**CLIENT INFORMATION SHEET**

In accordance with international banking regulation concerning the prevention of money laundering and criminal activities, the following information may be supplied to banks and financial institutions for verification of identity and activities of the investing member, and the nature and origin of the funds/assets which are to be utilized. All parties are obliged to respect professional secrecy and take all necessary precautions to protect confidentiality of the information each holds in respect to the other’s activities. The legal obligations shall remain in full force at all times.

**Applicant Company Information: (if applicable)**

|  |  |
| --- | --- |
| Company Name  |  |
| Mailing Address  |  |
| Country/Province/State where registered  |  |
| Company Registration Number  |  |
| Registered Company Address  |  |
| Company telephone number  | (+XX) |
| Company Facsimile number  | (+XX)  |
| Company E-mail Address  |  |
| Date Company established  |  |
| Type of business activity  |  |

**Individual Applicant or authorized Signatory Representative of Company**

|  |  |
| --- | --- |
| Individual Name  |  |
| Title/Position/Authority  |  |
| Residence Mailing Address  |  |
| City (Province/State) + Zip Code, Country  |  |
| Mobile/Cell Phone number  |  |
| Facsimile Number  |  |
| E-Mail Address  |  |
| Place of Birth  |  |
| Passport Number  |  |
| Country Issuing Passport  |  |
| Date of Expiration  |  |

**Attorney**

|  |  |
| --- | --- |
| Name of Attorney  |  |
| Name of Law Firm  |  |
| Address  |  |
| City, (Province/State) + Zip Code, Country  |   |
| Law Firm’s telephone number  | (+XX)  |
| Mobile phone number  | (+XX)  |
| Facsimile Number  | (+XX)  |
| E-Mail Address  |  |

**Accountant / Business Administration**

|  |  |
| --- | --- |
| Name of CEO of accountancy & business administration firm  |  |
| Name of Accountancy Firm  |  |
| Address  |   |
| City, (Province/State) + Zip Code, Country  |  |
| Accountant Firm’s telephone number  | (+XX) |
| Mobile phone number  | (+XX) |
| Facsimile Number  | (+XX) |
| E-Mail Address  |  |

**Bank Details**

|  |  |
| --- | --- |
| Name of Bank and Branch  |  |
| Full Street Address of Bank  |  |
| City, (Province/State) + Zip Code, Country  |  |
| Name of Bank Officer  |  |
| Account Name  |  |
| Account Number (prefer IBAN number)  |  |
| SWIFT Code – BIC Bank Number  |  |
| Telephone Number  | (+XX)  |
| Facsimile Number  | (+XX) |
| E-mail Address of Bank Officer  |  |
| Name(s) of Account Signatory (ies)  |  |
| Date Account established  |  |

ACKNOWLEDGEMENT:

I hereby confirm and verify that I have the power on behalf of XXX to undertake any and all financial transactions on behalf of the company by using its assets and/or bank instruments and that I am an authorized signatory on the company bank account, and that I have full authority to execute all related contracts and agreements.

I hereby swear and attest under penalty of perjury that the statements and information provided in this document, two pages in all, dated **XXX**, 2015, are true and correct to the best of my knowledge and belief.

ON BEHALF OF **XXX**

**Name**

**Director**