor

Signature _____

Name _____

Date _____

Company Seal

(All Partners should sign)

(*strike off if not applicable)

	<ul style="list-style-type: none"> • Supra- national Organization <input type="checkbox"/> • Authorized Market Institution, Regulated or Clearing House <input type="checkbox"/> • Body corporate (shares listed or admitted to trading on any regulated exchange of an IOSCO member) <input type="checkbox"/> • A Large Undertaking (as defined above) <input type="checkbox"/> • A Trustee of a trust, which has assets of at least USD 10 Million <input type="checkbox"/> • A holder of a DIFC “Single Family Office” license <input type="checkbox"/> • Other institutional investor <input type="checkbox"/> • As “Assessed Professional Client” wholly owned by a holding company that is a large undertaking or a body corporate whose shares are regulated exchange of an IOSCO member country <input type="checkbox"/> 	
3.	Where applicable and required, I have verified that based on the information and /documents provided by the applicant, the applicant has atleast USD 1.00 Mio in “Net Assets”.	<input type="checkbox"/>
4.	Where applicable and required, I have verified that the applicant has sufficient financial experience and understanding of financial markets, products or transaction and any associated risks.	<input type="checkbox"/>
5.	That each of the applicant meets the criteria of a “Professional Client”.	<input type="checkbox"/>

Accordingly, based on my assessment the applicant(s) meet(s) the criteria of a Professional Client as specified in the DFSA Conduct of Business Module.

I further certify that KYC process of the account has been carried out and necessary documents as per check- list have been obtained.

Signed at _____ on this _____ day of _____ 20_____.

Signature

Name

Designation

*delete whichever inapplicable

Open the account
Signature of Manager
Account opened
Officer - in - charge (Operation)

Guidance:

1. Body Corporate or Body unincorporated, including a legal person, company, partnership, unincorporated association, government or state.
 2. 'Own funds' means cash and investments as shown in the balance sheet.
 3. 'Called up Capital' means all the amounts paid- up on allotted shares, less any amounts owing on allotted shares
 4. A 'Controller' is an individual who:
 - (a) Owns a majority of the shares of the Undertaking;
 - (b) Is able to appoint or remove a majority of the board members of the undertaking; or
 - (c) Controls a majority of the voting rights of the Undertaking (or that of a Holding Company of the Undertaking).
 5. 'Corporate structuring and financing' includes:
 - (i) providing advice relating to an acquisition, disposal, structuring, restructuring, financing or refinancing of a corporation or other legal entity; or
 - (ii) arranging credit for a purpose referred to in (i);'corporate structuring and financing' excludes any advice on financial products or arranging of credit or deals in investments given to an individual for the purposes of, or in connection with, the management of that individual's investments.
 6. A 'Balance Sheet Total' means the aggregate of the amounts shown as assets in the balance sheet before deducting both current and long-term liabilities
 7. A Person is a Large Undertaking if it meets, as at the date of its most recent financial statement, at least two of the following requirements:
 - a. Balance sheet total of at least US\$20 million;
 - b. Net annual turnover of at least US\$40 million; or
 - c. it has own funds or called up capital of at least US\$2 million
 8. Assets which exclude the primary residence of the person but may include any assets held directly or indirectly by that person
 9. A personal investment vehicle may be a Body Corporate, Partnership, trust or foundation,
 10. corporate structuring and financing includes;
 - (I) Providing advice relating to an acquisition, disposal, structuring, restructuring, financing or refinancing of corporation of other legal entity ; of credit or deals in investments given to an individual for the purposes of, or in connection with, the management of that individuals' investments.
-